



Thrive Edinburgh
Improving the Mental Health and Wellbeing of All Citizens in
Edinburgh

Connecting and collaborating: Global Vision: Urban Action
Inaugural Thrive Edinburgh Mental Health Conference

29 November 2019

1. Overview

- 1.1 Inspired by similar initiatives across the globe and building on the early findings of the Capital's 2050 City Vision, **Thrive Edinburgh** launched with at our citywide conference at the National Museum of Scotland on 29 November 2019.
- 1.2 We were delighted to welcome 140 people, including speakers from Thrive New York and Thrive London, to share new ideas and discuss mental health initiatives with an ambition of nurturing people in Edinburgh's health and wellbeing.
- 1.3 Spearheaded by the city's Lord Provost and the Edinburgh Health and Social Care Partnership, Thrive Edinburgh aims to draw on - and plug into - the ongoing work of the City Vision, Edinburgh's Poverty Commission, community plan and City Region Deal. It will bring the City of Edinburgh Council, NHS, third sector and academia together to build upon the work of current providers of emotional and mental health services.
- 1.4 The Lord Provost Frank Ross who is the Chair of the new Mental Health Assembly chaired the city's firsts Thrive Conference. He spoke of how Edinburgh offers a fantastic place to live and work with a quality of life that is second to none. Boasting more trees and volunteers per head of population than anywhere else, our Capital is one of the greenest and most caring cities in the UK. Added to this, employment and educational opportunities are high. It's an ideal environment for wellbeing but when you scratch beneath the surface, there are still too many citizens who aren't receiving the help they need.

"Perhaps this is down to stigma, modern city living or that help can be hard to access. With an aging population, loneliness can be a major issue while others might not realise they're struggling or know where to turn. It's time we got to the root of mental health in Edinburgh and to do this, we need to collaborate as a city. I want to see us take a closer look at the initiatives we're already undertaking to understand how far we've come and where we can collaborate further."
- 1.5 A wide array of committed and enthusiastic presenters and participants discussed and debated lots of initiatives and issues setting a precedent for the holistic and honest conversation that Thrive Edinburgh will support.
- 1.6 Dr Linda Irvine Fitzpatrick who has led on the development of Thrive Edinburgh began her presentation empathising the values of kindness, respect and love with underpin Thrive Edinburgh and these can translate into the public sphere:

"Never forget that justice is what love looks like in public." (Cornell West)
- 1.7 A wonderful performance by Strange Town Theatre Company brought to life many of the issues and emotions which were touched on throughout the day. Listen Think Draw encapsulated the day through their wonderful illustrative skills.
- 1.8 Participants were invited to consider their priorities for the first Thrive Edinburgh 100 Days of action which the newly established Thrive Assembly will lead on.
- 1.9 Thank you to all who presented and attended, performed and participated – we are so looking forward to working with you to make our city a thriving one for all

The Morning Session - illustrations by Listen Think Draw



2. Lord Provost Welcoming Speech

- 2.1 The Lord Provost of the City of Edinburgh, Frank Ross welcomed everyone to Scotland's National Museum, which he noted to be a fantastic cultural backdrop for this landmark Conference. He highlighted that this was the first Thrive conference bringing together over 140 delegates that work across a range of sectors, and those who have an interest in improving the city's mental health and wellbeing services for the future.
- 2.2 The Lord Provost stated that the delegates would hear presentations from a number of speakers from London, New York collaborators and Edinburgh who are leaders in their field. The speakers would highlight their particular areas of good practice which, he thought, would be of substantial interest and benefit to all in attendance.
- 2.3 In his introductory remarks, he briefly profiled some key characteristics of the City, and related his thoughts on the new Thrive Initiative.
- 2.4 He remarked that Edinburgh is an open, warm, inclusive, and welcoming city; rich in heritage and is appreciative of the many cultures and traditions which underpin the communities. It is a city that aspires to continue leading in the international academic, cultural, sporting, heritage, destination, enterprise and innovation sectors. The Lord Provost noted that Edinburgh is currently a highly successful city, with strong sustainability characteristics including:
- Best city to live in the world thanks to its low crime rate, high levels of education and the overall health of its workforce, compared to 100 other global sustainable cities
 - The top most attractive City in the UK, for the last five years
 - The UK's top destination for students to live and study
 - A top 20 European visitor destination, leading in a UK context
 - Home to world leading festivals generating £280M per year, attracting visitors from over 100 countries and a world-leading satisfaction rate of 95%
 - A burgeoning economy, a strong indicator of which is the current 96.4% employment level, with 38.6% of those regarded as being in high-skilled occupations
 - The City enjoys an hotel occupancy average of between 84%- 90%, attracting 4.2m visitors per year
 - The Edinburgh and South-East Scotland City Region 15-year Deal, worth more than £1.3 billion, contributes 41,000 new homes, 21,000 jobs, and improve the skills of an estimated 14,700 people

- 2.5 He highlighted that the capital city also has strong social and environmental components:
- Home to 4,600 charitable and civil society organisations generating £3Bn annually
 - over a third of our residents regularly volunteer, equating to an economic impact of £410m per year
 - Benefits from 20,000 businesses contributing £18Bn Gross Value Added – which is the 6th highest in the UK
 - The City of Edinburgh Council introduced a new target for achieving zero net-carbon by 2030
 - Solar energy panels are going onto every council, school and key buildings, with a price-share scheme agreed with the Edinburgh Energy Cooperative
 - There are 20 wind farms operating in the greater Edinburgh area
 - Recycling rates by the City’s residents has increased by 45% over the last few years
- 2.6 Looking ahead, he advised that he will continue to facilitate the City’s major conversation about Edinburgh’s City Vision for 2050. Some strong messages have already been generated regarding Edinburgh as a global leader with global connectedness, as well as being a leader in environmental goals and sustainability. There is a narrative about continuing to encourage and strive for inclusive communities, in addition to improving availability and access to affordable living, and continuing to attract high-quality jobs.
- 2.7 Yet, the Lord Provost acknowledged that against the backcloth of success, not all of the city’s wealth and wellbeing is shared across communities. Not all citizens benefit from the City’s success, with an engrained poverty profile where 20-30% of the population - 100,000 citizens - continue to experience poverty, disadvantage and inequality; where 22% of the children within the city are growing up in poverty. He was clear in his view that this situation is clearly not good enough, and actions must be taken to mitigate and reduce this position. He mentioned these matters, as they provide the social and environmental context and climate, and the related positive and negative factors, which influence the state of the city’s shared mental health and wellbeing.
- 2.8 Living, working or studying in a complex, populated and busy city like Edinburgh, can for some be toxic for our mental health and well-being irrespective of age, income, occupation or indeed, social status. The Lord Provost emphasised that the Thrive collaboration, offers a fresh public-health and wellbeing approach to urban mental health aiming to promote and protect the citizens of Edinburgh’s mental health, resilience, self-esteem, family strength, and joy.

