

**Fife Health
& Social Care
Partnership**



Mental Health & Wellbeing in Primary Care and Community Settings Project: Phase 2

Participation & Engagement Feedback Report

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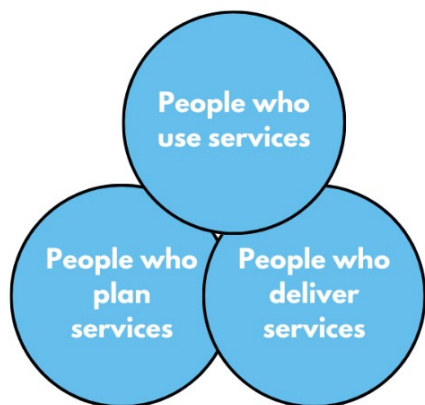
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1. Introduction

In September 2022, the Mental Health & Wellbeing in Primary Care & Community Settings (MHWPCCS) project board set out a vision for '*an integrated community-based system which supports mental health and wellbeing, ensures access to the right service in the right place at the right time, and enables people to live independent and healthier lives.*' To achieve its ambitions, the project board committed to operating in a way which created the enabling conditions for coproduction, by focusing changes around what matters to people in terms of their values, outcomes, and experiences, in order to make a meaningful difference to people's lives. The coproduction programme was planned in 4 phases, with Phase 1 having been conducted between Apr-Jul 2023, and Phase 2 conducted between Aug-Jan 2024. Phases 3 and 4 are planned to commence in May 2024. **This report provides an overview of the coproduction programme and describes the key themes which emerged from Phase 2 engagement activity.**

The MHWPCCS project was established in response to Scottish Government guidance set out in the '[Short Life Working Group for Mental Health in Primary Care: Report](#)' and the '[Mental health and wellbeing in primary care services: planning guidance](#)' for the provision of mental health & wellbeing services and supports in primary care and community settings. The ten underpinning principles and planning guidance described in these reports called for a values-based, integrated, and comprehensive response, which ensured parity of provision across the region and greater collaboration and responsiveness at a local level.



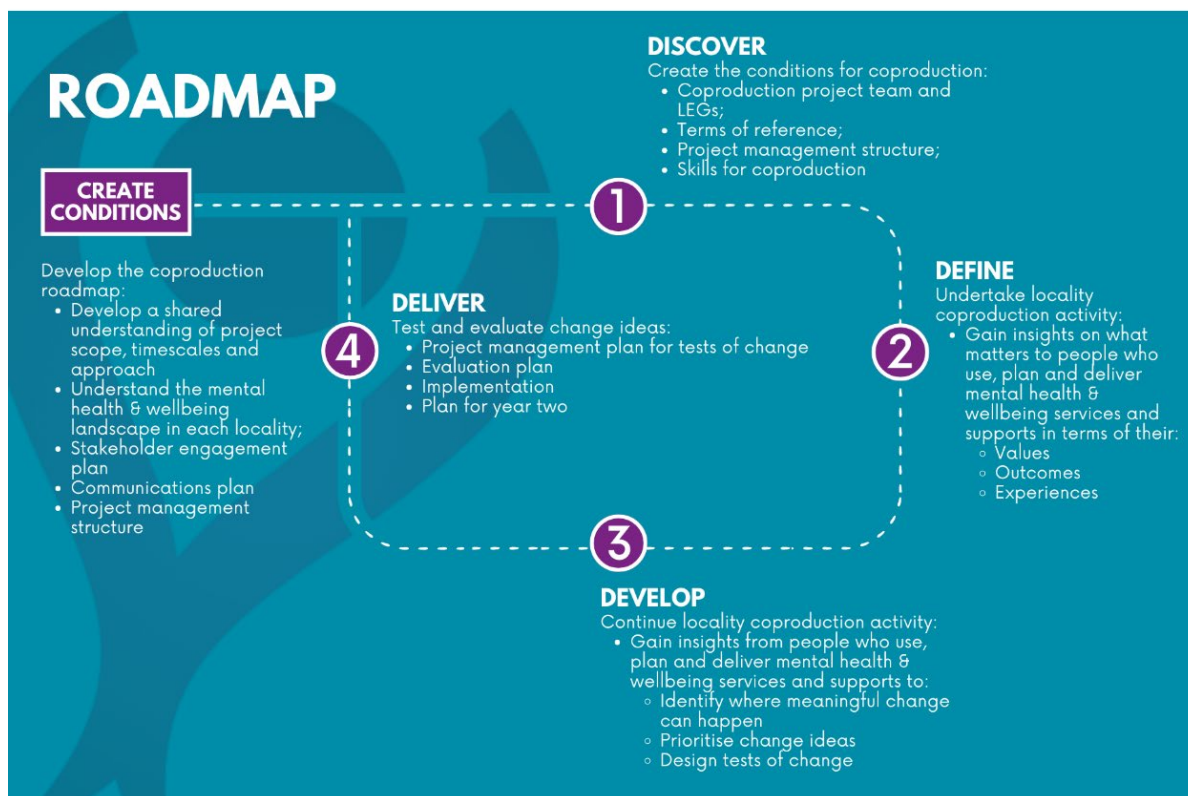
The MHWPCCS project board committed to effecting the transformation that it hoped to see through a form of collaborative and distributed leadership – coproduction - bringing together people from different groups to harness their collective potential. This approach was based around a growing body of evidence which suggested that meaningful improvements can be made when changes are co-created by people who use, plan, and deliver services and supports, in equal and reciprocal partnership, and when changes are based on an understanding of what matters to people in terms of their values, outcomes and experiences. The project proposal was therefore intentionally framed to create space for coproduction to lead the way in shaping what was to come.

2. Engagement Timeline

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Mental Health & Wellbeing in Primary Care and Community Settings Project



The coproduction activity, led by the MHWPCCS project team (comprising representatives from formal mental health and wellbeing services, the Fife Centre for Equalities Officer, and members of the Fife Voluntary Action Lived Experience team), co-created and implemented a year one coproduction engagement plan in 3 priority localities – Cowdenbeath, Levenmouth and North East Fife - identified through Scottish Index of Multiple Deprivation (SIMD) and rural deprivation data. Roll out to the remaining 4 localities in Fife is planned in year two. In keeping with the project's ambitions, coproduction activity was shaped intentionally to establish the relationships and conditions necessary to enable authentic and non-judgemental participation conducive to eliciting values and insights from experience and informing an ongoing process of learning.

Year one coproduction activity was set out in four phases:

- **Phase 1 DISCOVER** (Apr-Jul 2023) – The aim of this phase was to gain an understanding of the mental health and wellbeing landscape in Fife and to agree the scope for engagement activity. Early surveys of project board members, and feedback gleaned from the FVA 'Delivering Differently' programme, informed the foundations for the MHWPCCS project proposal and the direction for the coproduction work towards a values-based core purpose of improving people's lives. Phase 1 involved developing a coproduction roadmap and engagement plan and conducting stakeholder and problem tree analysis.

- **Phase 2 DEFINE** (Aug-Jan 2024) – The aim of this phase was to gain insights from experience, identifying what is important to people in terms of accessing, receiving, and leaving mental health services and supports, living with mental health and wellbeing conditions, and gauging the extent to which services and supports match what is important. Phase 2 involved extensive engagement, both in-person and online, bringing together those who use, plan, and deliver services and supports.

As we continue to move forward with our coproduction activity:

- **Phase 3 DEVELOP** (Jan-Apr 2024) – Will see us establish the underpinning themes; identify and prioritise where meaningful changes can happen; and design changes that align with the core purpose of improving people’s lives; and
- **Phase 4 DELIVER** (Apr 2024-onwards) – Will see us plan, test and monitor change ideas using a continuous learning approach and ongoing review of the extent to which changes are ‘getting it right for everyone’.

3. Engagement methods

Two co-production away days were held on 17th April & 25th of October 2023, involving representatives from the project team and the project board, the Equalities Officer, and members of the Lived Experience Team to inform and design the coproduction engagement plan.

In June 2023, a **Local Engagement Group (LEG) was established** to shape the coproduction activity. The LEG comprised the afore-mentioned representatives plus additional representation from the third sector, and Health Improvement Scotland. All engagement activities were co-produced to ensure accessibility, appropriateness, and maximum reach .

The purpose of engagement was to gain insights into what matters to people who use, plan, and deliver mental health & wellbeing services and supports in terms of their values, outcomes, and experiences. The engagement methods used to elicit this are summarised below (and are more fully described in Appendix 1).

Stakeholders were able to choose their preferred method of engagement:

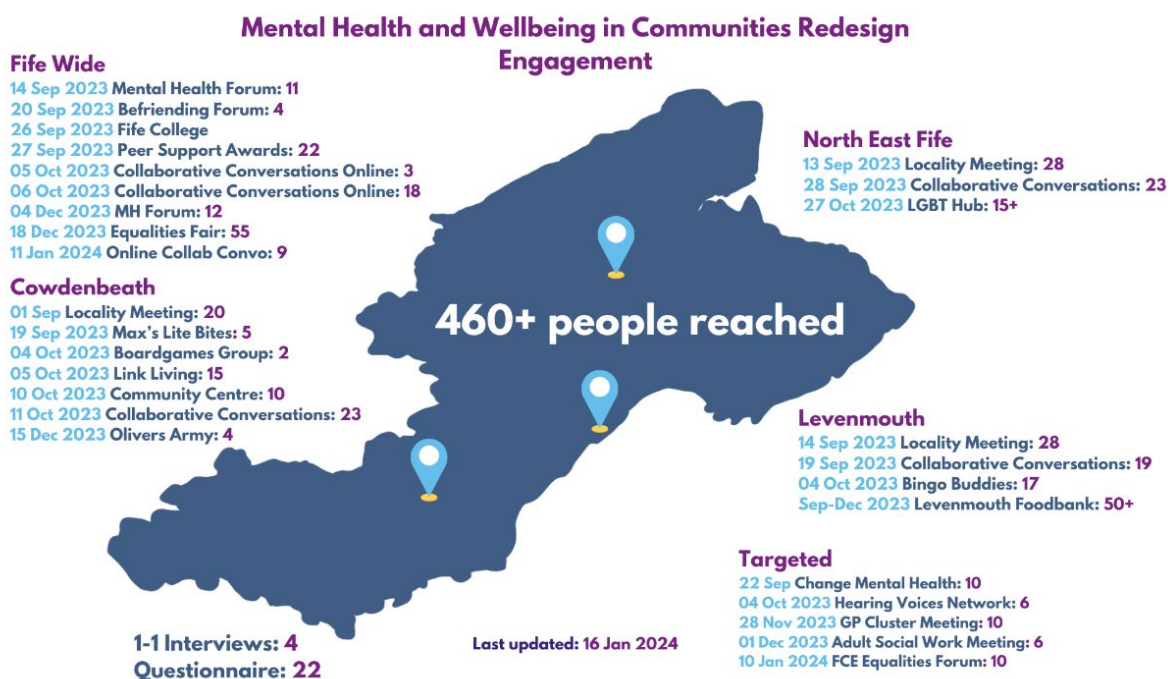
- Collaborative conversations – A total of 3 online and 3 in-person collaborative conversation events were held, involving up to 30 stakeholders per session. As well as providing feedback on a set of core questions, participants were also asked to undertake ‘asset & experience mapping’ in order to map the resources available in each of the localities (described in Appendix 2)
- One-to-one Interviews – A total of 4 interviews were held with individuals who use and/or deliver services and supports
- An online questionnaire – A total of 22 online questionnaires were completed

- Targeted conversations – A total of 42 targeted conversations were held with a range of groups who had previously been identified through stakeholder analysis as providers of mental health and wellbeing supports
- Postcards – At each of the collaborative and themed conversation events, postcards were made available for participants to provide feedback in response to specific question: 'If there was one thing you could change about mental health and wellbeing support. A total of 156 responses were received.

The collaborative conversation sessions were attended by individuals who have experienced mental health challenges, those who work in statutory and third sector and voluntary services, and those who plan services. It was essential that everyone felt comfortable and safe enough to share their experiences without the fear of being judged, criticised, or blamed. We included two exercises in the "Building the Conditions" segment. The first exercise, "Seen, Heard, Respected", emphasised the importance of listening and acknowledging each other's feelings and opinions. The second exercise, "View Shifts", aimed to draw attention to how our upbringing, life experiences, culture, and teachings shape our views and, in turn, our behaviour. This exercise also highlighted how these views can limit our understanding of others. We then had a group discussion about why these exercises were crucial when it comes to co-production.

At the end of each of the collaborative conversation events, participants were asked to provide feedback anonymously on one thing they had learned, loved, would bin, and would take away from the session they had attended. The feedback was overwhelmingly positive and the suggestions for improvement comprised simple adjustments which would help people feel more comfortable. The feedback received is given in Appendix 3.

4. Stakeholders



More than 460 stakeholders participated in engagement activities across the 3 localities. These included people who use, plan, and deliver mental health and wellbeing services and supports within each of the localities. To maximise reach, service providers were asked to share details of the engagement options with those they support. A full list of participants is given in Appendix 4.

Equalities data was gathered at all events through an optional anonymised “About You” form, in printed and online versions. A modified version of the form was later used to capture data relating more fully to the characteristics of participants who might face common access barriers.

The ‘About You’ form was completed by 96 people, representing a 20% return rate. The project team acknowledged that in relation the Scottish and Fife equality data that representation was similar. However, it is hoped that after further relationship building with easier-to-engage communities and groups, there will be higher levels of engagement in the future.

Key points from the equalities data are summarised below (data is set out diagrammatically in Appendix 5):

Age

Feedback in the main was from working age adults (91%), reflecting the demographic of those who participated in the engagement events; 4% of respondents were older adults; and 5% did not respond.

Disability

One third of respondents (33%) identified as having a long-term condition or disability, matching Scottish Household Survey estimates for this group.

Gender

Most of the respondents identified as women (70%), compared to men (22%) transgender (1%) and other genders (1%); and 6% did not respond

Pregnancy and new parents

Two percent of respondents identified as being either pregnant (1%) or breastfeeding (1%).

Race

Most of the respondents identified as White Scottish/British (90%); while others identified as Other White (3%); Indian, Scottish Indian, or British Indian background (1%); and 6% did not respond.

Religion and beliefs

Most of the respondents identified as having no religion (59%); while others identified with Christianity (19%), other religions or beliefs (2%), Judaism (1%) and Hinduism (1%); and 18% did not respond.

Sexual orientation

More than three-quarters of respondents identified as heterosexual (78%), compared to those who identified as gay men (4%), bisexual (3%), other sexual orientation (3%) and gay women/ lesbian (2%); and 10% did not respond.

Life circumstances

Half of respondents (50%) identified as having no life circumstances that would negatively affect their mental health and wellbeing or their ability to access services and supports; 39% identified as having additional life circumstances; and 11% did not respond.

Of the respondents who identified as having additional circumstances and life experiences, almost half identified as having two or more factors (20% of all respondents), the most prevalent factors of which were poverty (13%) and homelessness or risk of homelessness (9%).

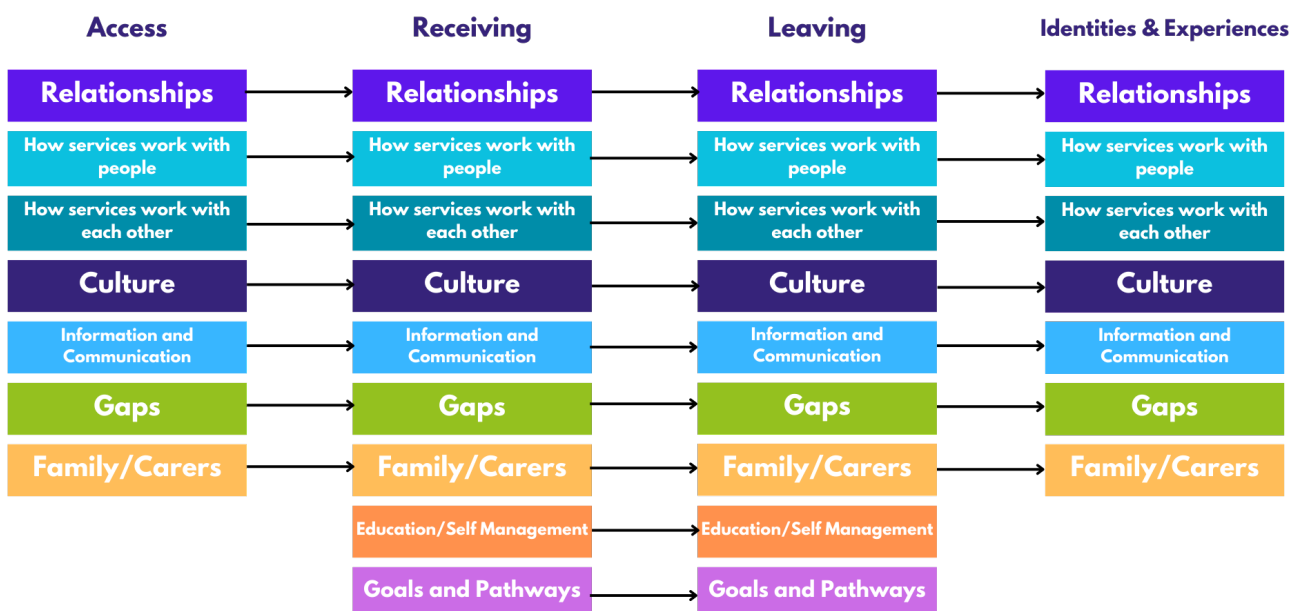
5. Engagement Feedback

At all engagement events, participants were asked four core questions:

- What is important when accessing, receiving, and leaving mental health and wellbeing services and supports?
- To what extent have you found it difficult to access services because of your identity and experience?
- What is important when providing mental health and wellbeing services and support?
- How well do mental health and wellbeing services and supports match what is important to people?

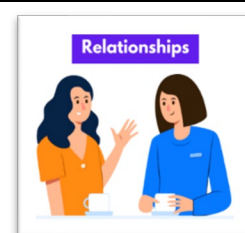
A detailed analysis of feedback identified nine overarching themes that were consistently raised (these are described fully in Appendix 6. The diagram below provides a visual representation of the relationship between each theme and the question from which it emerged. A descriptive analysis of the themes is given in Appendix 7.