- 2.9 The Thrive collaborative has been brought forward now as many citizens have perhaps not gotten the help they needed for any number of reasons; the help they needed was perceived to be hard to access, they couldn't find someone who understood their culture, or they simply didn't know what was happening to them. He notes that the city's continuing poor mental illness isn't just disrupting the lives of individuals; it is exacting a social, financial, and emotional cost to Edinburgh. Therefore, in order to mitigate the impacts of poor mental welfare, there needs to be new ways of thinking and learning from others best practice, whilst remaining ambitious about improving our provisions to support those in personal crisis.
- 2.10 Those leading the Thrive initiative are keen to progress the four guiding principles cooperatively. He stated his delight at chairing the Thrive Assembly, comprising a group of senior leaders from across the City's mental health and wellbeing zones. A group who will carry out their work with a shared purpose in the areas of prevention, early detection, easy access to services, and good mental health; focusing on delivering key actions, reducing stigma, and furthering the conversation on mental health. The Lord Provost notes that the Assembly are very keen to hear the views of the conference attendees on ways for improving our mental health and wellbeing services.
- 2.11 The Lord Provost ended by encouraging all delegates to participate fully in the day and to contribute ideas and remain involved in Thrive.

3. Thrive New York - *Neil Quinn and Lee Knifton*

- 3.1 Lee and Neil delivered a presentation on the work of Thrive New York and that of the Citizenship, Recovery and Inclusive Society Partnership (CRISP) network.
- 3.2 Firstly, Lee explained a little about himself and his research in the field of public health, with specialist interest in mental health and violence prevention. He leads a number of projects both in Scotland and the United States; practically applying his findings as Director of The Mental Health Foundation Scotland and Northern Ireland. He then went on to give some background on Neil who has 25 years of experience in social work and an interest in global public health and social welfare policy.



Lee Knifton
Director, Mental Health Foundation
 UK's leading Mental health charity





Neil Quinn
 Centre Health Policy
 University Strathclyde

Internationally renowned projects over many years



City Mental Health Collaboration



3.3 Lee briefly outlined the partners from nine organisations across four countries; aiming to actively encourage a wide range of perspectives and voices.

Partners



About us

- 4 countries
- 9 organisations
- Universities
- Public Sector
- NGO's
- Inter-disciplinary
- Lived experience





- 3.4 Lee advised that it was the First Lady Chirlane McCray who launched the Thrive NYC model in late 2015 to combat the mental health crisis in New York. There are a high number of individuals who experience mental health issues in the city per year, with many advising that they cannot access the necessary treatments. He noted that such gaps in treatment only go on cause long-term problems for individuals and their support networks, as well as impacting on social issues such as housing, education and health, and quality of life.
- 3.5 The model set out to change the approach to mental health with evidence-based practice and increased resources. An approach that seeks to build a mental health system that eliminates barriers to treatment and is needs inclusive.
- 3.6 Lee explained that the Thrive NYC model is built on 6 Guiding Principles:
- Change the culture – challenging stigma and encouraging citywide inclusion
 - Act early – investment in prevention and early intervention; safeguarding children’s mental health
 - Close Treatment Gaps – investment to include those with complex mental health needs and individualising treatment plans
 - Partner with Communities – promoting community connectedness
 - Use Data Better – driving the use of best practice
 - Strengthen Government’s ability to lead – ensuring effective multi-agency work

Guiding principles

A public health approach



Ambitious Programmes Connections to Care



- 3.7 Neil then went on to discuss the Citizenship, Recovery and Inclusive Society Partnership (CRISP) a European Union funded project uniting leaders from a diverse range of backgrounds; including academia, business and community organisations from both the EU and the US.
- 3.8 The CRISP network includes the University of Strathclyde, New York University, Mental Health Foundation, MIELI Mental Health Finland, Ulm University, Yale University and Illinois Institute of Technology and has led evidence-based policy and at both national and global level, and has successfully established the participation of people with lived experience in research initiatives.

Citizenship, Recovery and Inclusive Society Partnership (CRISP)



Stigma, Recovery & Citizenship
Policy, Peer Research, Arts & Social Determinants

- 3.9 Neil went on to state that people with mental health issues are a greater risk of inequality that include high levels of early mortality, morbidity, unemployment, poverty, isolation and social exclusion presenting major health, social and economic challenges to wider society.
- 3.10 The main aims of the partnership include sharing and publishing findings on 'what works' in different social contexts. They will focus on issues of intersectionality and

how to promote social inclusion, citizenship, and human rights of people with lived experience of mental health problems.

- 3.11 Neil highlighted that the CRISP network will build on knowledge in four key areas of mental health namely citizenship, recovery, stigma, and public policy. Collaboration across both the EU and the US will allow for new perspectives and will develop career opportunities for researchers and practitioners alike; contributing towards the continued inclusion of people with lived experience.



20

Conferences
Peer training
Policy forums
Arts events



- 3.12 He noted that so far there had been 80 secondments across a range of different agencies, equating to several years worth of experience that has brought together the learning of the four work packages set out by the project.



Research

International PhDs
Research papers
Peer research

Innovation projects



- 3.13 Neil spoke about the research that is being done globally, including that of the PhD students currently within the International Doctoral Training Centre with New York and Yale Universities.

Policy Exchanges



Future collaboration

- Funded joint initiatives e.g. task-shifting
- Ongoing city policy partnership
- Peer research exchange and capacity building
- Transatlantic Centre for Doctoral Training

4. Thrive London - Dan Barrett

- 4.1 Dan discussed Thrive LDN and the work that they are undertaking across the city. He noted that it is a citywide movement to ensure all Londoners have an equal opportunity to good mental health. The project is supported by the Mayor of London and London Health Board partners. There is predominantly a focus on prevention, but they also work closely with other regional and local mental health programmes.



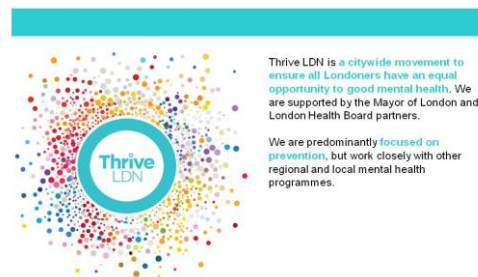
Thrive LDN
towards happier, healthier lives

Dan Barrett - Director, Thrive LDN
Kate Griffiths - Strategy & Partnerships Lead, Thrive LDN

Supported by and delivering for:



London's NHS organisations include all of London's CCGs, NHS England and Health Education England



Poor mental health challenges facing London



How inequality affects Londoners' mental health

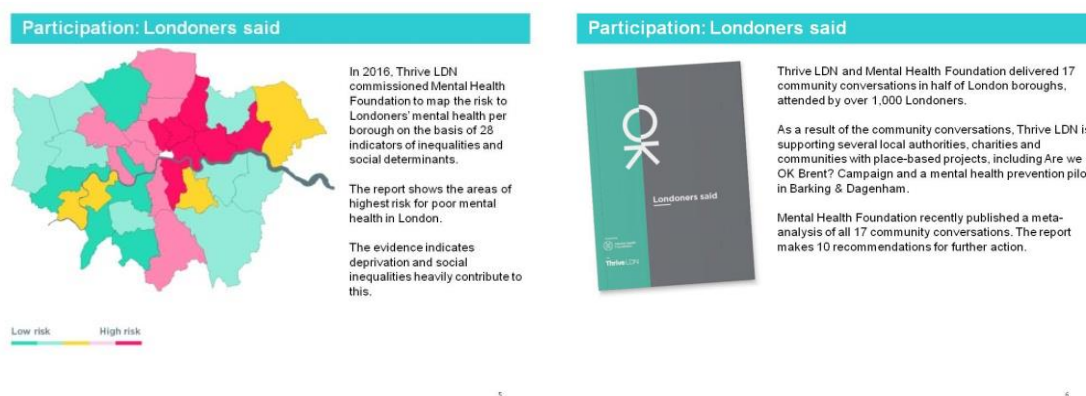


- 4.2 To highlight the challenges and inequalities that Londoners face, Dan gave some statistics and figures:

- 2 million Londoners are living in poverty
- 4 in 10 children live in poverty, making it the highest rate of child poverty in the UK

- At age 11, African-Caribbean boys are not more likely to have a diagnosable mental health condition compared to white peers. However, by the time they are adults, they are many times more likely to be identified with severe diagnosable mental health conditions
- Black Londoners are 44% more likely to be detained in hospital under the mental health act

4.3 In order for prevention to work, actions must be taken to raise awareness of the impact inequality has on Londoners' mental health and are essential to reduce inequality.



- 4.4 In 2016, Thrive LDN commissioned the Mental Health Foundation to map the risk to Londoners' mental health per borough, on the basis of 28 indicators of inequalities and social determinants. The report shows the areas of highest risk for poor mental health in London. The evidence indicates deprivation and social inequalities heavily contribute to this.
- 4.5 Thrive LDN and Mental Health Foundation delivered 17 community conversations in half of London boroughs, attended by over 1,000 Londoners.
- 4.6 As a result of the community conversations, Thrive LDN is supporting several local authorities, charities and communities with place-based projects, including Are we OK Brent? Campaign and a mental health prevention pilot in Barking and Dagenham.
- 4.7 Dan also highlighted that the Mental Health Foundation recently published a meta-analysis of all 17 community conversations titled "Londoners Said". The report made 10 recommendations for further action.

Partnerships: towards a zero suicide city

The Thrive LDN Suicide Prevention Network has been meeting since Spring 2017. It is composed of a range of figures involved in suicide prevention across London:

- Metropolitan Police Service, British Transport Police and City of London Police
- London Ambulance Service
- London Fire Brigade
- Maritime & Coastguard Agency
- NHS England, Public Health England and Health Education England
- Transport for London and organisations associated with London's railways
- London's Sustainability and Transformation Partnerships
- London's local authorities and the City of London
- Cavendish Square Group and London's mental health trusts
- Kings College London, Southbank University and South London Health Innovation Network
- Various third sector organisations, including Samaritans and Papyrus
- Individuals with lived experience

The group is chaired by Dr Phil Moore, the clinical lead, and co-chaired by Dr Sangeeta Mahajan, who has lived expertise.

Partnerships: towards a zero suicide city

Projects are funded by NHS England and the Group meets on a bimonthly basis to help facilitate the delivery of these projects.

1. **Suicide prevention training for the education sector:** We have partnered with Papyrus to offer free training across London for those in the education sector (schools, colleges and universities) to enable suicide prevention awareness.
2. **Work to reduce access to medication as a means:** We are working with front line professionals to develop guidance to support them to identify those who may be at risk of overdose, and signpost and support accordingly.
3. **Information sharing hub:** a timely, pan-London, multi-agency Information Sharing Hub about suspected suicides (and, at a later stage, potentially attempted suicides). The anticipated benefits of the Hub are to enable agencies in London to more effectively:
 - Provide bereavement support
 - Plan and implement short-term interventions and
 - Plan and implement long-term preventative interventions.