The coproduction process was co-created and facilitated by the MHWPCCS project team, which comprised a diverse membership including members of the Fife Voluntary Action Lived Experience Team (LET). This was on the basis of evidence that meaningful improvements can be made when changes are co-created with those who use services alongside those who plan and deliver them. Feedback taken from the Lived Experience Team members on their experiences of contributing in this way showed that these had been positive for the individuals involved and beneficial in creating a shared understanding of what is important. The fuller feedback from LET members is given in Appendix 8.



A summary of the 9 key themes identified is given below:

Theme 1: Relationships

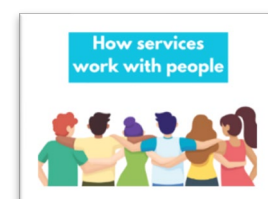


It is important that:

- People engage with the 'right person' and build trustful relationships with them.

- Services operate in a way that is based around the central purpose of optimising relational care and practice and create the conditions for relationships to flourish.
- People have access to support that is intentionally relationship-orientated. In communities, this might include, for example, access to peer supports and befriending.
- Services are delivered in a way which optimises continuity. This means people can build trusting relationships with practitioners and feel known and understood and do not have to retell their story.
- People have confidence in being able to reliably access services and supports.
- People are accepted, and valued for who they are and have a shared understanding with practitioners of what is important to them

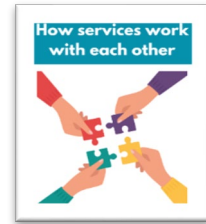
Theme 2: How services work with people



It is important that:

- Services are adaptable and responsive to people.
- Practitioners are approachable and compassionate.
- People feel heard, listened to, validated, and respected.
- Services are trauma-informed and trauma-sensitive.
- There is a collaborative approach between service users, carers (where appropriate), and practitioners in decision-making.
- Services are truly holistic and treat the whole person, not just their condition.
- There are many ways that supports can be accessed which accommodate people's individual circumstances.
- There are a wide range of supports available that can match people's needs and preferences.
- People can access supports from multiple services at the same time.
- There are clear points of contact to access and re-enter services.
- Services and supports are delivered in a range of locations, including community and informal spaces, and are convenient to access.
- There is no wrong door and services can be accessed without having to go through a formal provider.
- People can access services for prevention and early intervention.
- Services and support are not time limited.
- Services are strengths based and support self-management.
- People can access support at all levels 24/7.
- People feel supported when they are discharged or leave services and can re-enter services easily.

Theme 3: How services work with each other



It is important that:

- Services work together in ways that are collaborative, integrated, and joined up.
- There are clear roles within services and known points of contact.
- Different systems and ways of working are not a barrier to access, transitions, or information sharing.
- Systems are set up to minimise boundaries or barriers, and to maximise opportunities for collaborative working.
- Staff are given time to network and build relationships with each other and to get to know the communities within which they work.

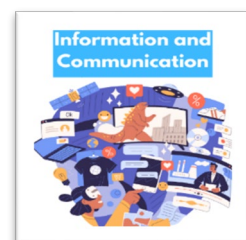
Theme 4: Culture



It is important that:

- People around us understand the importance of mental health and wellbeing, as equal to physical health.
- Services and supports recognise different cultures and the impact these may have on an individuals' mental health and wellbeing.
- Services and supports recognise the different needs of people across the lifespan and adapt provision accordingly.
- Services and society recognise the abilities of people with disabilities and additional support needs.
- People are aware of their biases and provide support in a non-judgmental way.
- Services and supports identify and address stigma.
- Everyone, regardless of identity or experience, can access the right support at the right time.

Theme 5: Information & Communication

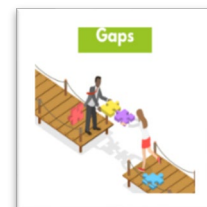


It is important:

- People know where and how to access information about services and supports in their communities.

- Services know about other services and supports and can help people access them.
- Information about services is regularly updated to ensure accuracy.
- All communications and information that is shared is easy to understand.
- People can access clear points of contact within services and supports.
- People are informed in a clear, supportive, and non-judgmental way about any service changes or the ending of a service.
- Families and carers have the option to share or receive information about service users when appropriate.
- People know what their rights are regarding mental health and wellbeing services and supports.
- Information in people's records is regularly updated to ensure accuracy and completeness.
- Services share information to coordinate care effectively and prevent people falling through gaps.

Theme 6: Gaps



It is important that:

- People's basic human needs are met (e.g., food, housing, money)
- If there are time gaps between referral and being seen, or during transitions between services (e.g., child to adult services), these are short.
- People are offered support, coordinated by a named provider, while they are waiting.
- People can access support that is appropriate to their needs and preferences.
- People can access services and supports locally.
- Services and supports are adequately staffed and resourced to meet needs and expectations.
- Services and professionals respond to disengagement supportively.
- Service evaluation is from the perspective of people, and not just from the perspective of the organisation.
- Funding models for third sector services providers are reliable and recurring, to enable services to survive and provide continuity for people.
- Services and supports have an understanding of the welfare benefits system and how changes in circumstance can affect benefits.
- There is support for people with language barriers and they are supported beyond statutory services.
- The needs of people with specific identities and experiences are recognised and met.
- People are supported and not excluded based on other needs.
- People who work in services are supported with their wellbeing.

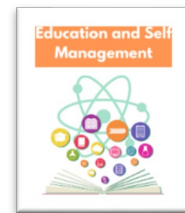
Theme 7: Family & Carers



It is important that:

- There is support for family and carers.
- Families and carers are valued as partners, involved in support plans, and can share or receive information as appropriate.

Theme 8: Education & Self-management



It is important that:

- People understand themselves, their relationships, and their mental health.
- People have the tools and support to manage their own mental health.

Theme 9: Goals & Pathways



It is important that:

- People have a clear action plan when receiving and leaving services.
- People have a clear onward pathway.
- Any onward support that is offered is prevention-focused and helps people maintain their mental health and wellbeing.

6. Conclusion

The purpose of the engagement for the MHWPCCS project was to gain an understanding of what matters to people in terms of their values, outcomes, and experiences using coproduction methodology.

Year one engagement was focused on 3 priority localities – Cowdenbeath, Levenmouth and North East Fife – identified through SIMD and rural deprivation data.

A wide range of stakeholders, including people who use, plan, and deliver mental health and wellbeing services and supports, were identified through away day stakeholder analysis.

A range of in-person and online engagement methods were designed to maximise inclusivity, and more than 460 stakeholders participated.

The questions were intentionally designed to capture views on what is important to people in terms of accessing, receiving, and leaving mental health services and supports, their identities and experiences, and the extent to which services and supports match what is important. The collaborative conversation sessions began by creating a safe and inclusive environment for all participants to share their views, whether from a personal or professional background. The aim was to establish the right conditions for meaningful and safe participation and encourage everyone to contribute to the discussion.

The feedback identified nine key themes, providing the underpinning values-base for subsequent changes and improvements. The themes pointed both to the need for short-term practical improvements alongside longer-term transformational change.

Noticeably, a core theme permeating and connecting all of the feedback was the importance to people of relationships, which were seen as fundamental in 'getting it right for people' and the biggest contributor in 'getting it wrong for people'.

The feedback provides an opportunity for participants to consider what patterns of provision can meet contemporary values, needs and expectations, in a sustainable way, and for these to be developed in a way which aligns with the original intentions for the project towards meaningful change.

7. Next Steps

3

DEVELOP

Continue locality coproduction activity:

- Gain insights from people who use, plan and deliver mental health & wellbeing services and supports to:
 - Identify where meaningful change can happen
 - Prioritise change ideas
 - Design tests of change

In Phase 3 (March-April 2024) coproduction activity will be geared towards gaining insights from people who use, plan, and deliver mental health and wellbeing services and supports to identify where meaningful changes can happen and to prioritise and design change ideas. The use of 'opportunity statements' will serve as the foundation for engagement in helping participants generate innovative short-term and longer-term actions that are based on the underpinning values-base identified from feedback.

Appendix 1. Stakeholder engagement methods

Collaborative Conversations

There were **six collaborative conversations held during Phase 2**, three in-person and three online. Each in-person session lasted four hours, while the online conversations were three hours long. The session focussed on:

1. Building the Conditions
2. Asset and Experience Mapping
3. Facilitated Conversation
4. Postcards

1. Building the Conditions

The sessions were attended by individuals who have experienced mental health challenges, those who work in statutory and third sector and voluntary services, and those who plan services. It was essential that everyone felt comfortable and safe enough to share their experiences without the fear of being judged, criticised, or blamed. There were two exercises included in the "Building the Conditions" segment. The first exercise, "Seen, Heard, Respected", emphasised the importance of listening and acknowledging each other's feelings and opinions. The second exercise, "View Shifts", aimed to draw attention to how upbringing, life experiences, culture, and teachings shape views and, in turn, behaviours. This exercise also highlighted how these views can limit peoples understanding of others. Group discussion looked at why these exercises were crucial when it comes to co-production.

2. Asset and Experience Mapping

Participants engaged in 'Asset and Experience Mapping' to discuss the current landscape of mental health and wellbeing in their respective localities. This involved identifying the available assets and resources, including community resources, primary care, and personal resources that people can access. The exercise also examined the local features that currently exist. Participants were asked to reflect on their own asset maps, and then engage in small group discussions hosted by the Lived Experience Team Facilitators, the Participation and Engagement Officer, and the Equalities Officer to create experience maps. The goal was to develop a collective understanding of their local communities and the experiences of people within them. It was important that participants spoke from personal experience rather than abstract ideas, so that the exercise could capture how people manage their mental health and wellbeing, and what assets are available in their communities. There are examples of these found in Appendix 2.

'How do you manage your mental health and wellbeing? What assets do you have? What assets does your community have?'

3. Facilitated Conversation

The third part of the session shifted to a world-café style engagement format. This involved facilitation around four questions, with the tables arranged to ensure representation from individuals with lived experience, those who work in services, and those who plan services. They were asked:

What is important in terms of access for mental health and wellbeing supports?

What is important in terms of receiving mental health and wellbeing supports?

What is important in terms of leaving mental health and wellbeing supports?

Do services and supports match what is important to people?

Discussions in response to the first three questions were structured into what was important, and specific examples where services and supports did or did not match this. As a result, after the second engagement session, it was decided to replace the last question with a new one since it overlapped with the insights from the first three questions.

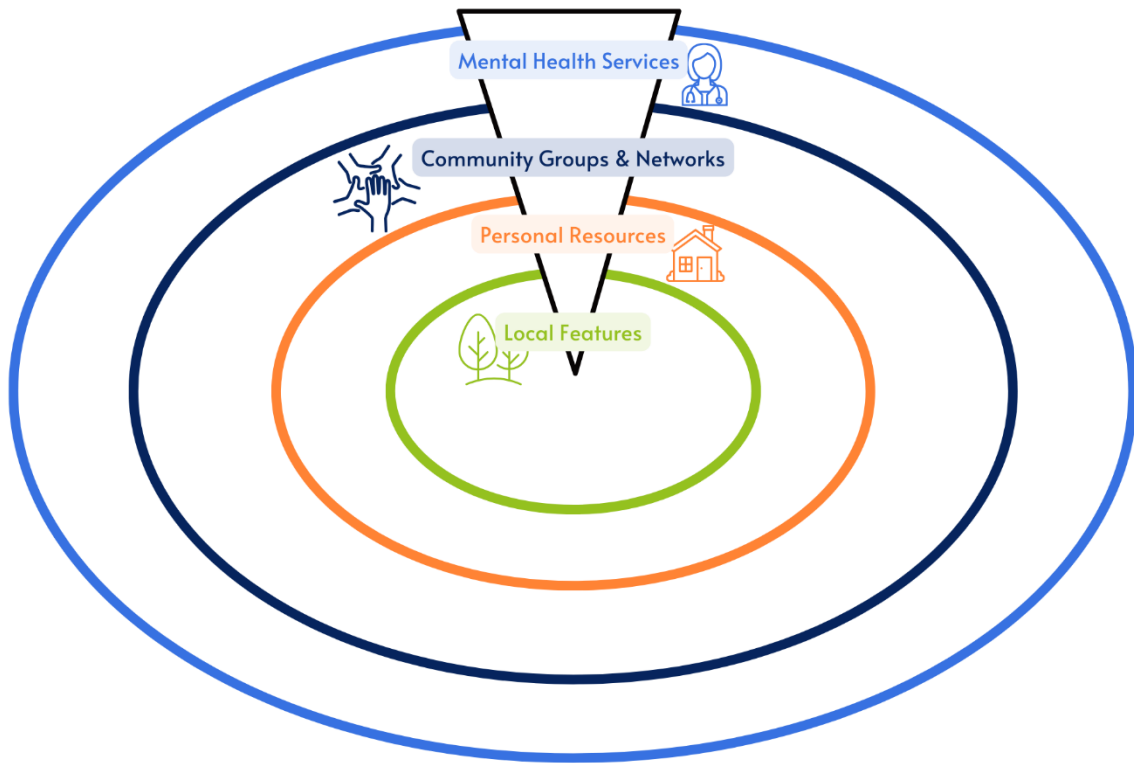
How do identities and experiences impact on experiences of mental health and wellbeing services and supports?

4. Postcards

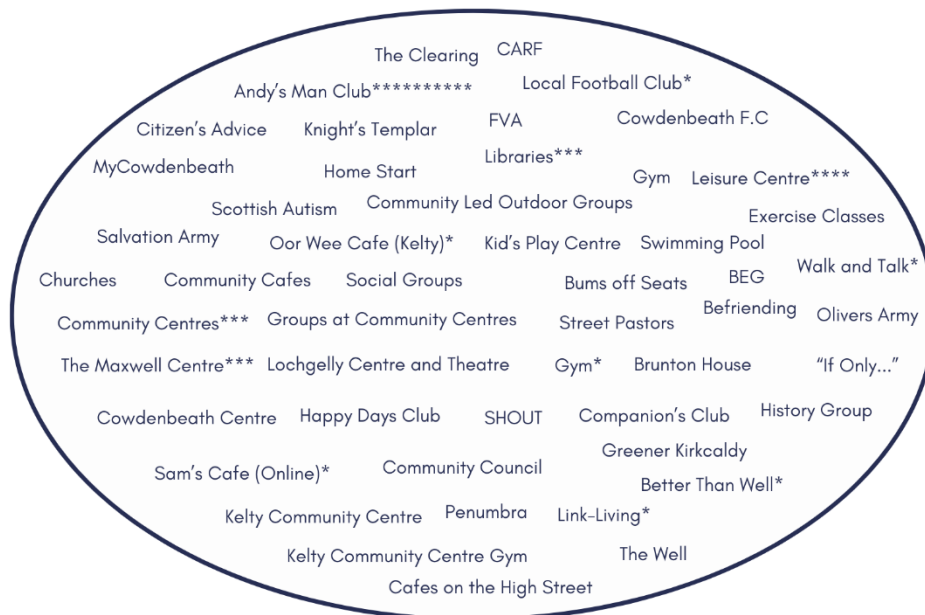
For the collaborative conversations and themed conversations, postcards were designed with the question:

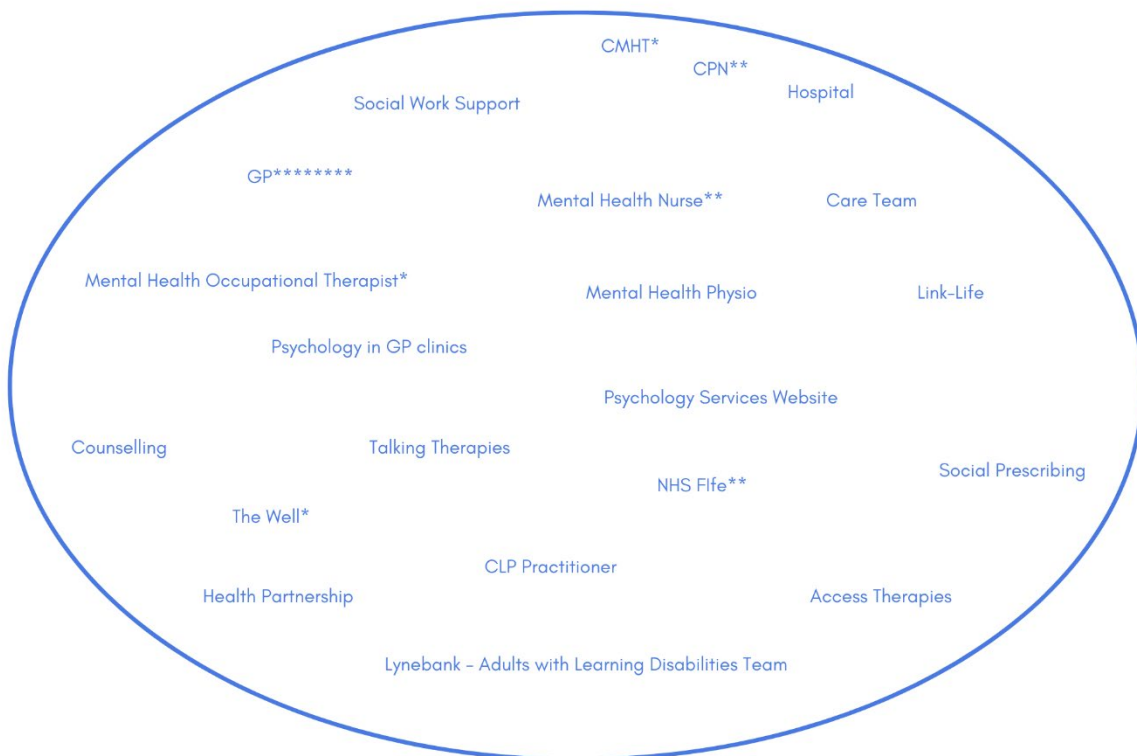
“If there was one thing you could change about mental health and wellbeing support, what would it be?”

What do you already have at your disposal for support with your mental health?



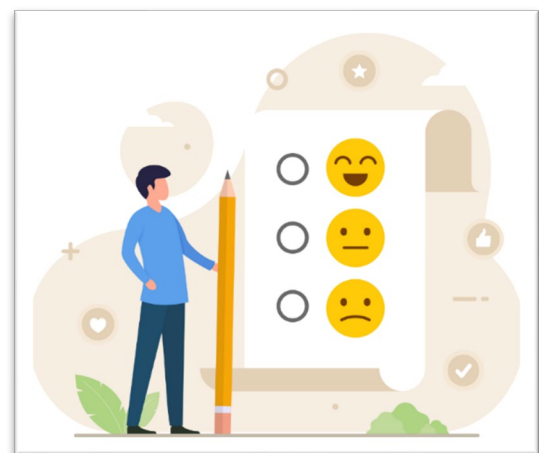
- Lochore Meadows*****
- Parks***** Woodland Walks
- Market Garden Nature Walks Riverside Walks
- Dalbeath Marsh Benarty Hills Falkland Estate
- St Ninian's Open Cast Mine Blairadam Forest**
- Outdoor Spaces Japanese Gardens Woodlands*
- Green Spaces* Open Spaces Beaches (Burntisland)*
- Countryside Murals*
- Transport Links Cowdenbeath High Street
- Allotments





Appendix 3- Engagement Session Feedback

Following the Collaborative Conversation sessions, both online and in-person, there was time set aside for reflection and feedback for participants to ensure that everyone felt safe and not triggered by the conversations. Participants were asked to share one thing they had learned, loved, would bin, and take away from the session. The feedback was overwhelmingly positive, and most of the constructive suggestions were simple adjustments we could make to ensure that the sessions were comfortable for everyone.



A challenge of co-production is capturing the impact of the engagement work itself, and so it was particularly valuable to hear that way that the experience of being involved in the collaborative conversations had offered new connections, perspectives, and reflections.

These are examples of what participants said,

“Relationships - family & friends, connectedness, mutual support, and belonging mean a lot” - NEF

“Hearing people’s lived experience has made me reflect on my own practice” – online



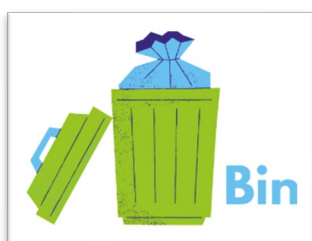
“I’m enthused by the passion and commitment of such a wide variety of services and people using and working in mental health services.” – Cowdenbeath

“The interaction with others, getting different views and experiences” –NEF

“Excellent facilitation- allowed for different stories, and experiences that brought a different dimension to other sessions attended previously.” –Leven

“ Creating the conditions for coproduction at the outset enabled us to participate in an authentic way. This has made me consider how to replicate these conditions routinely at work to effect change that is more meaningful.” –Leven

“New contacts & ideas to help my work with individuals” – NEF



“The tables were too close, hard to hear at times. More spaced out” –Cowdenbeath

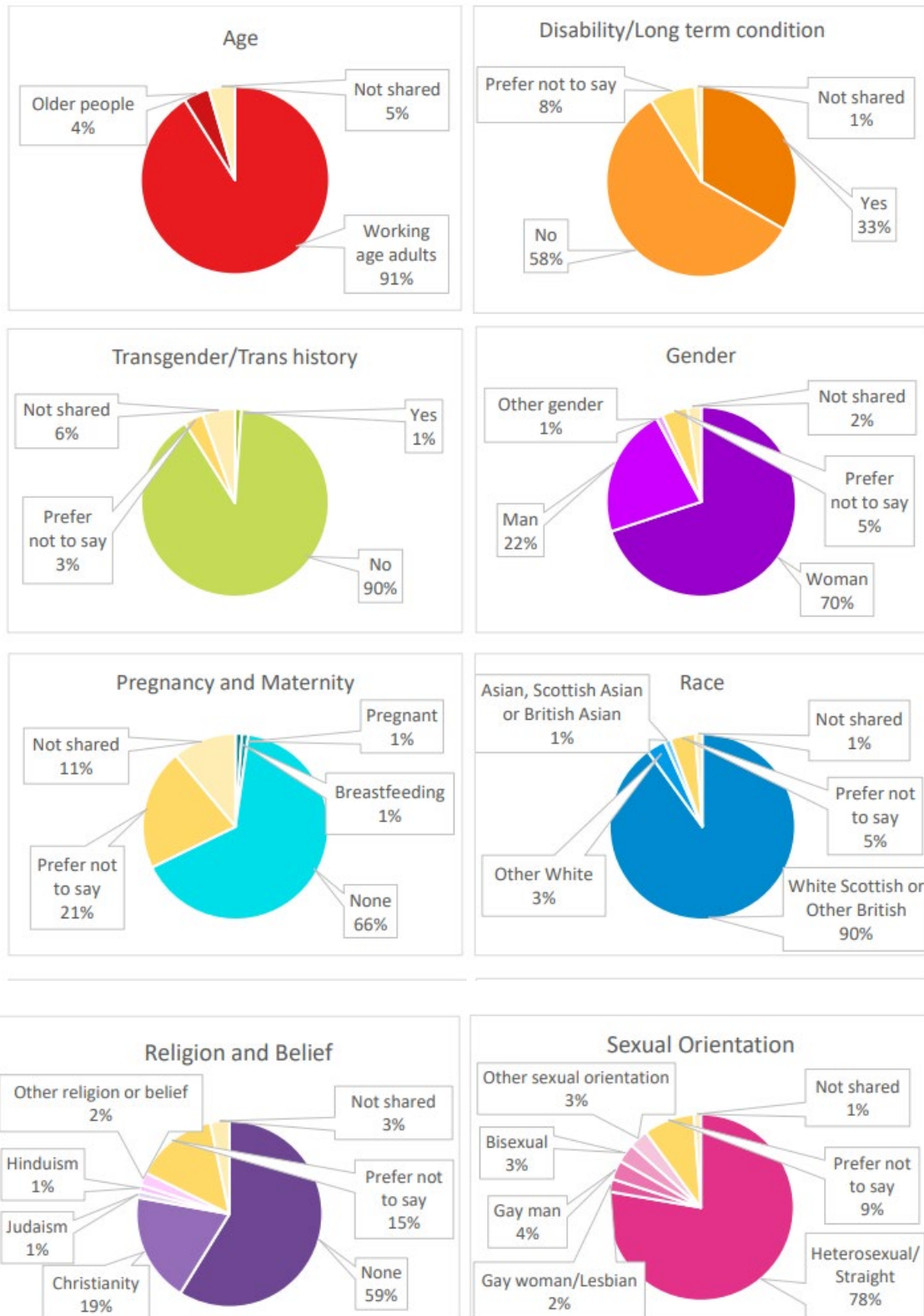
“Having a way of getting more varied voices, feel there wasn’t enough representation ” – Online

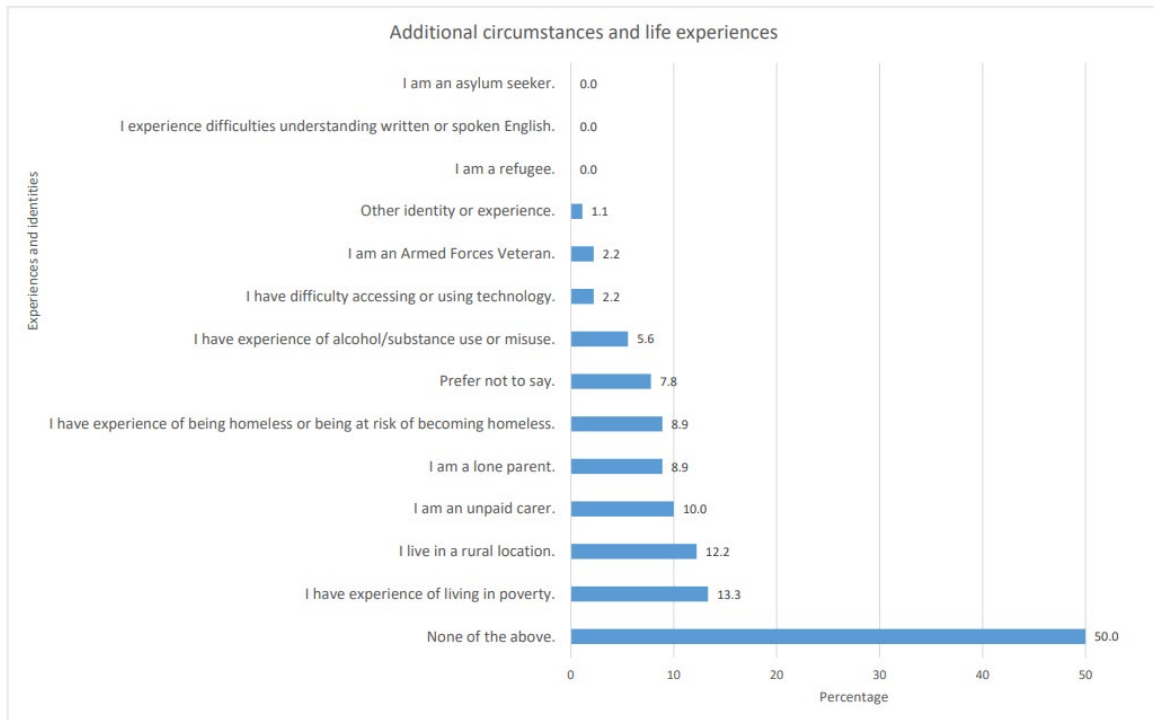
Appendix 4 – Stakeholder list

Community Forums / Networks	Third/ Voluntary Sector	Statutory Service Providers
FVA Mental Health Forum	Scottish Autism	GP's
FVA Befriending Forum	Citizens Advice	Link Live Fife
FVA Peer Support Network	Cruse	The Wells
Fife Migrants Forum	FASS	Psychology
Hearing Voices Network	Change MH	Social Work
FCE Equalities Forum	Circles Network	Fife ADP
Fife College Freshers week	FRASAC	Fife Eating Disorders
	KASP	Adult Protection Team
	Better Than Well	Locality Development Officers
	Link Living	Local Councillors
	Penumbra	Occupational Therapy
	SAMH	Police Scotland
	Fife Carers	Fife Sports and Leisure
	Fife Forum	Community Development
	DAPL	Locality Groups HSCP
	Womens Aid	Housing
	Andy's Mans Club	Community Mental Health Nurses
	Gingerbread	Improving the Cancer Journey
	Oliver's Army	Community Connections (Fife Council)
	The Knights Templar	Dietician
	My Cowdenbeath	Speech and Language Therapy
	Alzheimers Scotland	Perinatal Nursing Team
	Community in Cupar (CiC)	
	Together Levenmouth	
	Leven Foodbank	
	LGBTQ+ Hub	
	CloBar	
	Max's Lite Bites	
	Link Befriending	
	Families First St Andrews	
	Families in Trauma & Recovery	
	Barnardos	
	Kingdon Housing	

Community Forums and Networks	Third/ Voluntary Sector	Statutory Service Providers
	See Scape	Disabled Persons Housing Service
	Enable	Mental Health Nurses in Primary Care
	Equal Voice	Access Therapies
	Express Group	ESOL
	Fife Boomerang	Fife Listening Service
	FEAT	Pharmacy
	Fife Shopping Support Services	
	FIRST	
	Kindred Advocacy	
	LEAD Scotland	
	Crossroads	
	PAS	
	PAMIS	
	Peace of Mind Fife	
	People First	
	Quarriers	
	Talk Matters	
	Fife Young Carers	
	Restoration	
	SFAD	
	Fife Day Care	
	The Clearing	
	CAS	
	Age Concern	
	Auchtermuchty Day Club	
	Castle Furniture	
	ENERGi	
	Include Me	
	Support in Mind in Fife	

Appendix 5- Equalities data





Breakdown of the multiple factors experienced by people who shared they have additional circumstances

	% of total people with two or more factors
I have experience of living in poverty.	69
I have experience of being homeless or being at risk of becoming homeless.	44
I am a lone parent.	38
I am an unpaid carer.	38
I live in a rural location.	38
I have experience of alcohol/substance use or misuse.	19
I am an Armed Forces Veteran.	13
I have difficulty accessing or using technology.	6
I am a refugee.	0
I experience difficulties understanding written or spoken English.	0
I am an asylum seeker.	0

Breakdown of the single factors experienced by people who shared they have additional circumstances

	% of total people with single factor
I live in a rural location.	31
I am an unpaid carer.	19
I am a lone parent.	13
I have experience of alcohol/substance use or misuse.	13
I have experience of being homeless or being at risk of becoming homeless.	6
I have experience of living in poverty.	6
I have difficulty accessing or using technology.	6
I am an Armed Forces Veteran.	6
I am a refugee.	0
I experience difficulties understanding written or spoken English.	0
I am an asylum seeker.	0

Appendix 6 Thematic analysis of feedback

Theme	What is important?	You said....
Information and Communication	It is important that people know where to access information and have all the information about what services there are in the community and how they work. This means it is clear what to expect when using those services. [Accessing, Receiving]	<p>People’s expectations of services need to be better managed. - Levenmouth Locality Meeting</p> <p>Do people know what is available – how do we find out? - Levenmouth Locality Meeting</p> <p>People knowing what services can provide for them and what the services limitations are will create better understanding in appropriate referring for support. - Northeast Fife CC</p> <p>‘Supportive staff helped me find the right info needed’. – Questionnaire</p> <p>Important to have a conversation about expectations at the outset of contact – Levenmouth CC</p>

		<p>People get very disappointed when their treatment doesn't match their expectations – Levenmouth CC</p> <p>When under a number of specialists or services it can be overwhelming as you get different messages. Can feel chaotic. – Levenmouth CC</p> <p>Consistency: when will support end, if I miss an appointment what happens – Cowdenbeath CC</p> <p>People come with an expectation- staff should be better informed to cascade this to patients. - Mental Health Forum</p> <p>Expectations of what can and cannot do to stop disappointment. – Online CC</p> <p>Clear information on where to get support if things get worse. – Peer Support Network</p> <p>People's expectations of services need to be managed. – Northeast Fife CC</p>
	<p>It is important that services know about other services and supports. This allows them to effectively signpost to other services or receive information. This also means that people are offered a variety of support and supports collaboration. [Accessing, Receiving]</p>	<p>Observed need for more joined up working. - Levenmouth Locality Meeting</p> <p>There are lots of services and supports but statutory services don't know about them or refer or signpost to them. - Levenmouth Locality Meeting</p> <p>A lot of referrals are inappropriate. - Levenmouth Collaborative Convo</p> <p>Improvement in partnership working has helped understand each others' services better and allows more accurate and timely signposting. - NE Locality Meeting</p> <p>There needs to be a drip-feed of information of services available, not just occasionally. - NE Locality Meeting</p> <p>there is a professional block, we don't know where to get help or what is available. I know there are things there but have no idea how or where to get it. There needs to be communication and everything needs to be visible – Levenmouth CC</p>

		<p>A team who knows of everything available: specialists in connecting people – Levenmouth CC</p> <p>Current available directories are out of date, no one to maintain them. Funding changes, priorities change but the changes are not reflected in the directories. – Cowdenbeath CC</p> <p>Examples of where this is happening: Link Workers in GP surgeries; The Well (who receive a lot of referrals from the police) – Levenmouth CC</p> <p>There are streams of funding for Mental Health and Wellbeing support, but professionals don't know about them. It is a Fife wide problem, that information is not passed on. – Cowdenbeath CC</p> <p>People do not know what support there is - professionals do not know what there is out with their services – Cowdenbeath CC</p> <p>Professionals should be aware of what is available and to be able to signpost – Cowdenbeath CC</p> <p>Often offered pills at GP appointment where there is a lack of knowledge of other services – Mental Health Forum</p> <p>Example: When meeting a locum psychiatrist LC asked for a referral for therapy to deal with sexual assault. They were referred onto org that only deals with CSA. It was a negative experience having to psych up to call them, only to find that they were not appropriate. – Interview LC</p> <p>Example: Services working together in a hub approach across some localities and via ADP – results are fantastic. Staff support those receiving services to attend – connecting in with others to help allow this to happen. There is better uptake of services when supported by access to one central person.</p>
	<p>It is important how services communicate with people when they are receiving</p>	<p>Need better communication between patient/GP. - Northeast Fife CC</p>

	<p>services and supports. [Accessing, Receiving]</p>	<p>Language barriers, sometimes even more difficult when mental health support only available over the phone. – Questionnaire</p> <p>Plain English, language barriers (lack of interpretation resource) – Questionnaire</p>
	<p>It is important that people know what their rights are when accessing support. [Accessing]</p>	<p>Someone mentioned they could get a second opinion after the 1st GP they saw was dismissive. The 2nd GP was more honest, understanding, and transparent. – Northeast Fife CC</p>
	<p>It is important for GPs to have information and access to what current services exist within the area to refer individuals to. [Accessing]</p>	<p>GPs are seen as a fountain of knowledge but rarely refer to the third sector. - Levenmouth Locality Meeting</p>
	<p>It is important that families and carers can share or receive information regarding service users. [Accessing]</p>	<p>There is conflicting information about who should be responsible for support for certain groups (eg. young people) - Levenmouth Locality Meeting</p>
	<p>It is important services communicate with each other and share information. This allows services to work collaboratively and holistically. [Receiving]</p>	<p>Other services need to be aware of goals to keep on-going with consistency – North East Fife CC</p> <p>Often children and families social workers do not speak to adult social workers even though they are working with the same family – Levenmouth CC</p> <p>Connection between services is very limited; Fife Council cannot share information. (x2) – Cowdenbeath CC</p> <p>Lack of a centralised portal/system – allowing healthcare professionals and other staff for other support services to co-ordinate and collaborate, as well as share information on services available – Online CC</p> <p>Management and services are not sharing information - Questionnaire</p>
	<p>It is important what language is used when receiving mental health and wellbeing services and supports. [Receiving]</p>	<p>Peer support was amazing – recovery language – Cowdenbeath CC</p> <p>Power – turn on head – think about language used and how to connect to individuals. – Online CC</p>