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- 4.9 Projects are funded by NHS England and the Group meets on a bimonthly basis to help facilitate the delivery of these projects.
- 4.10 Dan spoke in regards to the Information sharing hub that is being funded. A timely, pan-London, multi-agency hub about suspected suicides, with the opportunity to include attempted suicides at a later date. The anticipated benefits of the Hub are to enable agencies in London to more effectively:
- Provide bereavement support
 - Plan and implement short-term interventions
 - Plan and implement long-term preventative interventions.

Partnerships: towards a zero suicide city



Save a life... 
Take the training

On World Suicide Prevention Day on 10 September, the Mayor of London and Thrive LDN launched a new campaign to encourage 100,000 Londoners to take [FREE online suicide prevention training](#).

The training was developed by the Zero Suicide Alliance to help people to be able to identify warning signs and to feel comfortable having conversations about suicide.

It only takes 20 minutes. But it could make all the difference to someone in need.

Safe a life... [take the training](#).

Core activities

During the course of 2018/19, we collaborated with a number of external organisations to better understand the experiences of some communities in London, the challenges they face and identify ways we could work together.

Whilst it's important for us to recognise diversity across different groups, what emerged were some common themes:

- Focus on young people
- Amplify the voices of Londoners affected by inequality and mental health
- The importance of social networks
- Focus on equal access to opportunities
- Londoners want the tools and resources to improve things for themselves

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Core activities: young Londoners

World Mental Health Day

On 10 October we welcomed over 400 young Londoners to City Hall for a young Londoner-led festival. Working closely with the Mayor's Peer Outreach Team, the event focused on the challenges young people are facing in London and how young Londoners can collectively respond to these. The event featured storytelling, presentations and panel discussions, film screenings, workshops, creative activities and live performance.



11

Core activities: young Londoners

Young London Inspired

In partnership with Team London and the #Will Fund, we offer grants to voluntary sector organisations to run projects which encourage young Londoners who are more susceptible to developing poor mental health to volunteer or take part in social action. We have funded 28 projects through the scheme so far with further grants to be awarded later in the year.



12

Core activities: Right to Thrive

Too Black Too Queer

On 12 October we held an event with and for over 300 members of the Black LGBTQ+ community in London. The event is a partnership with Brixton Reel Film Festival, Batty Mama and Urban world and featured films made by and starring Black LGBTQ+ people, discussion and live performance.



13

Core activities: Right to Thrive

Right to Thrive grants

In early 2020, we will launch a new small grants scheme to support more peer-led and community-led projects to improve the mental health and wellbeing of Londoners affected by intersectional stigma and discrimination.

London,
we all have
a right to thrive.
Let's make
a stand.

Share your story:
@ThriveLDN
thriveLDN.co.uk/RightToThrive

ThriveLDN



14

- 4.14 Supported with funding from the Mayor of London's Young Londoners' Fund, Thrive LDN is rolling out Youth Mental Health First Aid training to every state funded school and further education college in London by March 2021.

- 4.15 Dan went onto explain, in year one (2018-19) of the programme, 100 Youth Mental Health First Aid instructors were successfully trained to operate in all 32 London boroughs. These instructors then delivered two day training to over 1,000 school staff across London. Year two (2019-20) of the programme has recently started, in line with the academic year.
- 4.16 The programme is being independently evaluated by University College London (UCL), consulting to understand the impact of the programme on:
- School staff's knowledge skills and confidence in relation to mental health and wellbeing
 - Signposting of students to mental health support and services
 - Wider school-based mental health strategies
 - Mental health and wellbeing of students
 - Students' knowledge and experience of mental health
- 4.17 In partnership with University of London and Association for Directors of Public Health, we are undertaking a mental health and wellbeing needs assessment of London's higher education student populations. The assessment intends to:
- Improve understanding of the prevalence of mental health risk factors and wider social determinants of mental health amongst London's higher education student population.
 - Improve understanding of the level of mental health and wellbeing need among London's higher education student population and the current support available.
 - Review the evidence for interventions to support student's mental health and wellbeing.
 - Recommend projects and interventions to better support students in the capital.
 - Ascertain a baseline from which we can assess progress on improving the mental health and wellbeing of London's higher education student population over time.

Citywide interventions: Youth Mental Health First Aid

Supported with funding from the Mayor of London's Young Londoners' Fund, Thrive LDN is rolling out Youth Mental Health First Aid training to every state funded school and further education college in London by March 2021.

In year one (2018-19) of the programme, we successfully trained 100 Youth Mental Health First Aid instructors operating in all 32 London boroughs, who delivered two day training to over 1,000 school staff across London. Year two (2019-20) of the programme is due to start imminently, inline with the academic year.

The programme is being independently evaluated by UCL Consulting to understand the impact of the programme on:

- School staff's knowledge skills and confidence in relation to mental health and wellbeing
- Signposting of students to mental health support and services
- Wider school-based mental health strategies
- Mental health and wellbeing of students
- Students' knowledge and experience of mental health

Development: Universities

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- Improve understanding of the prevalence of mental health risk factors and wider social determinants of mental health amongst London's higher education student population.
- Improve understanding of the level of mental health and wellbeing need among London's higher education student population and the current support available.
- Review the evidence for interventions to support student's mental health and wellbeing.
- Recommend projects and interventions to better support students in the capital.
- Ascertain a baseline from which we can assess progress on improving the mental health and wellbeing of London's higher education student population over time.