	<p>It is important that when a service ends, people know where to go to access information for support if they need help again. [Leaving]</p>	<p>People know why they are leaving a service, how they can come back, and they are well informed about onward pathways. – Levenmouth CC</p> <p>Knowing where to access crisis support – NEF CC</p> <p>Pathway to contact someone for further support if required. - Questionnaire</p> <p>An overarching 'formulation' of a person's care would identify areas where ongoing community support may be helpful once treatment or input has been completed. This would facilitate the identification of, and contact with, relevant organisations or supports. Also, greater visibility of local community services and increased outreach to communities or populations who may be more isolated or disconnected. – Questionnaire</p> <p>If a service ends, people need to know where to go if they need help again. – Levenmouth CC</p>
	<p>It is important that endings are communicated in a way which is supportive, goal-orientated, and non-judgemental. [Leaving]</p>	<p>“Practice which centred around having flexible plans in place which are discuss regularly, progress, goals and a discharge plan which is phrased in positive words and includes a supported hand overs which provides a safety net and continual support.’ – CC Online</p> <p>‘Language is important in how aspects are phrased.’ – CC Online</p> <p>‘Different terminology for managing time sessions. ‘Managing ending’ soft discharge!’ – CC Online</p> <p>‘Positive wording i.e., warm handover / soft.... Rather than feeling Abandoned.’ – CC Online</p> <p>Need: ‘Clear communication - diversity of communication’ – Cowdenbeath CC</p> <p>‘People not knowing if they have been discharged’. – Cowdenbeath CC</p>
	<p>It is important that people understand why a service is ending and is communicated in a way that they</p>	<p>“Better Communication - clarity needs to be given.’ – Project Board</p>

	<p>understand and is accessible to them. [Leaving]</p>	<p>'Need better discussions about why leaving a service - trauma sensitive.'- Cc Online</p> <p>'Transparency as to why someone is moving on – being and clear if either right time to move on or that this service is not right for you so that no negative emotions are triggered.' – Cc Online</p> <p>'Makes sure information is understood and not overloaded.' – CC Online</p> <p>'People know why they are leaving a service, how they can come back and they are well informed about onward pathways.' – Levenmouth CC</p>
	<p>It is important to know where to access up to date information about other services. [Leaving]</p>	<p>'Websites need to be kept up to date with correct info' – Levenmouth CC</p> <p>'Clear resources for teams to have to signpost people to' – Levenmouth CC</p>
	<p>It is important that people and professionals are able to access accurate/up-to-date information. (Reliable Information) [Identities and Experience]</p>	<p>'Supportive staff helped me find the right info needed'. – Questionnaire</p>
	<p>It is important that conversations and shared information are easy to understand and at the right level for the service user. (Accessibility of Communicated Information) [Identities and Experience]</p>	<p>People with learning disabilities do not go to the GPs as other people do, as they cannot communicate in the same way.' - Collaborative Conversation Online</p> <p>'The mindset of professionals when assessing/working with someone with learning disability need to change to consider the person and their abilities.'" - Collaborative Conversation Online</p> <p>Need: 'NHS information should be written so a 7-year-old can understand it (by standard).' - Cowdenbeath Collaborative Conversations</p> <p>'Some people would agree with a professional and say they understand (even if they don't) because of the anxiety they have to say to a professional they don't understand and fear of being judged.' - Cowdenbeath Collaborative Conversations</p>

		<p>'A lot of faith that the person we are talking to understands where we are coming from.' - Cowdenbeath Collaborative Conversations</p> <p>'We're expecting the person we speak to understand us and what we're saying/meaning, but we often don't check that this is the case.' - Cowdenbeath Collaborative Conversations</p> <p>'Sometimes too many resources for self-help are shared with the service-users and they simply don't know where to start.' - Cowdenbeath Collaborative Conversations</p> <p>'Language - people speaking in big words. Do not know where someone's level of understanding is, detrimental to someone seeking help for MH.' - Cowdenbeath Collaborative Conversations</p> <p>'Use of medical jargon will lead to misunderstandings as everyone's understanding will be different.' - Cowdenbeath Collaborative Conversations</p>
	<p>It is important that services keep their records up-to-date. [Identities and Experience]</p>	<p>'Many professionalsdo not renew individual's needs assessment and risk assessment, but only add observations to an already existing list. This means that people can still be stigmatised for doing something in their teens, as the information is shown on their record and not updated to the person's current risk assessment.'</p> <p>For example: if someone had fire-raising in their record or contact with the justice system (even if that was when they were quite young) they will be often considered high risk (even if this hasn't been the case for many years).'</p> <p>Collaborative Conversation Online</p> <p>'Professional shared their observation that needs and risk assessment (homeless) were not used in a person-centred way. These should be meaningful and always filled in from scratch.'</p> <p>Collaborative Conversation Online</p>
<p>Signposting</p>	<p>It is important that when leaving a service that you are signposted to other</p>	<p>"Important that they have signposting to most appropriate service that is now applicable. Not just cut off!" -CC Online</p>

	<p>service's that appropriate to you. [Leaving]</p>	<p>'Every psychologist in NHS has QR codes of services that can be accessed and get patients are informed and have details of what being passed onto. Let the service user scan the code to provide information and then saved on phone in case needed.' - CC online</p> <p>Need: 'Availability of high-quality and well-signposted self-help materials.' – Questionnaire</p> <p>Need: 'Services need to be better at signposting to each other' – Peer Support Network</p> <p>Need: 'Various levels of support' – Peer Support Network</p>
	<p>It is important to have access to and be signposted to community support. [Leaving]</p>	<p>Need: Access to social prescribing</p> <p>Need: 'Economic Investment: Some kind of general community support Service that looks at a community in its entirety, personal challenges, and resources.' – CC Online</p> <p>'Lack of knowledge and awareness of what community services or supports may be available to facilitate consolidation of learning and treatment they have received. Service users may experience a sense of abandonment as support ends as there may not be a 'step down' service or organisation available to help them with the transition to sustained independent recovery and empowerment.' – Questionnaire</p> <p>'Peer support groups so that people have a place to go and people to speak with although their main support may have ended.' – Questionnaire</p> <p>'Peer support- you're speaking to people who have gone through it and understand you.' – Interview LE</p> <p>'Peer support should also be an option for people so know what the journey may look like and provide hope. Often provides support with clinical environment as more reality!' – CC Online</p>

		<p>'Where people have good support in the community and know what to access it can keep people well without admission to hospital.'- Peer Support</p> <p>'Need to help people building connections in their community and not creating dependencies on services.' – Questionnaire</p> <p>'Peer Support is important - lived experience, trustworthy.'- Project Board</p>
	<p>It is important that staff have time to network and know the communities in which they work. [Leaving]</p>	<p>'Staff need more networking to know what other services are available.' – Levenmouth CC</p> <p>Need: 'Professional and Service Users know what other support is there if they need it and that this is choice based.' – Peer Support Network</p> <p>Need: 'Services' Knowledge of communities in which they work, they need to time to know and learn what is available to people.'- Interview Professional</p> <p>Need: 'People in services need to know where to direct people to.' – Levenmouth CC</p> <p>'NHS CMHT nurses are given time to go and visit groups in the community.' – Levenmouth CC</p> <p>'Police leaders are motivated to build better bridges and encourages work with local community groups.' – Levenmouth CC</p>
<p>Ease of Access</p>	<p>It is important that individuals have access to transport to get to services. [Accessing]</p>	<p>Example: Thought needs to be put into appointment times for transport costs and times. - Levenmouth Locality Meeting</p> <p>Example: People's location and access to public transport affects whether they can access services. - Levenmouth Collaborative Convo</p> <p>Example: in Northeast Fife, people access whatever is closest to them due to travel difficulties (long journeys, need to change transport 2 or 3 times, lack of bus service). - NE Locality Meeting</p>

		<p>Example: Transport links and the cost of bus services affects people ability to access support. - Northeast Fife CC</p> <p>Example: ‘Unable to afford transport to different health services as there is no support available (for family members)’ - Cowdenbeath Collaborative Conversations event</p>
	<p>It is important that services discuss the accessible ways for people to access support such as in person or online as well as how best to communicate including emails and letters. [Accessing]</p>	<p>Example: Accessibility of information means ongoing promotion and offering different formats. - Levenmouth Locality Meeting</p> <p>Example: Digital exclusion for those in deprived areas and older people. - Levenmouth Locality Meeting</p> <p>Example: Services should be accessible online, telephone or face to face – a hybrid approach. - Levenmouth Locality Meeting</p> <p>Example: GPs are difficult to access, especially during COVID, which made it more difficult to get a referral to appropriate services. - NE Locality Meeting</p>
	<p>It is important that individuals can refer themselves to services. [Accessing]</p>	<p>Example: ‘Need to know what to say in order to get through and access help’ - Levenmouth Collaborative Convo</p> <p>Example: FORT – the referral system. If you know what you are looking for it works, but there needs to be a comprehensive list, not a clunky system. - Northeast Fife CC</p> <p>Example: Fife Forum referrals can be done as self-referrals or via 3rd Party. - NE Locality Meeting</p> <p>Example: ‘Cannot get a hold of GP or by the receptionist’. – Link Living Cowdenbeath</p>
	<p>It is important that individuals from any race, background, gender, and age can access the right support at the right time. [Accessing]</p>	<p>Example: People with addictions are told that they need to deal with their addiction first before being able to access support for their mental health. - Northeast Fife CC</p> <p>Example: ‘Neo natal maternity -No support for dads’ - Cowdenbeath Collaborative Conversations event</p> <p>Example: ‘Men underrepresented in services - not all men want Andy's man’s club’ -</p>

		Cowdenbeath Collaborative Conversations event
	It is important that there are other ways to access services without having to go through the GP or hospital. [Accessing]	<p>Example: Police only have A&E as an option to take people to and have to wait for people to be admitted or discharged. - Levenmouth Collaborative Convo</p> <p>Example: Some people choose not to go to the GP because “You’ll be given a prescription you don’t want, or they’ll refer me to a service I don’t want, so I’d rather not go.” - Levenmouth Collaborative Convo</p>
	It is important that people can access the appropriate support for their individual circumstances. (Access to appropriate for the needs support) [Identities and Experience]	<p>“I have found that the most cost-effective option is sometimes offered first instead of the most appropriate option for your needs at that time.’ – Questionnaire</p> <p>“Have been told I am not 'ready', not suitable, have been lost in the system, have felt judged, have felt patronised, have felt services had one agenda but I had another. have been bumped between various services only to end up with none.” Questionnaire</p> <p>“acknowledgement that they need to give the people options, and not use a blanket approach.’ Collaborative Conversation Online</p> <p>“diagnosis is often needed for reasonable adjustments. They can also help with coping and understanding.” Project Board</p> <p>‘criminal convictions - some services will not work with those with criminal convictions’ Cowdenbeath Collaborative Conversations</p> <p>‘Multiplicity – Some families have multiple aspects going on, (lone parent, child with MH issues, poverty etc). People put their guard up as they expect to be judged and treated differently’. X2 Cowdenbeath Collaborative Conversations</p> <p>‘Having to go to political circles (complain to MSP etc) in order to move things and get support.’ Cowdenbeath Collaborative Conversations</p> <p>‘Autism- needs to be the right service first. Damaging accessing wrong service in the first</p>

		<p>instance' Cowdenbeath Collaborative Conversations</p> <p>'Poor physical health - hard to get help for physical when you have poor mental health' Cowdenbeath Collaborative Conversations</p> <p>"access to GP not great" - Questionnaire</p>
	<p>It is important that when people move, they have ensured/planned continuity of support. (Provision after moving location) [Identities and Experience]</p>	<p>"Have moved around a lot and as a result lost services due to this." Questionnaire</p> <p>'It will be helpful if homeless people can maintain the support they have stayed receiving, even when moved around, to provide continuity and build on created trustful relationships.' Collaborative Conversation Online</p> <p>'Homelessness – Homeless people might apply for support but when they are moved elsewhere, they lose contact with the services which have supported them and have to start again with their new postcode – that is seeking support in their new location, applying, etc.' Collaborative Conversation Online</p>
	<p>It is important people are offered support in places/ways they feel most comfortable with. (Place) [Identities and Experience]</p>	<p>'Difficulty to make people (with addictions) come to face-to-face, as they might prefer speaking on the phone as in-person might be too intense for them.' – Questionnaire</p> <p>Need: 'We need to go back to holistic approach for support. See where people and communities are and how mental health support can be provided there where people are, so it is accessible to them.' Cowdenbeath Collaborative Conversations</p>
	<p>It is important that people have options of where and how to access support. (Choice)[Identities and Experience]</p>	<p>'Difficulty to make people (with addictions) come to face-to-face, as they might prefer speaking on the phone as in-person might be too intense for them.' – Questionnaire</p> <p>'professional shared that if they worked in their community where they live, they were better known to the local people, which was good, but they also could experience barrier when service users worry about sharing sensitive information in case it's disclosed and gets known in the community.' Collaborative Conversation Online</p>

		<p>‘Gender assumptions - What women or men want e.g. not all men want to go to Andys man’s clubs. One size does not fit all, too often we put people into boxes. Easy to fall into identity traps- concentrate on the wrong issue.’ Cowdenbeath Collaborative Conversations event</p> <p>‘Anxiety- struggle to speak on the phone or online’ Cowdenbeath Collaborative Conversations /Oor Wee Cafe</p>
	<p>It is important people can access support at all levels 24/7. (Timely Support) [Identities and Experience]</p>	<p>‘The 9-5 support availability does not work for many people – for example single parents, which can become even more isolated as they cannot leave their child to access support.’ Collaborative Conversation Online (<i>duplicate with Time</i>)</p>
	<p>It is important that access to support is available in several ways including to those who are digitally excluded. (Digital Exclusion) [Identities and Experience]</p>	<p>‘For a vulnerable older person, the intersections of age and dementia means they are underusing health services, and online only access presents a significant barrier.’ Project Board</p> <p>People who lack digital skills do not know how to get online and access information. A lot of people are excluded. It is generational. Many people do not have internet or smart phone’. (x2)... Cowdenbeath Collaborative Conversations</p> <p>‘Professional X shared how they were supporting a person who needed to apply for Universal credit, and it took 3 months to be seen at the Jobcentre. The service user was suffering with anxiety and their arrears grew bigger. But the professional explained that they chose not to do the application online for them, as then the Job Centre will assume the person has access to online services (which they do not) and will make them do everything online.’ Cowdenbeath Collaborative Conversations</p> <p>Need: Maybe we should go to the people and engage in-person with them, instead of everything being online. Cowdenbeath Collaborative Conversations</p>

		<p>'People getting online - age/ property/rurality' (x2) Cowdenbeath Collaborative Conversations</p>
	<p>It is important that people working in the Mental health services are supported with their own wellbeing. (Support for people working in MH services) [Identities and Experience]</p>	<p>'Complex and manipulative clients- as professional difficult to do assessment easy to become unprofessional, have to move case load. Leading to not feeling great about self, need to safeguard yourself. Offered clinical supervision to feel supported.' Cowdenbeath Collaborative Conversations</p> <p>'Even people who work in services find it difficult to access support- daughter of parent with dementia, struggle to find support.' Cowdenbeath Collaborative Conversations</p> <p>'Worker- excluded from using service they are in as conflict of interest.' Cowdenbeath Collaborative Conversations</p>
<p>Education and self-management</p>	<p>It is important that people understand themselves, their relationships, and their mental health, and have the tools to manage their own mental health. [Receiving and Leaving]</p>	<p>At the moment the public does not understand the difference between mental wellbeing and mental health disorder in the same way practitioners do. - Levenmouth Locality Meeting</p> <p>Need: 'Availability of high-quality and well-signposted self-help materials.' – Questionnaire</p> <p>'Taking personal responsibility is important for people of how they can help themselves, building confidence.' – CC Online</p> <p>'Conversations happen with person not about them, making it personal centric.' – CC Online</p> <p>'When people know where to access support to self-manage in the community' – Levenmouth CC</p> <p>'People understanding diagnosis helps to manage symptoms.' – Levenmouth CC</p>
	<p>It is important that someone knows how to support themselves and have support for self-management. [Leaving]</p>	<p>"Setting realistic and achievable goals and putting the correct support plans in place." - Questionnaire</p> <p>'Informed of further support structures or coping mechanisms.' – CC Online</p>

		<p>“Think about when sessions coming to end and ensure conversations over number of sessions. Discussions with the person, establish their thoughts/concerns and develop a plan to stay well / what work needs to be done by the individual.’ – CC online</p> <p>‘Signpost to other services or works on things independently as well – to build on their own confidence and manage to cope with things on their own. Benefit owns self-esteem.’ - Questionnaire</p> <p>‘Lack of knowledge and awareness of what community services or supports may be available to facilitate consolidation of learning and treatment they have received. Service users may experience a sense of abandonment as support ends as there may not be a 'step down' service or organisation available to help them with the transition to sustained independent recovery and empowerment.’ – Questionnaire</p>
Gaps	<p>It is important there are not gaps during transitional periods (whilst on waiting lists for services, or moving between services e.g. between children and adult, or adult and older age). [Receiving]</p>	<p>“Something should be offered in the interim” – North East Fife CC</p> <p>“X shared how they called in the GP for appointment and were told they have to wait 2 weeks; it was only when they got upset that they were put on the call-back list for the day. Lack of in-between options (e.g. to be seen in few days, rather than weeks).” – Cowdenbeath CC</p>
	<p>It is important that people do not fall into the gaps because of non-attendance or disengagement. [Receiving]</p>	<p>“From a professional perspective – if you have someone in your care and you don’t see them for three months then they are removed from your care via legislation” – Levenmouth CC</p> <p>‘Rethinking ‘Did not attend’. A child ‘Was not brought’ and the right steps should be taken to ensure they are safe, and their needs are being met.’ – Online CC</p> <p>‘Need to be less regimented (3 strikes and out) -how expect you to live by the rules of everyone else.’ – Online CC</p> <p>‘Lots of people saying there are ‘3 strikes, and you are out’ approach which is strict. If</p>

		<p>someone is struggling mentally, they may be unable to attend appointments at that time for different reasons but end up with a closed door.’ – Mental Health Forum</p> <p>‘If the people I work with do not show up for their appointments regularly they are taken off the list. The lack of trauma informed practice, creativity and accessibility make it difficult for service users with poor mental health to attend consistently.’ – Questionnaire</p> <p>‘Services and organisations may lack the level of flexibility required to be responsive to need, for example, service users may be excluded if they do not consistently attend services’ – Questionnaire.</p>
	<p>It is important that there are short time gaps between supports. The interim period of people being on a waiting list and being seen is shortened to prevent crisis. [Accessing]</p>	<p>Example: People wait too long for a service and it is often the wrong service. - Levenmouth Locality Meeting</p> <p>Example: FASS is good with arranging quick appointments, focus on reducing the harm they get someone out right away and are seen by professionals within a week. – Northeast Fife CC</p> <p>Example: Waiting lists – waiting two years for support is not right. - Cowdenbeath Collaborative Conversations event</p>
	<p>It is important that people continue to receive support when they are waiting on referrals or are being passed to another service. [Accessing]</p>	<p>Example: Waiting times for children and young people are terrible and have a knock-on effect on preventative work in adulthood. - Levenmouth Locality Meeting</p> <p>Example: GPs do not know where to signpost people as many services “come and go” so it is hard to know what all is out there. – GP Cluster Meeting Cowdenbeath</p> <p>Example: ‘Self-referral- no follow-up’. - Cowdenbeath Collaborative Conversations event</p>
	<p>It is important that people are not being passed around different services without receiving appropriate support. [Accessing]</p>	<p>Example: ‘Having to retell my story over and over again’ – passed from pillar to post. - Cowdenbeath Collaborative Conversations event</p> <p>Example: ‘Moving home and referral being sent to wrong place - missed appointment. No follow-up to find the person’. - Cowdenbeath Collaborative Conversations event</p>

	<p>It is important that there is appropriate levels of staffing and resources for services to help citizens within the area. [Accessing]</p>	<p>Example: Resources should be going where they are needed. - Levenmouth Locality Meeting</p> <p>Example: GPs find it difficult to get patients seen by psychiatrists and find that there is a deterioration of psychiatrists in Fife. People are then knocked back. – GP Cluster Meeting Cowdenbeath</p> <p>Example: It feels like a battle to get support for people. – Cowdenbeath Social Workers</p>
	<p>It is important that people’s basic needs are met. (Provision for basic needs) [Identities and Experiences]</p>	<p>‘As a newly disabled person following injury, I do not feel listened to or supported to remain in employment or have my basic needs met e.g., toilet, kitchen, drinking water, parking. My basic wellbeing is not supported, and this impacts my mental health.’ – Questionnaire.</p> <p>‘People living in poverty are concerned with their basic needs of survival and often do not have opportunities to move away and achieve more. So mental health also depends on the person’s personal resources.’ Collaborative Conversation Online</p>
	<p>It is important that GPs are aware of their service users with learning disabilities and how to effectively communicate with them. (Support for people with learning disabilities) [Identities and Experiences]</p>	<p>Research into how people with learning disabilities access GPs showed that GPs do not know which of their service users have learning disabilities and that they get forgotten about. People with learning disabilities do not go to the GPs as other people do, as they cannot communicate in the same way.’ - Collaborative Conversation Online</p>
	<p>It is important that people with language barriers are supported beyond the statutory services. (Support for people with language barriers) [Identities and Experiences]</p>	<p>‘A professional shared how their service has access to interpreting services but when they tried to find Talking Therapy for a non-English speaking service user, they could not. The third sector organisations do not have funding for interpreting which creates obstacle for access to those services because of the language barrier.’ Collaborative Conversation Online</p>
	<p>It is important all people can access support to suit their specific needs. (Support suited to specific</p>	<p>‘More support for women would be helpful – a lot of emphasis on men’s mental health but not as much on women’s.’ Collaborative Conversation Online</p>

	<p>groups/needs) [Identities and Experiences]</p>	<p>'More Dementia friendly and Autism friendly resources would be good.' Questionnaire</p> <p>'For young people transitioning to adulthood, the anxiety and challenges created by cost of living, unemployment, transitions, don't fit with a Psychology service focused on mental illness and that offers CBT.' Project Board</p> <p>'criminal convictions - some services will not work with those with criminal convictions' Cowdenbeath Collaborative Conversations</p> <p>Professional X shared that 'there are a lot of service users, who's cancer was diagnosed late, as initially they were marked as having mental health issue'- Cowdenbeath Collaborative Conversations</p>
	<p>It is important that services are holistic – people are treated as a whole person – mental, physical, spiritual, social. (Holistic approach) [Identities and Experiences]</p>	<p>"no holistic support." - Questionnaire</p> <p>'Single parents struggle, they need holistic support, one-stop-shop kind of hub to help them with housing, finances, self-esteem, isolation etc. Currently they can only turn to their GP.' Collaborative Conversation Online</p>
	<p>It is important that services and supports evaluate their service when it ends, for continuous learning and improvement of a service and staff development. [Leaving]</p>	<p>'Qualitative measures /feedback to be in place and used robustly to enhance services.' – CC Online</p> <p>'Feedback – is not routine mechanism in obtaining feedback in their service. Important to understand people's voices.'- Cc Online</p> <p>'We need continuous feedback groups and continuous learning to create different structures.' – Project Board</p>
	<p>It is important that people don't fall into a gap because of non-attendance to engagement and are discharged from a service. [Leaving]</p>	<p>Need: 'Flexible response to non-attendance' Levenmouth CC</p> <p>'We need to be more person centred and flexible if people fail to engage'- Levenmouth CC</p> <p>'When people are refused support because they failed to engage, this often leads to</p>

		reaffirmation for them that no one cares about them.’ – Levenmouth CC
	It is important for a clear onward pathway. [Leaving]	‘Having to go back to GP to be referred to other services.’ - Levenmouth CC
	It is important for Third Sector Services to have assurance of funding and training. [Leaving]	‘TSI are dealing with more severe MH issues which are outside their remit’. – Cowdenbeath CC ‘TSI Funding insecurities - Secure funding for TSI to enable security of follow ups’. – Cowdenbeath CC
	It is important to consider the criteria for benefit qualification. [Leaving]	‘For people entitled to benefits, they may only receive them on the basis of medication and professional involvement.’ – Levenmouth CC
Time	It is important that people can access services quickly for early intervention and prevention. This means shortened waiting times. [Accessing]	Example: Getting better at doing early intervention and prevention would minimise people needing statutory services. - Levenmouth Locality Meeting Example: There should be more preventative work so people are enabled to manage their own mental health. - Levenmouth Locality Meeting Example: Waiting times continue to be a challenge – what happens to people whilst they wait on follow up appointments? - Levenmouth Locality Meeting Example: ‘The gap between referral to psychology services and an actual appointment could take someone’s life away’. - Levenmouth Collaborative Convo Example: Fife Forum have no waiting lists (av. 7–14-day turnaround). - NE Locality Meeting
	It is important that people are not limited to so many sessions as they may need more support. Everyone varies on how long and much support they need. [Accessing]	
	It is important that there are services and supports during out of hours as people may require support any time and day of the week. [Accessing]	Example: evening, first thing in morning and holidays often when mental health is poorest, but this is when services have fewest staff on. - Levenmouth Collaborative Convo

	It is important to have early intervention. [Receiving]	“At the moment there is no early intervention, you’re only taken seriously at the point of crisis”
	It is important that people have the time they need in services. This means services aren’t time-limited and respond to individual needs. [Receiving]	<p>“I need to be given the time I need to address all my issues” – Levenmouth CC</p> <p>“There should not be a fixed course of treatment at the beginning, everyone is different and will respond at a different pace.” – Levenmouth CC</p> <p>‘Services are often time limited – not enough, feels like the persons fault if they aren’t feeling better in that time’. – Peer Support Network</p> <p>‘That support is provided in a realistic timeframe and people can achieve the outcomes they set out to do.’ – Mental Health Forum</p> <p>‘Things need kept manageable and realistic, for example some people receiving Short Term Hosing not necessarily achieving what they need in the allocated time frame then returning - either the support has not been quite right, or they need more.’ – Questionnaire</p> <p>‘Individuals need time to put the work in to gain most benefit from the services offered’ – Online CC</p> <p>‘There is but should be a time limit to sessions’ – Online CC</p> <p>‘Services recognise they need more time with people’ – Online CC</p>
	It is important that people are seen within a reasonable timeframe. [Receiving]	<p>‘Long wait times – for first appointments, but also between appointments’ – Questionnaire</p> <p>‘Getting through waiting lists and prioritising is hard’ – Online CC</p>
	It is important that services can plan for the future. [Receiving]	<p>“Small orgs want to plan for the future and next steps, but threat of funding cut always there.” – Cowdenbeath CC.</p> <p>“We need consistency of funding if we want to really make a difference to the service users’ experience” – Cowdenbeath CC</p>
	It is important people’s needs are recognised and supported in a timely manner. (Timely Support)	“long waiting times to access the right service at the right time can be a huge barrier to support.” – Questionnaire

	[Identities and Experiences]	<p>“Timely support” – Questionnaire</p> <p>“A person shared their personal experience (in the past) where they were a single parent and when seeking support from the school and the GP they were told that they (the parent) are the problem (stigmatised for being single parent). Several years later the child (now adult) was diagnosed with Autism. The child went through normal schooling without support and suffered a lot of anxiety and panic attacks because of their needs not being identified in time and not having the right routes for support.’ Collaborative Conversation Online(duplicate from Gaps)</p>
	It is important that people can access appropriate support for their different needs simultaneously. (Simultaneous support) [Identities and Experiences]	“have been told I can't access MH services until I fix substance use services.” Questionnaire
	It is important people can access support at all levels 24/7. (On demand support) [Identities and Experiences]	‘The 9-5 support availability does not work for many people – for example single parents, which can become even more isolated as they cannot leave their child to access support.’ Collaborative Conversation Online
Culture	It is important that services recognise different cultures and the impact this may have on individuals’ mental health. [Accessing]	Example: There are cultural beliefs that people should be strong mentally that create a barrier to accessing services. - NE Locality Meeting
	It is important that stigma is known, communicated, and addressed within services and by professionals. [Accessing]	<p>Example: People fail to seek help because of stigma. – Northeast Fife CC</p> <p>Example: Internal stigma. – Northeast Fife CC</p>
	It is important that people’s expectations are acknowledged by services such as the family/support. [Accessing]	
	It is important that services are holistic – people are treated as a whole person – mental, physical, spiritual, social. [Accessing]	<p>Example: Support is needed families not just person. - Levenmouth Locality Meeting</p> <p>Example: Carers need support too. - Levenmouth Locality Meeting</p>

		<p>Example: Needs to be more holistic community-led support. - NE Locality Meeting</p> <p>Example: Applying holistic approaches - 'What you need'. - Cowdenbeath Collaborative Conversations event</p>
	<p>It is important that professionals recognise peoples' characteristics or hidden characteristics. Misunderstanding leads to negative experience. [Accessing]</p>	
	<p>It is important that people around us understand the importance of mental health and wellbeing. (Expectations in/from society) [Identities and Experiences]</p>	<p>'Support from previous manager was lacking and at times detrimental.' - Questionnaire</p> <p>'For men, gender intersects with culture to create a belief that you should 'pull yourself together'. There is a risk that men feel disenfranchised and disempowered, and there needs to be a focus on creating a sense of purpose, a sense of being valued and connection.' Project Board?</p> <p>'For men, it can be hard to talk about your mental health - a feeling that you will 'dampen the mood'.' Project Board?</p> <p>'Culture has a significant impact, including the specific histories of communities (e.g., coal mining), family experiences. This can make it hard to talk about mental health within family, which makes them less likely to engage with MH services and supports - "If I can't go to the people I love, how can I go to anyone else".' Cowdenbeath Collaborative conversation?</p> <p>'Expectation of masculinity is a barrier to accessing support for men, who take more time to open up'. Cowdenbeath Collaborative Conversations</p> <p>'Men - masculinity, not sharing, need more time to open up and talk. Feeling the need to say sorry and not feeling they can feel that way as a man.' Max's Lite Bites</p> <p>'Fife coal mines in the past, people were in the heavy industry, there were no available services to talk to and people don't have the</p>

		<p>skill to talk about their mental health.’ Cowdenbeath Collaborative Conversations</p> <p>‘Societal issues’- Oor Wee Café</p> <p>‘Military - assume people are getting help. Meant to feel respected - look after their own.’ Cowdenbeath Collaborative Conversations</p>
	<p>It is important that professionals and society recognise the abilities of people with disabilities and additional support needs. (Change in mindset) [Identities and Experiences]</p>	<p>“The mindset of professionals when assessing/working with someone with learning disability need to change to consider the person and their abilities.” - Collaborative Conversation Online</p> <p>“People with learning disabilities not considered in their own right.” - Collaborative Conversation Online</p> <p>“The professionals don’t understand the needs of the people with learning disabilities and tend to ignore them.” - Collaborative Conversation Online</p> <p>“Being autistic, I can act in a different way than expected, and shut down and go non-verbal when distressed. Because of how I usually come across, I am then talked at and told to stop deliberately ignoring them, look at them, and fully explain everything I am thinking. I am almost told off for not being able to deal with ‘normal’ things. To ‘just talk”- Questionnaire</p>
	<p>It is important people are supported and not excluded based on other needs. (Blame the victim culture) [Identities and Experiences]</p>	<p>“have been told I can't access MH services until I fix substance use services.” Questionnaire</p>
	<p>It is important people are accepted as who they are and supported for their specific needs. (Stigma) [Identities and Experiences]</p>	<p>“have felt judged, have felt patronised, have felt services had one agenda but I had another.” Questionnaire</p> <p>‘People with addictions don’t trust others and have often been treated badly by services due to stigma.’ Questionnaire</p> <p>‘My alternative appearance has definitely had an impact on how some clinicians approach me.’ Questionnaire</p>

	<p>'Stigma leading to overlooking of people's needs and failure to offer support. A person shared their personal experience (in the past) where they were a single parent and when seeking support from the school and the GP they were told that they (the parent) are the problem (stigmatised for being single parent).'</p> <p>Collaborative Conversation Online</p> <p>'Inequalities – meant to have arranged marriage however am gay so I am not accepted in Asian community and not accepted in general community which has caused MH issues' Cowdenbeath Collaborative Conversations</p> <p>"Criminal Justice – service providers and people often have a perception of people that have been through criminal justice system." Cowdenbeath Collaborative Conversations</p> <p>'Stigma, shame that you need to access mental health support services'. Cowdenbeath Collaborative Conversations</p> <p>'Feeling judged about identity - getting extra support not worthwhile or granted'. Cowdenbeath Collaborative Conversations</p> <p>'Industrial workers - skills map out experience, not having literacy/ numeracy skills. Stigma around talking openly.'</p> <p>'Person X shared how they were stigmatised because they were known to have a mental health issue, and their physical issue was dismissed as a mental health problem. They had to seek support repeatedly for their physical concern before they finally got help for it.' Cowdenbeath Collaborative Conversations</p> <p>'A lot of people are labelled, and this prevents them from accessing help.' Cowdenbeath Collaborative Conversations</p> <p>'Stigma- accessing services for fear of being judged and people making assumptions. If working in MH you are meant to have it together, if you go off fear of being judged.' Cowdenbeath Collaborative Conversations</p>
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	<p>It is important people are aware of their biases and provide support in non-judgemental way. (Bias) [Identities and Experiences]</p>	<p>'Despite coming out as trans and being comfortable and sure in my identity since I was a teenager, when I started seeing adult services, I was questioned regularly as to whether I was sure. ... I was questioned about why and how I dress the way I do. I've had very inappropriate assumptions and questions that were completely unnecessary (about my body, and even sexual experiences), coming from individuals' curiosity..' Questionnaire</p> <p>'For one young woman, age and gender intersects and affects people's attitudes to her in mental health services - people make assumptions about what she needs and talk down to her.' Project Board</p> <p>'Feel that race/colour is a barrier – I don't have an issue with my identity but with how people view me'. Cowdenbeath Collaborative Conversations</p> <p>Need: 'People need to look at positivity and understanding of what people are going through and not form judgements!' Cowdenbeath Collaborative Conversations</p> <p>'People's perceptions can under or overestimate people's needs for support' Cowdenbeath Collaborative Conversations</p>
	<p>It is important people recognise generational differences in perceptions and those are address in a positive manner where necessary. (Societal Changes) [Identities and Experiences]</p>	<p>'Professional's observation that older people look at gender as male/female, while young people are very fluid in their gender and sexuality. Also, older people spoke to a male doctor in a different way than to the female doctor (who was referred more like "dear", "love", "hun" etc)' Collaborative Conversation Online</p> <p>'For someone's teenage daughter, there seems to be a lack of language to talk about their experiences other than medicalised language. There is a feeling that their experiences aren't valued if they aren't given a label, that is shared by them and their peers. At the same time, diagnosis is often needed for reasonable adjustments. They can also help with coping</p>

		<p>and understanding. There is a tension there.’ Project Board</p> <p>‘Young people are more open to speak up. A person shared how their 19-year-old son is really open about their feelings, while their 27-year-old son is very closed and told their younger brother he “needs to man-up”’. Cowdenbeath Collaborative Conversations</p>
	<p>It is important that we recognise the generational difference of views and coping mechanisms related to mental health. (Generational Differences) [Identities and Experiences]</p>	<p>‘A lot of older adults had relaxed attitudes – deal more with life in a “what comes by me won’t leave me” way. Almost taking it as it comes. (could this be due to their life events/age experiences?). Said they like to do their own thing to keep their independence.’ Link Living Cowdenbeath</p> <p>‘Most of the older ladies would rely on friends/family for support!! But some also enjoy retail therapy for their wellbeing.’ Link Living Cowdenbeath</p> <p>‘Generational differences - more open to speaking out (younger gen) Different attitudes to life and coping.’ Link Living Cowdenbeath</p> <p>‘Groups like this are good for older people but not for younger people as they may not talk out’- Link Living Cowdenbeath</p> <p>A lot of the older people were creatures of habit and preferred to deal with problems themselves and do not like change (x2). May not use services then. Link Living Cowdenbeath</p> <p>Older adults - Problem > not wanting to bother other people. But said they are too independent and stubborn. Link Living Cowdenbeath</p>
<p>Points of Contact</p>	<p>First impressions of services and professionals are very important in effecting whether people will ask for help or disengage. [Accessing]</p>	<p>Example: the first person you contact is the first impression you get. - Levenmouth Collaborative Convo</p> <p>Example: the Foodbank is another point of contact. – Northeast Fife CC</p>