- 4.18 He stated that Thrive LDN is committed to evaluating and collecting insights, data and monitoring information on all activities and participation. This data and intelligence is used to assure quality, drive improvement and inform decision-making. All existing evaluation reports are publicly available on the Thrive LDN website.
- 4.19 Where possible, external evaluation has been built into commissioning arrangements for activities. For example, this applies to the Youth Mental Health First Aid which is being evaluated by UCL Partners.
- 4.20 Dan went on to say that they are associated with the Economic and Research Council's Centre for Society and Mental Health at King's College London. The Centre intends to transform understanding of how social, economic and cultural changes affect mental health, and advises Thrive LDN on how to incorporate evaluation in their activities.
- 6.21 He highlighted that by continuing to map baseline data across London boroughs, they can analyse risk and protective factors which influence Londoners health and wellbeing and are currently undertaking a process evaluation of participation in Thrive LDN.
- 4.22 The latest findings will be shared at the London Health Board meeting in January 2020. The report will present the insights on the benefits of Thrive LDN to Londoners and the London health and care system.

Monitoring, Evaluation & Learning

Thrive LDN is committed to evaluation and collects insights, data and monitoring information on all activities and participation. This data and intelligence is used to assure quality, drive improvement and inform decision-making. All existing evaluation reports are publicly available on the Thrive LDN website.

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We continue to map baseline data across London boroughs to [analyse risk and protective factors](#) which influence Londoners health and wellbeing and are currently undertaking a [process evaluation](#) of participation in Thrive LDN.

The [latest findings will be shared at the London Health Board meeting in January 2020](#). The report will present the insights on the benefits of Thrive LDN to Londoners and the London health and care system.

Closing and Questions



Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners.

Stay updated

Find out more at: www.thriveLDN.co.uk
Email us: info@thriveLDN.co.uk

Join the conversation

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Follow us on instagram: [@ThriveLDN](https://www.instagram.com/ThriveLDN)

5. Thrive Edinburgh - *Dr Linda Irvine Fitzpatrick*

- 5.1 Linda presented on Thrive Edinburgh and the steps being taken to address the objectives. She also discussed the work streams currently in place and the multi-agency work that is ongoing around the city.
- 5.2 Linda focused on the values of kindness, respect and love which underpin Thrive Edinburgh and how these need to inform everything we do/ She spoke of how the values can be enacted in the public and social sphere: “Never forget that justice is what love looks like in public.” (Cornell West)
- 5.3 She described the guiding principles which underpin Thrive Edinburgh
- **Changing the conversation, changing the culture:** Mental health is everybody's business. It should be infused into a society's core functions including housing, education, culture, health and justice, and when people need help or support there should be recognition of the importance of relationships between people receiving health and social care services and the staff delivering them.
 - **Using and creating evidence and data to drive change** This involves listening and working with all stakeholders in a society, including academic institutions, to identify and address gaps, improve programmes and create a truly equitable and responsive mental health system, by drawing on a wide range of evidence and creating an inquiring culture which builds evidence from practice.
 - **Partnering with communities** - Listening and learning from each other, making the invisible visible, focusing on social networks, connectivity and relationships with kindness and respect through active co-production.
 - **Acting early** -Creating a city where every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community. Our ability to thrive as human beings and as a city is closely tied to our mental health.

She highlighted how the afternoon session of the conference has been designed around these with presenters giving examples of work in the city demonstrating these principles in action.

- 5.4 The principles link with the 4 objectives:
- **Identify and address root causes** – enhance early developmental experience; resilience and social support
 - **Focus on those who are at highest risk** – higher risk of illness, greater threat to mental health

- Provide treatment that is easy to access and makes difference – places based responses
- Building resilience and enhancing support – people to live well and meet their potential

5.5 Linda also noted that there are 6 work streams which the Commissioning Plan for Adult Health and Social Care Plan is structured around:

- Building Resilient Communities
- A Place to Live
- Get Help When Needed
- Closing the Inequalities Gap
- Rights in Mind
- Meeting Treatment Gaps



5.6 Linda highlighted that both the physical and social aspect of where someone lives can have an impact on their mental health and wellbeing. If an individual feels like they have no control over their own environment or feel a lack of connectivity or belonging this can then contribute to stress and distress.

Never forget that justice is what love looks like in public."

Cornel West

a place to live

Place making – not just bricks and mortar


Homelessness – Insecure Housing

"The cost of renting privately in Edinburgh...is now beyond the reach of most people in low incomes even if they are working full time"

Edinburgh Poverty Commission - Contributor

- 5.7 In order to improve health and citizenship in Edinburgh, community knowledge and skills are essential to drive actions that will promote mental health and wellbeing through addressing issues such as, discrimination, stigma, loneliness and isolation. Linda highlighted one of the current programmes that is helping to build resilient communities - GameChanger Partnership.

Building Resilient Communities




- Our schools and nurseries
- Good** work is good for you
- The view from our window
- Psychologically informed communities



- 5.8 The 'Get help when needed' work stream identifies that people need to have access to the support they require at the right time, whether that care is planned or unplanned. Linda explained that there needs to be a reduction in the barriers to accessing treatment, in addition to a matched-care model that addresses individual needs. Carers and those involved in a person's life need to be supported to look after individuals who may have complex needs. Open access 'Thrive' Welcome Teams with multi agency and multi professional teams will help to build on some of the work already being done whilst ensuring a holistic approach.

Addressing Inequalities



Communities of interest

- Gypsy Travellers
- LGBTQ+
- Veterans
- Students

Naturally occurring communities

Get help when needed



- Thrive Open Access Centres and Networks across the city
- The Prospect Model - adaptations for community, settings and specific populations
- Collaborative procurement programme

- 5.9 'Rights in mind' will ensure that people understand their human and legal rights, and seek to increase awareness and understanding of rights based services.. Some of the presentations later in the conference are helping to achieve this at present, including the Peer Collaborative and 'Our Mad History'. Linda spoke about the

reciprocity principle - in many social situations, we give back what we receive from others.

- 5.10 Linda advised that in order to 'meet the treatment gaps' service provision is being integrated in localities and across the City. There is a continued need to improve pathways for with mental illnesses. She spoke of the need to reconsider how we think about transitions which are generated by the way we delivery service around chronological age rather than developmental needs or continuity of care.