	<p>It is important that people have a First Point of Contact. [Accessing]</p>	<p>Example: ‘Help should be available at point of need’ - Levenmouth Locality Meeting</p> <p>Example: The 1st GP someone spoke to was dismissive, the 2nd was more honest, understanding, and transparent. – Northeast Fife CC</p>
	<p>It is important people are accepted for who they are and supported in a professional manner. (Professional support) [Identities and Experience]</p>	<p>“When in crisis, nurses and doctors would purely focus on this fact (being trans), despite it not being a reason as to why I was struggling. It made me feel like it was a problem in their eyes though.</p> <p>When I was in vulnerable places (like even resting in a psychiatric ward, having a nurse enter and sitting over me on the bed to ask questions that made me massively uncomfortable). I have felt objectified, which brought on memories from previous traumas.’ Questionnaire</p> <p>‘The professional trainees and service user expectations do not always match. Everyone can have their own opinion as a person, but when working and representing a service they need to consider/be inclusive and acceptive of others (all gender identities).’ Project Board</p> <p>‘NHS staff wear Pride badges, but not all staff are accepting (in their personal capacity). Many do not really know a lot on the topic. And once someone with other gender identity or sexual orientation comes along, they do not want to offend, but are unprepared on how to communicate in inclusive way.’ Collaborative Conversation Online</p> <p>‘Being autistic, I can act in a different way than expected, and shut down and go non-verbal when distressed. Because of how I usually come across, I am then talked at and told to stop deliberately ignoring them, look at them, and fully explain everything I am thinking. I am almost told off for not being able to deal with ‘normal’ things. To ‘just talk’.’ Questionnaire</p> <p>‘A person shared how someone with dementia they know visited their GP and when they shared their concern, the GP just sighed, so the person felt very ashamed and never went back. They were so put off that they changed GP</p>

		<p>surgery.’ Cowdenbeath Collaborative Conversations</p> <p>‘Person X shared how they were stigmatised because they were known to have a mental health issue, and their physical issue was dismissed as a mental health problem. They had to seek support repeatedly for their physical concern before they finally got help for it.’ Cowdenbeath Collaborative Conversations</p>
	It is important to have a single point of contact within services. [Receiving]	“A single point of contact to connect people with available services would be really good” – Levenmouth CC
Language	It is important that professionals use simple language and vocabulary so anyone can understand what they are saying. [Accessing]	<p>Example: Language barriers can lead to miscommunication. – Northeast Fife CC</p> <p>Example: Simpler language should be used for people who are ‘mentally fragile’. – Northeast Fife CC</p>
	It is important that professionals and services know what languages service users speak as language barriers can result in miscommunication. [Accessing]	Example: When there are language barriers, partners to X service do not know how to support a service user with limited or no English. - NE Locality Meeting
	It is important that professionals are confident in dealing with language barriers. [Accessing]	Example: There needs to be more staff confidence in collaborating with people with language barriers. - NE Locality Meeting
How Services Work with People	It is important that services and professionals respond to disengagement effectively by reaching out to individuals. This is because they may be struggling, and the strike system may stop them from engaging with services for support. [Accessing]	<p>Example: 3 strikes and you are out need to be investigated and changed. – Northeast Fife CC</p> <p>Example: Across services people who are not engaged are falling out of the system, when those are the people who need the most support. – Northeast Fife CC</p> <p>Example: Reaching out and finding out why people have missed an appointment instead of systematic strike out of practice. – Northeast Fife CC</p>
	It is important that services and professionals are approachable, adaptive, and responsive to service users. [Accessing]	Example: ‘not feeling fear – feeling as an NHS worker we can access services personally’ - Levenmouth Collaborative Convo

		<p>Example: People access third sector organisations as they find them more appropriate. - NE Locality Meeting</p> <p>Example: Fear of being judged by psychiatrist. – Northeast Fife CC</p> <p>Example: Fear of being sectioned. – Northeast Fife CC</p>
	<p>It is important that services maintain individuals' independence and give them choices in decision making as they are accessing support. [Accessing]</p>	<p>Example: Fife Forum provides info to individuals to help them be/stay independent. - NE Locality Meeting</p> <p>Example: 'Some GPs still do not know of the Adult Support and Protection Legislation work'. – Cowdenbeath Social Workers</p>
	<p>It is important for services and professionals to build relationships with service users. This will allow them to better understand the individual and create a comfortable atmosphere. [Accessing]</p>	<p>Example: practitioners need to have, as part of their induction, an opportunity to make their own connections with service providers in their local area. – Northeast Fife CC</p> <p>Example: Trusted relationships with care providers. – Northeast Fife CC</p> <p>Example: Relational rather than transactional. – Northeast Fife CC</p>
	<p>It is important that services are strengths-based, compassionate, individual and person-centred. [Receiving]</p>	<p>"Better than Well offers 1-1 support for 8 weeks, focused on strengths" – Levenmouth CC</p> <p>"at the moment everything is evidence-based targets, things need to be at a human level" – Levenmouth CC</p> <p>"There is a one size fits all system at the moment, nothing caters for the individual" – Levenmouth CC</p> <p>'For professionals to try and understand the person's story so far, hear their needs, what they want and question if the service user has other safety nets available to them, not simply following their own professional agenda'. – Cowdenbeath CC</p> <p>'Individualised care and focus on what they are struggling with and deem the most important, not necessarily what the professional deems as being so. Professionals not being hardened to what the individual is experiencing. If they say they are struggling, and something is so impactful and serious to them. Then it is. It</p>

		<p>does not matter if it doesn't seem like that to the professional. It is not their life. Listen.' - Questionnaire</p>
	<p>It is important that people are heard – listened to, validated and respected. [Receiving]</p>	<p>“When I have felt heard, don't always need the practical help just being heard and valued, being given time” – Cowdenbeath CC</p> <p>“Professionals remembering that this might be their 20th patient for the day, but for the service user this is their only opportunity to see the professional and they want/expect to be treated the same way as if they were the first one of the day – with the same attention and respect.” – Cowdenbeath CC</p> <p>“Recognising that people do not always need practical help. People know that we cannot always do something about their situation, but they need to be listened to and validated” – Cowdenbeath CC</p> <p>“Active listening by the professionals and not just nodding” – Cowdenbeath CC</p> <p>‘Attitude of clinicians, not being listened to/spoken over’ - Questionnaire</p>
	<p>It is important that there is a collaborative approach between service users, carers (where appropriate) and providers to decision making. This helps people feel in control and a sense of autonomy when receiving services and supports. [Receiving]</p>	<p>“X shared how they have dealt with mental health problems for many years but “felt a passenger in their mental health journey.” Support was given to them, but they were not consulted, they did not feel in control nor that they are a partner in the process.” – Cowdenbeath CC</p> <p>‘When a connection is built with someone and they create a plan together – they are aware of their options, what the specialist can offer them and what they are ‘agreeing’ to.’ – Online CC</p> <p>Example: The flexibility of sessions and frequency with FRASAC was a positive experience – Interview LC</p> <p>“Need to include the carers more, as they see and know the service users most so their feedback is very valuable” – Cowdenbeath CC</p> <p>‘Family can have input where appropriate – to help get the right support for a person and inform the ‘whole picture’ - ??</p>

	<p>It is important that services are holistic – people are treated as a whole person – mental, physical, spiritual, social. [Receiving]</p>	<p>“Need supports that attend to wider determinants of mental health” – North East Fife CC</p> <p>“Services need to take into account the whole picture, not just looking at one aspect in isolation of other parts” – Levenmouth CC</p> <p>“I need support with my wider needs and the needs of those important to me” – Levenmouth CC</p> <p>“People live in different sized-worlds, in your 80s for example your world shrinks, issues in this age group may not bother younger generations.” – Levenmouth CC</p> <p>“Spiritual care team was easily accessible, very helpful, helped me as an older person make decisions about my future and helped me cope” – Cowdenbeath CC</p> <p>Example: MacMillan Improving Cancer journey team work holistically with their service users. They use Holistic list of assessment, which is not limiting, but used to approach the conversations with the service users as many people’s needs are interconnected and not stand alone. As such their approach is to work holistically and support the person and their family.- Cowdenbeath CC.</p>
	<p>It is important that people can receive support from multiple services at the same time. [Receiving]</p>	<p>“If someone requires 2, 3 or more services they should be able to access these at one time. This should not be down to funding which really is a major barrier.” – Levenmouth CC</p>
	<p>It is important that there are multiple different ways to receive support, and that a variety of supports are offered. [Receiving]</p>	<p>“Some services can only support over the phone or at their premises whereas many people cannot leave there home/do not find it helpful/can find it difficult talking on the phone and require face to face support.” – Online CC</p> <p>‘Being offered a variety of support options including a video call, face-to-face, telephone and home visit’ – Online CC</p> <p>‘More person centred and flexible, in terms of location and approaches available, better integration in community of health services’ – Online CC</p>

		<p>'More flexibility around provision of support (e.g. evening clinics, weekend support available)' – Online CC</p> <p>'Barriers include the only way of contact being phone calls. Many people cannot phone or speak on the phone, for a variety of reasons' – Questionnaire</p>
	<p>It is important that support and services are continuous and consistent. [Receiving]</p>	<p>A kind of 'yo-yo' experience, where support drops a lot when things start getting a little better, then having to increase it again, when things slip a bit. Recovery is bumpy, and it would be helpful for support to stay consistent until this path levels out and becomes more stable, not just increasing and decreasing at every big bump.' - Questionnaire</p>
	<p>It is important for people to have a choice in their care and support, including feeling ready to leave a service. [Leaving]</p>	<p>'Needs to be robust processes in place to deal with endings to make sure the user isn't re-traumatised and something else/relationship is ended (trigger previous experiences)' CC Online</p> <p>'People should decide when they feel ready to leave a service.' -Peer Support Network</p> <p>'Feel ill equipped or unable to proceed independently.' Questionnaire</p> <p>"Therapy – can work in set timescales but sometimes this leaves things 'hanging' and people feeling scared that feels doors are then closed.' CC Online</p> <p>'Clear process and plan developed at outset, providing choice if wished to continue.' – CC Online</p> <p>'Make clear at the start that time limited service and number session. Agreement is set out at the outset and each session prepares to the end goal and timeline. Extension is an option if defined necessary. Ensure plan is in place and also told how to refer back if needed. ' – CC Online</p> <p>'Conversation with them, so they have choice. Depends what stage person at – personal centric. Option to come back to service.' – CC Online</p>

		<p>‘look at patients’ background, support network and make an individual treatment and maintenance plan’.- Levenmouth CC</p> <p>‘Important people don’t feel abandoned’ – Levenmouth CC</p> <p>‘People may have experienced ‘repeated abandonment’ and may be more attuned to this feeling from services.’ – Levenmouth CC</p> <p>‘Patients need time to build up relationships with other services before discharge’ – Levenmouth CC</p> <p>‘A lot of good practice which centred around having flexible plans in place which are discuss regularly, progress, goals and a discharge plan which is phrased in positive words and includes a supported hand overs which provides a safety net and continual support’ – Cowdenbeath CC</p> <p>‘Need Step by step plans – as left Feeling deskilled’- Cowdenbeath CC</p> <p>Need: ‘Time limits 'match' what people need e.g., Time limited sessions (only 6 sessions offered for everyone), should be able to offer extensions when working to someone is needs i.e. complex trauma’ – Cowdenbeath CC</p> <p>‘Having a conversation - " are you ready to leave" – Cowdenbeath CC</p> <p>Example person X: ‘Options and choice - GP referral to psychology, already had previous input from community mental health nurse, they knew my problems with trauma from a previous relationship they were really helpful -I didn't want to talk about my problem with another service.’ – Cowdenbeath CC</p> <p>‘Offering multiple options provides people with choice.’ – NEF CC</p>
	It is important for people to feel well informed when a	

	<p>service or support is ending. [Leaving]</p>	<p>'When finishing counselling with FRASAC they knew they could return if they needed.'- Interview LE</p> <p>'Better than well: Plan at outset so know when ending. Plan discussed and people know what to expect.' – Peer Support Network</p> <p>'No follow up when medical staff are unsure what to do – sometimes you are pushed from specialist to specialist until you are dropped.' – Levenmouth CC</p> <p>'Positive endings need a pace that works for everyone.' – Levenmouth CC</p> <p>Need: 'Not being abandoned - "we cannot do more for you" but here is who can' – Cowdenbeath CC</p> <p>'X was working at the hub and a person came in expressing suicidal feelings. Offered support through a conversation with social work and staff from The Wells. Saw a doctor and was prescribed beta blockers and no additional support. Shortly after he committed suicide. X was not offered support in the aftermath and felt blamed rather than supported by his line manager. He felt ill equipped to handle it, and that the person was let down by MH services.' – NEF CC</p>
	<p>It is important that there is a single point of contact to re-engage with a service. [Leaving]</p>	<p>Multiple points of contact/routes back in</p> <p>'Having to go back through all the hoops and waiting lists again if there was a reoccurrence or started struggling again. Not knowing who to turn to.' – Questionnaire</p>
	<p>It is important that services are trauma-informed/trauma-sensitive. [Identities and Experience and Receiving]</p>	<p>"When in crisis, nurses and doctors would purely focus on this fact (being trans) I have felt objectified, which brought on memories from previous traumas.' Questionnaire</p> <p>'We need trauma informed users and trauma informed staff as well.' Collaborative Conversation Online</p>

		<p>'Others have been through trauma and prefer to speak over the phone, but that limits the professional's ability to read their body language and facial expressions and only rely on verbal feedback.' Collaborative Conversation Online</p> <p>'People's experience of trauma affects negatively their access to services and support.' Collaborative Conversation Online</p> <p>Hinders recovery – needs to be more trauma informed” – Mental Health Forum</p> <p>'Existing trauma (including medical). It does not seem to be recognised or appreciated. There does not seem to be a space that's open to or safe to talk about these experiences, which makes it harder to continue engaging.' - Questionnaire</p> <p>'Homelessness – people who are homeless are usually dealing with trauma, and being moved around, having to seek help at each new location and retell their story is a barrier and causes re-traumatising of the person. “How many times people are expected to tell their story to access help?” Collaborative Conversation Online</p> <p>Trauma- experience services differently. Need time to build trusting relationships' Cowdenbeath Collaborative Conversations</p>
Specific Needs	It is important the services meet the needs of people with speech and language difficulties or learning disabilities. [Receiving]	“Some people's needs cannot be met as they cannot understand talking therapy (speech and language therapy). Communication is essential for building up relationships. Professionals might misread someone (e.g. learning difficulties, autism etc.) as not engaging, when it might be the case that they simply do not understand the way the professional communicates” – Cowdenbeath CC
	It important that services meet the needs of people with disabilities. [Receiving]	'Where support is centred around needs for disabilities' – Peer Support Network
	It is important that services meet the need of people who are working. [Receiving]	'Getting time off from work, commuting/getting to the appointment, giving themselves space and being ready for that input' - Questionnaire

Relationships	<p>It is important that people have confidence in seeking support. (Confidence) [Identities and Experience]</p>	<p>“I can talk about it and have a basic confidence in going to the right professionals I have received the right support for me” – Questionnaire</p> <p>“Difficulties are if people do not recognise an issue, can't speak about or have no confidence/see getting contact with a clinical professional i.e., GP as a barrier.” – Questionnaire</p> <p>‘Self-help route is different and not everyone might be able to do on their own, for many reasons, including lack of motivation. Some people might need that a professional takes their hand and helps them go through the door of services and support which might benefit them.’ Cowdenbeath Collaborative Conversations</p>
	<p>It is important to value others and have shared understanding of what is important for the service users. (Shared understanding) [Identities and Experience]</p>	<p>‘Supportive staff helped me find the right info needed’. – Questionnaire</p> <p>‘Consideration on who can be best suited to engage with particular groups to be most relevant and with biggest chance for connection”- Collaborative Conversation Online</p> <p>Examples: services for Young people delivered by young people, or peer to peer support. Collaborative Conversation Online</p> <p>‘Age barrier- Example when a service was delivered by an older professional, but service was targeted at Young people, who found it difficult to connect and relate.’ Project Board</p> <p>Need: Criminal convictions - people who work in services with own MH lived experience are better - Cowdenbeath Collaborative Conversations</p>
	<p>It is important for people to build trustful relationships and meet the ‘right person’. (Trust) [Identities and Experience]</p>	<p>‘Essential to make connections and build relationships, have empathy and give people space (working with people with addictions).’ Collaborative Conversation Online</p> <p>‘When working with people with addictions be aware that they don’t trust easily and that you</p>

		<p>have the responsibility to turn this around and persevere.’ Collaborative Conversation Online</p> <p>‘People with addictions don’t trust others and have often been treated badly by services due to stigma.’ Questionnaire</p> <p>‘professional shared that if they worked in their community where they live, they were better known to the local people, which was good, but they also could experience barrier when service users worry about sharing sensitive information in case it’s disclosed and gets known in the community.’ Collaborative Conversation Online</p> <p>‘Professionals having an awareness of different identities, poverty, bereavement etc. The professional should be able to show empathy and connection on human level. It’s not essential to have lived experience to treat others well, just consider everyone as people.’ Collaborative Conversation Online</p> <p>Criminal Justice - People can often take a few sessions to settle into any sessions to build trust – on both sides (service user to build up trust and service provider that their perception may be different)’. Cowdenbeath Collaborative Conversations</p> <p>‘Men go to Max’s Lite Bites which is good as men do not often talk about their mental health/hide these things (promising)’. (x2) Max’s Lite Bites</p>
	<p>It is important that people are provided with information and choice to make their own decisions. (Independence) [Identities and Experiences]</p>	<p>“I don't feel listened to or supported to remain in employment” Questionnaire</p> <p>“The support worker is not there to speak instead of them (people with learning disability), but to help the service user express themselves.’ - Collaborative Conversation Online</p> <p>‘People with learning disabilities not considered in their own right.” - Collaborative Conversation Online</p>

		<p>“They (the professional) turn to the support worker first with their questions, instead of turning to the service user (person with learning disabilities).’ - Collaborative Conversation Online</p>
	<p>It is important that the conditions for relationship building are created - including adequate staffing levels, retention of staff. [Receiving]</p>	<p>“When you phone the GP practice, people no longer have the option to request a specific GP” – North East Fife CC</p> <p>“You can never see the same GP twice” – Levenmouth CC</p> <p>“There’s a high turn over of staff in services” – Cowdenbeath Locality Meeting</p> <p>“There are staff shortages with many locum workers only dealing with the short-term issue in front of them” – Cowdenbeath Locality Meeting</p>
	<p>It is important to have supports that are relationship based, like peer support. [Receiving]</p>	<p>“Peer support helps foster relationships, which is a good thing” – Levenmouth CC</p> <p>“Peer support is successful in hospitals” – Cowdenbeath CC</p> <p>‘Peer support is extremely valuable, having a talking buddy was very helpful for the members of the group. The group facilitator does not share personal information about member’s situation, but members are free to share their stories, and this is how people relate to each other and friendships form.’ - Hearing Voices Network</p>
	<p>It is important for people to build relationships and meet the ‘right person’ [Receiving]</p>	<p>“I need care providers I know and trust” – Levenmouth CC</p> <p>“I need my own ‘named’ team that I deal with every time” – Levenmouth CC</p> <p>“I need care providers who know me well and my context” – Levenmouth CC</p> <p>‘When I got the right person – a lot of people are not getting that’ – Levenmouth CC</p> <p>“Having the right person in front of you when receiving help is extremely important. The right professional can make a huge difference to your experience, outcomes, and journey as a whole” – Cowdenbeath CC</p>

		<p>Example: ‘The Gemini Team was working in the past and was great. A carer shared how brilliant they were. The family got time with the nurse and built a relationship. The professional knew the whole family and the carers felt understood and that they can talk to the Gemini Support Worker. <i>“They felt like part of the family”</i> – Change MH Carers Forum</p>
	<p>It is important to experience continuity. This means people don’t have to retell their story. [Receiving]</p>	<p>“going over my story time and time again is a nightmare” – Levenmouth CC</p> <p>“having to go over stories with different people is not good and can retraumatise people” – Levenmouth CC</p> <p>“Having to retell my story due to lack of continuity” – Peer Support Network</p> <p>“Difficult to retell story to every professional in such a short time” – Change MH Carers Forum</p> <p>“Having consistency of your support (being with the same person) so you don’t have to retell your story” – Interview LE</p> <p>“When going to GP about mental health, seeing a different person meant having to re-tell their story and feeling like they kept starting back ‘at square one’.” – Interview LE</p> <p>“the difference it makes having someone who knows you and knows your history.” – interview LE</p>
<p>Choice</p>	<p>It is important that people have choice. [Receiving]</p>	<p>“No option to change professional when connection not created. Important when sharing personal painful details. No choice but to leave service and go back on the waiting list (psychology)” – Questionnaire</p>
<p>Place</p>	<p>It is important where support happens – in the community and informal spaces. [Receiving]</p>	<p>“There should be drop-in support available that is welcoming and informal” – North East Fife CC</p> <p>“It’s better to receive support in community rather than a clinical building” – North East Fife CC</p> <p>“There is a lack of clinical and public spaces to meet people in Fife” – Mental Health Forum</p>

		<p>“Nurse shared invited to clinical rooms but these aren’t suitable – end up going to homes or elsewhere if they are comfortable” – Peer Support Network</p> <p>“Home treatment – or wherever would be comfortable to talk” – Online CC</p> <p>‘The environment has a big impact’ – Interview LE</p>
How services work with each other	<p>It is important that support and services happen in a place that is accessible to people. [Receiving]</p> <p>It is important that services work together in ways that are collaborative, integrated and joined up to ensure a smooth transition for people leave and starting a new service. [Leaving]</p>	<p>‘Costs associated with services and supports, including travel costs. Being unable to leave their home due to other underlying health concerns’ – Questionnaire</p> <p>‘Unable to afford transport to different health services as there is no support available for family members’ – Max’s Light Bites</p> <p>‘Networks and Links’ – NEF CC</p> <p>“Warm hand over with a check in at future date to check if they need anything else. ‘- CC Online</p> <p>‘Make sure if handing over to another service it is a warm hand over. This does not compound people’s feelings and that just being chucked out service.’ – CC Online</p> <p>‘Older Adult services Levenmouth/NEF) smaller resourced but this is a good thing is that we are very close to MDT within team which provides a discharge pathway. Co-working provides positive experience for staff knowing they are handing off more personally and not dropping out the system. They speak during sessions as to options / how aspects are working and colleagues. Not fragmented like in larger services.’- Cc Online</p> <p>‘Interdependence required - Pathways with different routes applicable for the individual, different steps to moving on. Cultural shift in all services working together whether clinical / TSI.’- Cc Online</p> <p>Need: ‘Smoother transitions’ – Peer Support Network</p>

		<p>'Transition to adult services from school - hit a magic age and support is removed from you.' – Cowdenbeath CC</p> <p>Need: 'Drawing on people's strengths across the services so combined support, where needed' – Cowdenbeath CC</p> <p>'There are tensions between medical and community support. People feel 'ping-ponged'. Services should dovetail.' – NEF CC</p>
	It is important there are clear roles within services and know points of contact. [Leaving]	<p>'Better Joined up working and time to get to know each other'- CC Online</p> <p>'CPN role: Make clear at the start that time limited service and number session. Agreement is set out at the outset and each session prepares to the end goal and timeline, and transition. Extension is an option if defined necessary'. – Cowdenbeath CC</p>
	It is important that services and supports use similar paperwork that is aligned. [Leaving]	'Different paperwork for each service and repeated forms.' – Levenmouth CC
	It is important services work together in ways that are collaborative, integrated and joined up. [Receiving]	<p>"There is a disconnect between 3rd Sector and Statutory services." – North East Fife CC</p> <p>"Collaborative working is what is needed, but a lot of people do not like working that way as it makes you accountable. I have had to ask several times for people's names when talking to them as I need these for my clients' records, they do not like giving their name" – Levenmouth CC</p> <p>Lack of integration within services - often not having a shared care plan between services and organisations, lack of 'joined up' communication, missed opportunities to link people in with community services to support consolidation of treatment gains; service users may find it difficult to sustain contact with services due to financial factors, lack of transport, lack of housing safety etc</p>
Goals and pathways	It is important to have a clear action plan. [Receiving]	<p>"Give the service user confidence of what is going to happen next and that they won't be left out after receiving support." – Cowdenbeath CC</p> <p>Example: Bereavement Counselling charity X set clear expectations from the very first meeting and revisit those expectations at each</p>

		<p>session/visit. The service user felt they were in control and liked the revising and checking if this is still working for them. They felt they had a connection with the professional and that made huge positive difference to their experience. – Cowdenbeath CC</p> <p>“Should be working towards person-led outcomes” – North East Fife CC</p>
	<p>It is important to prepare for the end of a service/support. [Receiving]</p>	<p>“Services look for support for after current support finishes or comes to an end” – North East Fife CC</p>
	<p>It is important that there is an offer of continued support even after leaving services. [Leaving]</p>	<p>‘Opportunities to check-in with professionals or somewhere to go (i.e., mental health hub) after support ends.’ – Questionnaire</p> <p>‘Onward pathways in place or knowledge of these.’ – Peer Support Network</p> <p>‘Always having a way back in, private consultant has an online portal and feel confident if they need support again they get in contact and an appointment will be arranged.’ – Interview LE</p> <p>‘Ongoing support, community/third sector better resourced, sufficiently funded community resources.’ – Peer Support Network</p> <p>‘Journeying with people rather than just dropping them after intervention’ – Levenmouth CC</p> <p>‘Bethany Christian Trust – open door drop in after the 6 months of support ends.’ – Levenmouth CC</p> <p>‘Improving cancer journey teams have an open case load, people can get in touch to reengage.’ – Levenmouth CC</p> <p>‘PAMIS – Timescale/plan/ amended during phase down period with open door policy as often person just needs reassurance if having a ‘blip’ day’.- Cowdenbeath CC</p> <p>‘Knowing of multiple points of contact/routes back in.’ – NEF CC</p>
	<p>It is important that onward support offered is preventative and not</p>	<p>‘Lack of maintenance, lack of ongoing input, lack of booster sessions or help sustaining gains.’ – CC Online</p>

	<p>focussed on reactive support. [Leaving]</p>	<p>‘Call local duty workers, for months after, just in case. Even a check-in appointment by GP or services to check things are still going okay, months down the line. An easier access route, so if something were to happen again, you could receive support and help quicker, to hopefully keep you on track, instead of having to wait on the long lists.’ – Questionnaire</p> <p>‘Ongoing support until the support worker feels satisfied that they've done as much as they can to support them, avoiding feeling shut off, make sure always someone knows how-to pick-up support again.’- Questionnaire.</p> <p>“The whole system is premised on an acute model of care. MH is long term chronic problem often. System needs to be designed on long term management, recovery, and community orientated. People come in, we 'fix' them, tell them they have no symptoms then expect them to skip off into the sunset. There is poor or no linkages into communities. No recognition that societal forces are contributing to mental illness or that people need structures to model more healthy ways of being and interactions.’ – Questionnaire.</p> <p>‘Focus on other issues including addiction’ – CC Online</p> <p>Need: ‘Journey pathway with relapse prevention plan’ – Cowdenbeath CC</p> <p>‘Link Living (YP) aims for safety and stabilisation for YP, they create a pathway for them.’ – Levenmouth CC</p> <p>‘OTs work with people with goal specific needs and offer specialised support for example needing help to use public transport.’ – NEF CC</p> <p>‘Asking what caused the person to seek support in the first place and making sure that need has been met.’ – NEF CC</p>
	<p>It is important that people are offered support when</p>	<p>Need: ‘Filling the gap - What happens on a waiting list, could there be an overlap? Letter of other services whilst waiting’.</p>

	waiting on a waiting list for another service. [Leaving]	'Need: 'Practical waiting lists'.
	It is important that individuals have follow-up appointments to revisit a person's progress. [Leaving]	<p>'Knowing how to access a service again.' – Questionnaire</p> <p>'Depends what stage they are, there should be a monthly and then quarterly check-in, pop in and update and give a phone call if they are starting to deteriorate they can get an actual appointment rather than a general chat.' - Questionnaire</p> <p>'Replace 'discharge' with recovery check-ups, education, active linkage, and facilitation of people to become active citizens to protect their MH.' – Questionnaire</p> <p>'Holistic needs assessment. Follow up calls and knowing places to turn too if needed which provides reassured as this can be signpost.'- CC online</p> <p>'People's expectations do not match reality (e.g., GP doesn't call in as they did before for the older generation).' – Project Board</p> <p>'When we discharge someone with MH issues we always ensure the patient has a follow-up' – Levenmouth CC</p> <p>'Can help people not feel abandoned' – Levenmouth CC</p>
Families and Carers	It is important there is support for families and carers.	"Lack of support for families and carers" – Cowdenbeath CC
	It is important that there is support for families and carers. [Leaving]	<p>Additional support/support for families and carers</p> <p>'Holistic – whole person, whole family, whole community'</p> <p>"Discharge can be daunting for family and there is not the support.' – Peer Support Network</p> <p>'Families and carers often need additional support when people are leaving or transitioning services.' – Levenmouth CC</p>

		<p>'For people entitled to benefits, they may only receive them on the basis of medication and professional involvement.' – Levenmouth CC</p> <p>Need: 'Strengths based support - Whole person/ Whole family/Whole community' – Cowdenbeath CC</p> <p>Need: 'Support for peoples supports - transport costs, costs for carers' – Cowdenbeath CC</p>
	It is important that family/carers are involved with support plans where appropriate. [Leaving]	'Involving Families in MDT meetings where appropriate' CC Online
Stigma	It is important that services and support identify and address stigma. [Leaving]	<p>Need: 'Removal of stigma not just of MH bit where a Drugs/alcohol involved.' – Cowdenbeath CC</p> <p>Need: 'Non- judgemental - Being demonised, physical health concerns, age, sex'' – Cowdenbeath CC</p>
	It is important that services and support identify and address stigma. [Receiving]	'Stigma - of identities, race, background, diagnoses etc. Lack of knowledge and understanding on minority groups and intersectional identities, and how this can have affected our life experiences, add barriers and be more wary of trusting. - Questionnaire
Crisis	It is important that there is support for crisis when receiving care within primary care and community settings. Crisis needs a quicker intervention and more fluid approach. Crisis responses beyond A&E. [Receiving]	<p>"There needs to be another answer instead of the police and A&E" – Levenmouth CC</p> <p>"A mobile emergency care service would be ideal; they're trialling this in Levenmouth once staff have been recruited" – Levenmouth CC</p> <p>"Tayside have a crisis place so people don't need to be taken to A&E" – Levenmouth CC</p>
Place	It is important where support happens – in the community and informal spaces. [Receiving]	<p>"There should be drop-in support available that is welcoming and informal" – North East Fife CC</p> <p>"It's better to receive support in community rather than a clinical building" – North East Fife CC</p> <p>"There is a lack of clinical and public spaces to meet people in Fife" – Mental Health Forum</p> <p>"Nurse shared invited to clinical rooms but these aren't suitable – end up going to homes or elsewhere if they are comfortable" – Peer Support Network</p>

	<p>“Home treatment – or wherever would be comfortable to talk” – Online CC</p> <p>‘The environment has a big impact’ – Interview LE</p>
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Post Card Feedback

Responses to the postcard question, ‘ If there was one thing you could change about mental health and wellbeing support, what would it be?, elicited the following:

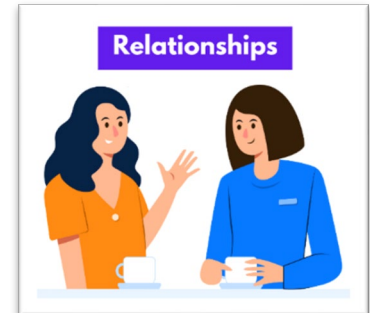


Appendix 7 Descriptive Analysis of feedback

Theme 1: Relationships

It is important that:

- People engage with the 'right person' and build trustful relationships with them.
- Services operate in a way that is based around the central purpose of optimising relationships and create the conditions for relationships to flourish.
- People have access to support that is intentionally relationship-orientated. In communities, this might include, for example, access to peer supports and befriending.
- Services are delivered in a way which optimises People experience continuity. This means people can build trusting relationships with practitioners and feel known and understood and don't have to retell their story.
- People have confidence in being able to reliably access services and supports.
- People are accepted, and valued for who they are and have a shared understanding with practitioners of what is important to them.



Relationships were a central theme permeating and connecting all of the coproduction feedback. All participants saw relationships – those who plan and deliver services, as well as those who use services – as key in *"getting it right for people"* and the biggest contributor in *"getting it wrong for people"*. Participants felt that successful healthcare delivery fundamentally relies on well-functioning relationships between practitioners and people; and between practitioners themselves. Participants said that, when relationships are optimised, they can have a positive impact on how people feel and function, how they use services and supports, and the outcomes and experiences of all concerned.

Across all the localities and groups, people who use services emphasised the need for good relationships, stating that they require care providers whom they know and trust, who understand their situation and context. It was also said that having the right service provider in front of you when receiving help is extremely important. Participants said that meeting 'the right person' can make a significant difference to a person's experience, outcomes, and overall journey. Conversely, having to retell one's story to a new service provider can be retraumatising and feels like going back to *"square one"*.

Additionally, participants said that services that are self-referral that they have been provided as onward signposting may not always be suitable, and some people may need extra support in accessing the next service. People also expressed that having someone who knows them well gives them confidence in seeking support and receiving appropriate help based on their individual needs.

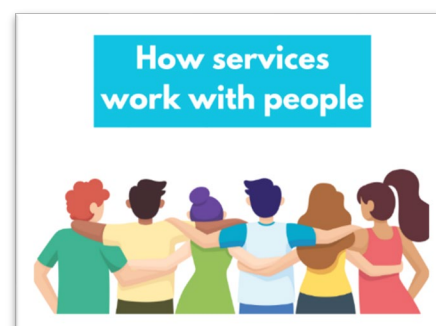
It was discussed through engagement that the lack of continuity negatively impacts how service providers work with people, and it was widely felt that the right support requires time to build a relationship and continuity. A practitioner shared that a model they had used in their work, which allowed them to build a patient-practitioner relationship, helped them understand the family's situation and network of support, and tailor care and support to the person's needs. This approach allowed the practitioner to scale back support when the person was ready and supported on their own.

Participants who had experience of peer support and befriending explained the benefits of this as a complement or replacement for formal support. Peer support was described as wholly based on relationships, allowing time for the fostering of relationships, and delivering support at the level someone may need.

Theme 2: How services work with people

It is important that:

- Services are adaptable and responsive to people.
- Professionals are approachable and compassionate.
- People feel heard, listened to, validated, and respected.
- Services are trauma-informed and trauma-sensitive.
- There is a collaborative approach between service users, carers (where appropriate), and practitioners in decision-making.
- Services are truly holistic and treat the whole person, not just their condition.
- There are many ways that supports can be accessed which accommodate people's individual circumstances.
- There are a wide range of supports available that can match people's needs and preferences.
- People can access supports from multiple services at the same time.



- There are clear points of contact to access and re-enter services.
- Services and supports are delivered in a range of locations, including community and informal spaces, and are convenient to access.
- There is no wrong door and services can be accessed without having to go through a formal provider People can access services for prevention and early intervention.
- Services and support are not time limited.
- Services are strengths based and support self-management.
- People can access support at all levels 24/7.
- People feel supported when they are discharged or leave services and can re-enter services easily.

The participants who joined engagements with lived experience discussed the importance of services working with people in a relational way that is adaptive to their needs. They expressed a desire for care that focuses on their strengths and considers their perspective on what is important.

They also mentioned that services should value people's outcomes and not just rely on evidence through targets. Participants, both service users and service providers suggested that support should be delivered on a human level and not just from a business perspective. Feeling valued, listened to, and respected were important to service users and sometimes, just being heard was enough. *“When I have felt heard, I don't always need the practical help just being heard and valued, being given time”*

Service providers agreed that they can't fix all problems but can offer space, validation, and a listening ear. Participants coming from lived experience emphasised that services need to consider the whole person and not just one aspect of their life. They also expressed the need for support with their wider needs as well as the needs of those important to them. It was suggested that mental health should be treated in conjunction with physical, spiritual, and social needs.