Rights in mind	Meeting treatment gaps
 Human Rights – right to health Reciprocity principle Service User led research	 Shifting balance of care Locality working Pathways for people with specific conditions Unscheduled Care Responses Thinking about transitions

- 5.11 Linda also spoke to the local and global connectivity that Thrive Edinburgh is undertaking, including the work mentioned by Lee and Neil with international collaborations with New York University , City University New York, Columbia and Yale Universities and the well established Local academic knowledge partnerships with Queen Margaret University and Edinburgh Napier.

International collaboration	Academic Partnerships
 Strathclyde University, Mental Health Foundation Phd students with: City University, New York; New York University; Yale The Prospect Model with Columbia University, NYC	 Queen Margaret University – Community resilience – Rehabilitation pathways – Neurodevelopmental conditions – Employment – Inclusion Edinburgh Napier – ERRICA

- 5.12 She described the newly convened ThriveEdinburgh Assembly which will include a range of different organisations serving as a means of evaluating and developing the Thrive model and to ensure that the city is effectively implementing fresh initiatives. Linda emphasised that the big issues including inequality, discrimination


and housing must be addressed, the Assembly will work with all involved to create and sustain momentum and advance the work of Thrive.



- 5.13 Linda spoke of how loneliness and isolation are a major public health concern and that authentic connections through relationships were key to addressing this



- 5.14 Linda detailed the concept of “100 Days of Action” whereby there is a clear ask of the Assembly who would galvanise behind a priority for 100 days of action focus. She identified a number of potential social responsibility and community benefits which could be initiatives that the Assembly could mobilise behind. Conference attendees were invited what they would like to be the focus of 100 days of action and write ideas and thoughts on the feedback forms.
- 5.15 The actions identified from the ‘100 days of action’ will be facilitated by Linda as she promotes intersectoral working, forming partnerships across the public, private and third sector.

100 Days of Action 

- Interactive projects, installations and events that prompt civic engagement
- Embody and envision the future we all want to see.

A sense of belonging arts programme 

- Year long arts programme
- Partner in Scottish Mental Health Arts Festival – 14th year
- Out of Sight, Out of Mind Exhibition – 7th year
- Bring theatre to other settings


5.16 Linda gave some examples of ideas being discussed. The “Lights On” programme - there is a vast number of buildings that often have their lights on at night even when not in use, so she questioned why can these not be used for free by community groups or classes that often have to pay large sums to rent spaces.

5.17 She described the Prep Cafe social enterprise that was opened earlier this year, at the Comely Bank Centre where NHS Lothian induction is held for new staff. The social firm café employs people who have experience of life disruptions offering paid employment and volunteering opportunities – an example of a great model that could be spread across public sector facilities.



5.18 Linda noted that green spaces are not just a nice thing to do, but can help combat the physical and mental illnesses associated with sedentary urban lifestyles. Areas with more accessible green space are associated with better mental and physical health, with the risk of mortality caused by cardiovascular disease much lower in residential areas that have higher levels of ‘greenness’. She highlighted that it promotes social cohesion by allowing groups from different social backgrounds to interact, which in turn has health benefits, such as reducing stress, depression and social isolation. She highlighted how academic institutions could widen and enhance learning opportunities for people through educational busies or creative course and module development exemplified by the “Our Mad History” course.

Educational Bursaries



- Our Mad History
- Widening access programmes



- 5.19 Linda noted that the Thrive Assembly agreed that the focus of the first 100 days of action could emerge from the conference, she reminded delegates to return their completed feedback forms to allow collation of the responses.
- 5.20 Linda described “The Thrive Line” for Edinburgh which will connect places and spaces which can promote and improve mental health and wellbeing. In the lunch space participants are were invited to add their spaces to the Thrive Line board, these spaces may be health, arts, green or other spaces to the Thrive Line. This will then inform a map of the city’s assets which people can access.





100 Days of Action #1

February 2020


What do you want it to be?

- 5.21 Linda concluded by emphasising the transformative nature of Thrive Edinburgh.



“I’ve never seen any life transformation that didn’t begin with the person in question finally getting tired of their own nonsense.”

Elizabeth Gilbert



Thank You

Linda.irvinefitzpatrick@nhslothian.scot.nhs.uk

6. Plenary Session

6.1 The Lord Provost chaired the morning plenary session with Lee, Neil, Dan and Linda. There was considered and thoughtful discussion and debate covering a wide range of themes and issues including:

- Welcoming the idea of love being explicitly in a strategy and talked about
- Relationships being key and how do we move to relationship based care and support
- Desire for all this to be available to older people recognising the very impact of loneliness and isolation
- Importance of connecting with small community led organisations
- Excitement of 100 days of action – social movement in the making and how this actions continue beyond 100 day
- Multiple identifies that people have – need to consider this and create spaces and enable people to have space and places
- Opportunity of building on the partnerships created as part of the wellbeing public social partnership
- How can the Government help us in our endeavours
- Potential to link with other Thrive cities – Barcelona and Amsterdam
- Stepping out of our world to see and understand others' experiences
- Welcome explicit conversation about power differentials between and across agencies and individuals, staff groups and professions
- Systemic change and systems understanding

7. Edinburgh Peer Collaborative - *Hayley Chandler and Paul Harvey*

7.1 Hayley introduced the Edinburgh Peer Collaborative explaining that it is a network of support for Peer Workers in Edinburgh, providing opportunities for training, peer volunteering, development and career progression. It includes a range of agencies working together to promote the value and impact of peer workers.

7.2 Hayley explained that peer workers are people with lived experience of mental health challenges and recovery who then intentionally use this experience to accompany others through their recovery.

What is a Peer Worker?

Peer workers are people with lived experience of mental health challenges and recovery who then intentionally use this experience to accompany others through their recovery.



- 7.3 There are a wide range of benefits that come from peer support for those receiving the support, peer-support workers themselves, and for the mental health system as a whole. Peer workers are seen to have a more understanding and respectful approach towards the individuals they support through their lived experiences.
- 7.4 Peer Support can also benefit peer support workers themselves, increasing self-esteem levels, positive feelings and the confidence that they are doing good. Hayley notes that an increased ability to better cope with their own mental health is often found within peer workers.

Hope
Experience
Authenticity
Responsibility
Mutuality
Empowerment

"This group has been exceptionally valuable as it represents a place where I can reveal my deepest pain and darkest thoughts and be met with understanding, warmth and a wealth of shared experience. I don't know that I would have survived at all without the group and the friendships I have made there. Knowing you are not alone is invaluable as mental health difficulties can be so isolating."

Group Member
Edinburgh Anxiety and Depression Support Group
Health is Mind



- 7.5 The Peer Collaborative have involved in the making of a short film on peer working in Edinburgh, produced and directed by Media Education. A short preview of the film was shown which whetted people's appetites for the premier of the film which is being planned for February 2020.
- 7.6 Paul Harvey, who has around 40 years of knowledge and experience of peer working, shared his deep passion and experience of engaging agencies to promote the value of peer working.
- 7.6 He spoke of how he started writing a small article and how this turned into a much longer article and treatise. Paul summarised his thinking and gave some great examples.

- 7.7 He spoke of how in its most natural form, Mental Health Peer Support arises from a passion of desire to share experience as one who uses or who has used mental health services – both specific services and more generally; and how to get the best out of them and out of a life that is challenged by periods of mental ill health.
- 7.8 Paul spoke of how peer support can occur in the form of one to one support and encouragement and within group settings, and can include a sharing of hobbies and interests that promote self-development and greater social inclusion – that may or may not lead to the development of new Peer-inspired and Peer-led services.
- 7.9 It can also be in the form of authorised democratic representation of peer views, feelings and beliefs. It can also exist in the form an essential aspect of psychological and self-help therapeutic group services. In all cases however, its' success depends upon certain other factors, including
- The pre-existence of a mental health community, from which peers can be drawn from; and contribute to ownership by the peers themselves, of their peer relationships and/or self-help groups or services
 - Long-term intentions of service managers and commissioners to support and facilitate peer support services and values; as peer support is not a substitute for other services and should never be regarded as something that can be superseded by other services at a later date
 - Non-intervention of service managers and commissioners, unless sought by the peers themselves
 - Acceptance of service managers and commissioners that only peers can fully evaluate peer support; and that the evidence they present will be largely anecdotal and unscientific in nature
 - An undertaking by service managers and commissioners to find ways of including such anecdotal evidence within service specifications and to help justify funding applications, etc.
 - Ownership by service managers, commissioners and service delivery staff of the potentially negative effects that can affect people who use their services, including peer support services; resulting from their continued belief that the capacity of these people is impaired, in terms of their potential ability to successfully develop or manage their own services
 - Provision by service managers and commissioners to support and develop the skills of individual peers through their provision of suitable training. Including relevant networking opportunities; and funding of all out-of-pocket expenses incurred by them

- Recognition by service managers and commissioners that the success of Peer Support services belongs to the peers themselves – and not to them. Unless they are employed by a Peer-led and managed service, they should not regard such success as part of the successes of their wider service or organisation
 - Recognition by service commissioners that Peer-led and Peer-managed services always provide more authentic peer support than contracts awarded to organisations that also offer other types of mental health services.
- 7.10 Paul emphasised that general acceptance that the negative impact of stigma can only be fully overcome when new peer-led and managed service providers are facilitated and developed; as doing otherwise perpetuates by implication the ongoing belief that peers alone are incapable of running such services and employing staff that work to *their* agendas.
- 7.11 He gave some examples of the impact of peer work that he has experienced and been involved in including early work in England on the Service Users Network or SUN and more recently experiences at Redhall Garden.
- 7.12 Paul concluded by mentioning the musical services offered by Ralph Turner, who is well-known throughout Edinburgh Mental Health Services as an accomplished and enthusiastic musician, and who also happens to be a friend of Paul's. He spoke of how some years ago, Ralph began offering peers known to him free musical theory, guitar, bass, percussion and keyboard lessons, using equipment that he owned personally, and within what effectively became a studio within his own home. The success of this led to the Stafford Centre offering him some unused space on condition that he refurbished it himself and facilitated their music group as a sessional worker, which he was pleased to do. A management committee was set up for what is now known as **OM Music Sanctuary**, and has since acquired Charitable Status, allowing it to fundraise for new equipment and running costs, special events, etc. Apart from the small number of hours he is employed at The Stafford Centre, Ralph continues to work many hours free of charge and his lessons – which now include rehearsal and recording facilities as well as a Saturday afternoon drop-in service that hitherto, had not existed anywhere in the city – remain free of charge to peers. It is essentially a peer-inspired, peer-led, peer-managed and peer-supportive service!
- 7.13 Ralph's second of a regular open-mic session that, like his lessons, provided in a safe space for peers identifying as members of the Edinburgh mental health community has really taken off too. With the assistance of CAPS, this was established during the first part of 2016, initially within Southside Community Centre and then moving to larger premises with Augustine United Church around 18 months later. As well as

offering his students and other peers opportunities to perform in front of an audience, this has provided peers in the Edinburgh area a regular night-out that is not in a pub and is in a safe space! Known as **Mad Jam**, this has also gained Charitable Status and is also managed and provided by a group of ten peer volunteers. And so, we have another peer-inspired, peer-formulated, peer-led, peer-managed and peer-supported service – which like OM music sanctuary, does not rely upon the availability of funding from the usual mental health service sources.

Upcoming Events

12 December

Workshop – Building Hope in Difficult Times

Late February

Film screening and conversation – what next for peer work in Edinburgh?