Participants, both service users and service providers also highlighted the importance of choice in the delivery of services. Some service users felt that services were not ending by their choice but rather by the choice of the service, it was felt if they had a choice in when a service ends this would give them a feeling of control and a sense of autonomy when receiving and leaving. Many participants with lived experience expressed their need for continuous support, especially when they were not ready to leave or when things were improving. A questionnaire response further emphasised the need for consistent support until recovery becomes stable, rather than support fluctuating with every bump in the road, they described their journey as *“a kind of ‘yo-yo’ experience”*

Many participants expressed the need for clear communication and information about time-limited services. It was said to be important for people to be informed

about how they can access services again, including a clear point of contact. Service providers emphasised the significance of effective communication which would prevent people from feeling abandoned. People may have experienced repeated abandonment in the past, and it is essential for them to know where they can access ongoing support that is appropriate to their circumstances. A practitioner said this should be communicated as *“we can’t do anymore for you ... but here is who can.”* It was said that it is crucial to have a plan for moving forward, which includes informing people of other places where they can receive support.

The importance of accessibility to support services was widely discussed. Participants felt that people should be able to access support 24/7, as mental health challenges are not confined to regular working hours. It was also stated that people who are in work or who care for dependants can find it difficult to access services and supports at certain times. Participants shared that they should be able to receive support in places and spaces that are comfortable for them. Many service users expressed a desire to receive support in the community or in their homes, as environment for support has a significant impact on people's experiences. Inaccessibility to services due to transport and cost was seen as a challenge for people who could not receive support locally. It was felt that appointment times and places often do not take into consideration people's circumstances, which can affect their ability to attend appointments. Both service users and providers shared a belief in the importance of ease of access. They felt that people should be able to access certain services without having to go through a GP or hospital for an appointment. This would help with early intervention and prevention, as people know themselves best. They said that often having to wait for a service or receiving the wrong service leads to crisis and deterioration of their mental health.

Theme 3: How services work with each other

It is important that:

- Services work together in ways that are collaborative, integrated, and joined up.
- There are clear roles within services and known points of contact.
- Different systems and ways of working are not a barrier to access, transitions, or information sharing.
- Systems are set up to minimise boundaries or barriers, and to maximise opportunities for collaborative working.
- Staff are given time to network and build relationships with each other and to get to know the communities within which they work.



Participants from both statutory services and third sector organisations discussed the need for better integration and coordination between services. They emphasised the importance of interdependence between services and organisations, which would result in a smoother journey for the person accessing services.

Furthermore, participants also suggested that people with different needs require more than just mental health support, they need other services such as housing, finance, and safety, etc. However, the participants felt that there is a dis-connect between statutory services and third sector organisations, which creates tension and confusion for people accessing services. The lack of communication and missed opportunities to link people to community services were also raised as key issues. To address these problems, participants suggested better working relationships between services and a warm handover with a check-in approach.

Many service providers also spoke about the need to learn more about the communities in which they work, so they can provide better support to people in a community. A Community Mental Health Nurse who attended also highlighted the importance of this approach, stating that it is crucial to their role, and without it, they wouldn't be able to support people in the community effectively.

Theme 4: Culture

It is important that:

- People around us understand the importance of mental health and wellbeing, as equal to physical health.
- Services and supports recognise different cultures and the impact these may have on an individuals' mental health and wellbeing.
- Services and supports recognise the different needs of people across the lifespan and adapt provision accordingly.
- Services and society recognise the abilities of people with disabilities and additional support needs.
- People are aware of their biases and provide support in a non-judgmental way.
- Services and supports identify and address stigma.
- Everyone, regardless of identity or experience, can access the right support at the right time.



Various aspects of culture were discussed during the events, with a focus on the importance of mental health and wellbeing. It was said that men may find it difficult to talk about mental health due to cultural beliefs that they should "just pull themselves together". It was said that this intersection of gender and culture can lead to disenfranchisement and disempowerment, making it important to create a sense of purpose, value, and connection for men.

Participants also discussed how individual and family experiences can make it challenging to talk about mental health, which can lead to a lack of engagement with mental health services.

Age was also a topic of discussion during the events. Participants discussed that younger people may struggle to communicate their experiences with mental health without relying on medical language. There was a feeling among young people that their experiences are only considered valid if they are given a label. At the same time, diagnosis can be important for accessing reasonable adjustments, coping strategies, and understanding. It was additionally said that younger people may be less likely to access social support groups. Another older participant shared that they attend a social group weekly, they have lots of peers and helps with isolation, it was discussed that younger people were less likely to access this kind of support.

Participants also emphasised the importance of recognising the abilities and needs of individuals with disabilities and additional needs. One participant noted that people with learning disabilities are often overlooked, and their needs are not understood. Another participant with autism shared their experience of being misunderstood and talked down to when distressed.

Language barriers were also identified by participants as a challenge, with some individuals struggling to communicate their needs due to a lack of interpretation services.

Stigma was a prevalent theme throughout conversations, with participants discussing how stigma around identities, race, background, and diagnoses can create barriers to accessing support and building trusting relationships with professionals. Some participants felt that their identities had been demonised, highlighting the importance of understanding intersectional identities.

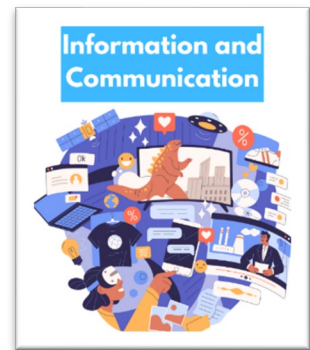
Participants emphasised the importance of empathy, connection, and relationship-building for practitioners working with individuals experiencing mental health challenges *'Professionals having an awareness of different identities, poverty, bereavement etc. The professional should be able to show empathy and connection on human level. It's not essential to have lived experience to treat others well, just consider everyone as people.'*

Overall, many participants expressed a desire for equitable access to mental health services regardless of identity or experience. They also noted a need for increased support for mental health professionals and a reduction in stigma surrounding mental health challenges.

Theme 5: Information and communication

It is important:

- People know where and how to access information about services and supports in their communities.
- Services know about other services and supports and can help people access them.
- Information about services is regularly updated to ensure accuracy.
- All communications and information that is shared is easy to understand.
- People can access clear points of contact within services and supports.
- People are informed in a clear, supportive, and non-judgmental way about any service changes or the ending of a service.
- Families and carers have the option to share or receive information about service users when appropriate.
- People know what their rights are regarding mental health and wellbeing services and supports.
- Information in people's records is regularly updated to ensure accuracy and completeness.
- Services share information to coordinate care effectively and prevent people falling through gaps.



At almost every event, information and communication emerged as a recurring theme, discussed not only by people who use services but also by those who work in them. There was a vocalised shared frustration among them about not knowing where to access up-to-date and accurate information about services, not fully understanding what services offer, and who is eligible for support. It was said that this has led to practitioners not signposting, and not meeting expectations of those referred or accessing a service. Practitioners said they believe that if they were informed about what a service provides and how to access it, they would have more confidence in signposting people to these services. A practitioner expressed that *"There are lots of services and supports, but statutory services don't know about them or refer or signpost to them."* A participant said, *"There needs to be a drip-feed of information of services available, not just occasionally."*

Participants spoke widely about communication, not only in terms of language spoken and the difficulties experienced with language barriers, but also how communication is delivered in terms of tone and feeling supported. Many feel that often, when an expectation of a service does not meet that of those accessing or receiving it, the communication of that could be delivered in a way that is supportive

and non-judgmental. *"Power - turn on head - think about language used and how to connect to individuals."*

The topic of rights and how they are communicated was discussed. Some service users feel that they were led to believe they did not have any rights in deciding who delivered their care, support, or diagnosis. Another participant who attended described a similar experience and explained that they had sought a second opinion, and their experience had been much more positive. *"Someone mentioned they could get a second opinion after the 1st GP they saw was dismissive. The 2nd GP was more honest, understanding, and transparent."*

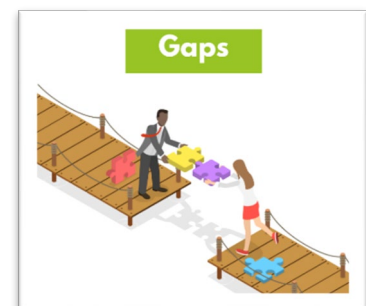
People who care for or support someone experiencing mental health challenges think it is important that they could receive or share information about their family member or loved one. They feel that often they are the ones navigating systems to get the support in place and feel like the 'door is shut' on them afterwards. It was said that, where appropriate and with agreement from the person, they should be able to receive and share information without barriers. They felt this could mitigate missing appointments, non-appropriate referrals and ensure that the person receives the right support at the right time.

There was a shared wish discussed amongst participants for services to better share information. It was widely discussed that this could mitigate the disconnect that is felt by people moving through services, and that if records were shared, people could smoothly transition without feeling like they were starting all over again. It was highlighted, though, that for this to be successful, records would need to be accurate for completeness, and that people don't receive support based on the wrong or historical information about them.

Theme 6: Gaps

It is important that:

- People's basic human needs are met (e.g., food, housing, money)
- If there are time gaps between referral and being seen, or during transitions between services (e.g., child to adult services), these are short.
- People are offered support, coordinated by a named provider, while they are waiting.
- People can access support that is appropriate to their needs and preferences.
- People can access services and supports locally.
- Services and supports are adequately staffed and resourced to meet needs and expectations.



- Services and professionals respond to disengagement supportively.
- Service evaluation is from the perspective of people, and not just from the perspective of the organisation.
- Funding models for third sector services providers are reliable and recurring, to enable services to survive and provide continuity for people.
- Services and supports have an understanding of the benefits system and how changes in circumstance can affect benefits.
- There is support for people with language barriers and they are supported beyond statutory services.
- The needs of people with specific identities and experiences are recognised and met.
- People are supported and not excluded based on other needs.
- People who work in services are supported with their wellbeing.

During the engagement, gaps in mental health and wellbeing services and supports were identified. One significant gap was the difference in availability of local support, particularly in rural areas where there are significantly fewer services and supports compared to Kirkcaldy & Glenrothes, which have a centralised belt of support.

It was also identified by GP's that there is a recognised deterioration in some profession's numbers, including psychiatrists, which makes it difficult to get patients seen.

Another important gap that was noted by participants was the issue of people who fall through gaps due to non-attendance or disengagement. A practitioner shared that *"we need to rethink 'did not attend' to the same as 'a child was not brought'" and that steps should be taken to ensure their safety and that their needs are being met"* Another practitioner shared that things need to be *"less regimented (3 strikes and you're out)" and that we cannot expect people to live by the rules of others"*. There was discussion around the fact that if people are not showing up for appointments regularly, they are taken off lists. It was vocalised that this approach lacks trauma-informed practice, creativity, and accessibility, and only makes it more difficult for people who are struggling with their mental health to attend consistently.

Some service providers also highlighted that there is no formal process in place to evaluate their service when it ends. It was felt that this should be standard practice across all services for continuous learning and improvement for staff development. It was shared that feedback isn't a routine mechanism in some services, and it was said to be important to understand people's voices and experiences. There was an expressed need for continuous feedback from groups and continuous learning to strive to improve ways of working. This would mean that the qualitative feedback could be used to robustly enhance services from a people perspective rather than a service perspective.

In conversations around continuity, it was highlighted multiple times that continuity and signposting in the 3rd sector is difficult due to the threat and security around funding. Service providers from the 3rd sector discussed how funding is based around numbers attended, and this can limit referrals to more appropriate services from a fear of losing funding. It was also said that if there was security around funding, this would allow for continuity and follow-ups with people.

Training was another gap that was vocalised. Practitioners from statutory services also expressed that 3rd sector providers are dealing with more complex mental health issues, and service providers from the 3rd sector explained that they are plugging gaps for statutory services and working with people outside their remit. It was felt by participants that there is a need for more training to support people working in 3rd sector services. However, it was vocalised not only are there gaps in training there is no security around funding to support it.

Finally, there was an ask for consideration from services and supports for people who receive welfare support in benefits. It was said that these individuals often need to prove medication and professional involvement to qualify for benefits. There was a concern that people who are entitled, but have scaled back support, may be at risk of losing their benefits.

Theme 7: Family/ Carers

It is important that:

- There is support for family and carers.
- Families and carers are valued as partners, involved in support plans, and can share or receive information as appropriate.



It was discussed that families and carers play a vital role in the life of someone experiencing mental health challenges. However, many caregivers feel there is a lack of support to help them in their role. They find it challenging to support someone when there is no support in place for the person they care for.

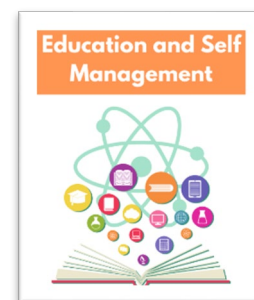
Carers believe that they have an essential role in support plans for the person they care for. They often help get the person to appointments, but the “whole family” dynamic is not always considered for things like transport or appointment times.

One carer expressed feeling “used” because at times, they are seen as the only source of information for professionals. They further explained that they were the person who knows the cared-for person best and supports their recovery. However, they are not included when plans are made, and then the person has to seek support again when they reach a crisis point. The carer felt that if they had been included throughout the process, this cycle of reaching a crisis point could have been avoided.

Theme 8: Education and Self-Management

It is important that:

- People understand themselves, their relationships, and their mental health.
- People have the tools and support to manage their own mental health.



Both service providers and participants with lived experience of mental health services discussed the importance of educating people on mental health and providing tools for self-management to maintain independence. One practitioner felt that people often misunderstand the difference between mental health disorders and mental wellbeing.

Participants with lived experience expressed that having access to self-help materials and understanding themselves would help them work independently to build confidence and cope with mental health issues, ultimately benefiting their self-esteem.

It was emphasised that individuals should be informed of where to access further support and coping mechanisms when their support comes to an end.

Community supports were also identified by participants as a crucial resource for consolidating learning and treatment received. Participants, both service users and service providers, discussed the challenge of transitioning to sustained independent recovery or empowerment when services are no longer available, leading to a sense of abandonment.

Theme 9: Goals and Pathways

It is important that:

- People have a clear action plan when receiving and leaving services.
- People have a clear onward pathway.
- Any onward support that is offered is prevention-focused and helps people maintain their mental health and wellbeing.



The topic of goals and pathways was frequently discussed regarding mental health services and support. Both service providers and service users agree that there is a

need for ongoing support that focuses on maintaining mental health and preventing relapses.

Participants felt that the current system is based on an acute model of care and that more emphasis should be placed on long-term management and recovery. This includes community-based care and support that takes into account the societal factors that contribute to mental health, one professional said *“People come in, we ‘fix’ them, tell them they have no symptoms then expect them to skip off into the sunset. There is poor or no linkages into communities. No recognition that societal forces are contributing to mental illness or that people need structures to model more healthy ways of being and interactions.”*

Participants also stressed the importance of having a relapse prevention plan in place, as well as ongoing support for other needs. An example given was, someone who has struggled with substance abuse may receive support for their mental health but not for their addiction.

Participants suggested that interim support would also be beneficial, especially when waiting for referrals or signposting to other services. One practitioner recommended replacing the term *‘discharge’* with *‘recovery check-ups’* to emphasise the importance of ongoing care and education.

Participants also discussed the need for better communication and managing expectations. Many people still have outdated expectations of follow-ups and check-ups, which can lead to a disconnect between people and professionals.

Appendix 8- Lived Experience Team Feedback

Lived Experience Team Feedback

“As a person with lived experience of mental health in primary care services, this work was very important to me. This allowed me to contribute effectively to the project as I understand how citizens are accessing, receiving, and leaving support for their mental health and wellbeing. It is important that the voice of lived experience is involved throughout the work as we have direct knowledge of how the services operate and can provide valuable information about what is currently happening and what is missing. I enjoyed engaging with professionals, organisations, and the public to create meaningful relationships and support them to speak comfortably about their experiences. This helped to create positive reactions after engaging in the work with interest to get involved again. I have learned that co-production is vital within projects and should be incorporated from the beginning as every person brings valuable knowledge from different areas. I also learned how to facilitate discussions and create welcoming spaces for people to speak and represented the public's voice by ensuring that our opinions were imbedded within the work.”

“I came into this work as someone with substantial experience of mental health services, as well as someone who informally cares for friends and family who experience mental health challenges. This work is important to me because, as someone who was diagnosed with what would be described as severe and enduring

mental illness, I want to facilitate conversations that include everyone in thinking about how mental health and wellbeing can be supported in primary care and in communities. Having Lived Experience Team Facilitators has made a huge impact on this project – on the conversations that happen within the project team, on the questions asked through engagement, on the language used and how we collectively frame things, and on the spaces we create for co-production internally and in our engagement activities. Co-production is all about addressing power imbalances in the rooms where decisions are made, and I think having paid lived experience roles has been a key part of this. I think that it makes a meaningful, material, and tangible statement about the value of lived experience in this work to have paid lived experience roles. I think it has been important to come to this work not as the sole voice of lived experience, but as one of three other facilitators and part of the wider Lived Experience Team (LET). The LET has created a safe, supportive space to work in and from. Personally, I was anxious about coming into conversations about mental health services because my own experiences were traumatic, but over the last year I have felt more and more confident in the shared values of the project team and have found facilitating conversations between service users and providers has highlighted more what we have in common and a shared understanding of what is important.”

“I initially became involved with Fife Voluntary Action's Lived Experience Team 1 year prior taking up post. I was invited to join the group due to expressing very vocally my disdain about a partnering agency whom I had recently taken employment with. I was astonished to learn that voices of lived experience were not being valued or respected despite funding granted to do so. I resigned and became involved with the LET team. My background of mental health services in primary care derives primarily from supporting a close family member who suffers from bipolar, a diagnosis that wasn't given until after many years of suffering, ECT, sectioning and frequent medication changes. The career path I chose was that of support and I found myself in the midst of high tariff outreach and family support throughout my career. I have always been approachable and find that empathy and compassion is something that people either have or don't. I feel this can't be faked and certainly not with the individuals that invite you into their lives to hear about their experiences. The above is the reason why I was delighted to be offered the post of Lived Experience Facilitator. Initially I found it very hard not to be fixing problems and advocating from a supportive background. I have relished the opportunity of learning new skills, especially digital ones – I still feel I have a long way to go but Rome certainly wasn't built in a day - coproduction and facilitation to name a few. We have seen our hours double during the project which was a lovely reflection of the importance of having voices of experience within the project, this has also been apparent with the interactions we have had with agencies providing services, with mental health services in primary care and those that use these services.”