Get in touch

peer@health-in-mind.org.uk

Stay up to date

www.edspace.org.uk/peer-collaborative

@EdinburghPeers



Lunch Time

During lunch time participants were actively encouraged to add to the Thrive Line. This is what folks did during their break:



Health Spaces	Art Spaces
<ul style="list-style-type: none"> • Edinburgh Leisure centres • Beaches • Art galleries • Men's shed • Commie Pool/Communal Pool • Stafford Centre • Royal Edinburgh garden visit and volunteer • Health in mind listening space and wellbeing spaces • Anxiety and depression groups • Drop in at barony – Tollcross • School parent councils and groups • Melting pot rose street 	<ul style="list-style-type: none"> • Cycling union canal and water of Leith • Edinburgh palette • Bandstand • Creative natives • LGBTQ+ health and wellbeing • Art in health care – room for art • Cycle out to Jupiter Artland along the canal towpath • Modern art gallery • Universities and colleges • City art centre • Bereavement service, spiritual care, community chaplaincy @ NHS Lothian • Castle, national trust Holyrood and historic Scotland • Dr Bell's Leith • Dovecot • Artlink

Green Spaces	Other Spaces
<ul style="list-style-type: none"> • Portobello beach • Saughton park • Walk up Arthurs seat and view the city • Edinburgh Lothian green space trust • Edible estates • Camino park • The botanic gardens • Trauma informed yoga • Use our roof tops more – living roofs/living cafes • Gorilla gardening patches in each little community park • Broomhouse cafe • Inverleith park • Blackford hill river and peak • Play parks for families • Dr Neal’s garden – Duddingston • Redhall walled garden – open to visitors • The botanical gardens • Leith Links/meadows/queens park 	<ul style="list-style-type: none"> • Murrayfield • Hibernian & Hearts • Meadows • Pentlands • Hermitage of Braid Hill • Clean water of Leith at shore and create a swim spot • Scotland – Zambia partnership • Swim in the sea • Blackford pond • Peoples story museum • Yoga practice spaces • Boot camp/walking/running group • Tai Chi • St Brides centre • Innocent railway = highline • Summerhall • Fire stations • Portobello promenade • Local libraries • Make it welcoming- re benefits assessments • Front door entrance of argyle house • Community centres

Colleagues were also invited to contribute to the development of **iThrive**.

iThrive – Julie Huggan

Health in Mind has been funded by the Health and Social Care Alliance Scotland to create iThrive Edinburgh. It will be an up-to-date, user-friendly, single point of access website for self-management and wellbeing. It will directly support the new Edinburgh Thrive welcome team and network, and the delivery of the Thrive Edinburgh Adult and Health and Social Care Commissioning plan. The iThrive Edinburgh website will provide information about local mental health and wellbeing services, Thrive information and self-help materials.

Julie Huggan, Health in Mind’s Online Information Development Worker, will be setting up a co-production working group to ensure that community members and experts by experience will have a lead role in shaping all aspects of iThrive Edinburgh design and content. As part of the iThrive Edinburgh’s development, Health in Mind would love to hear your ideas and suggestions. Please go to the online survey by entering the link below into your web browser:

<https://www.surveymonkey.co.uk/r/ithrive-edinburgh>

The performance - “Being a Dad” by Strange Town Theatre Company

After lunch pconfernce participants morphed into a theatre audience became theatre goers treated to a stunning and thought provoking performance of “Being a dad”



“Being a Dad “by Duncan Kidd was commissioned by Father’s Network Scotland for the ‘Year of the Dad’ in 2016 and had a successful run at the Edinburgh Fringe. In 2017 it toured 6 Scottish prisons.

“Being a Dad” is a drama reflecting the real life experiences, hopes, fears and challenges faced by many fathers in Scotland today, with a particular focus on disadvantaged young fathers. The drama explores how these young dads can (and are), facing up to these challenges on a day-to-day basis in Scotland, and how these are overcome with courage, knowledge and support.

The play encapsulated the values of Thrive Edinburgh and gave people an opportunity to emotionally connect with the themes and issues which formed the morning session.

The Afternoon Session



The afternoon sessions were structured around the four principles giving current example of work underway in Edinburgh:

8. Change the conversation; change the culture - *Anne O'Donnell and Sam McIntyre*

- 8.1 Anne explained that CAPS is an independent advocacy organisation in Edinburgh, East Lothian and Midlothian and has been around since 1991. Members of the management committee are mostly represented by people who have lived experience of using mental health services.
- 8.2 **Mad People's History**
Anne introduced the presentation by explaining that 'Oor Mad History' is a community history project that aims to reclaim and promote the history of collective advocacy by and for people with mental health issues in the Lothian area.
- 8.3 Collective advocacy is where a group of people who are all facing a common problem and have had similar experiences get together to work on specific issues and have their voices heard. Advocacy groups don't just wait to be asked what they think about what is happening, they decide what's important for them and can work together to change things.



What is Oor Mad History?

A community history project to reclaim and promote the history of **collective advocacy** by and for people with mental health issues in the Lothians.

- 8.4 Anne went onto discuss that people who experience mental health problems have often been stigmatised and ignored by society, as well as history. In general, historical knowledge of mental health has been gleaned from psychiatry and asylums. There has been little documented of those who have first hand experience or those who have sought to change the system.



collective advocacy

where a group of people who are all facing a common problem and have had similar experiences get together to work on specific issues and have their voices heard.

Advocacy groups don't just wait to be asked what they think about what is happening, they decide what's important for them and can work together to change things.

<http://capsadvocacy.org/collective-advocacy/>



the culture...

What we had in common was that we weren't getting treated very well by psychiatric services, just some basic things like nobody ever listened to a damn thing you said.

Adrienne Sinclair Chalmers



the culture...

...the charge nurse in ward ___ in 1987 ...turned his back on me shut his eyes and puffed on his pipe and refused to acknowledge me... Within a couple of years he was out and there was new people coming in who were a bit more enlightened.

Lami Mulvey



What did we do?

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Crisis Services



- 8.5 Anne went onto say that community and oral history are useful in helping groups who have previously been unrecognised by society, to reclaim their own histories. She demonstrated this by using powerful quotes to acknowledge the poor treatment of people and mental health services, but also the positive impact from those seeking change.



...the conversation

I think it has allowed those of us involved in planning and implementing changes in services to at least aim to improve things from the point of view of the service user.

Dr James Hendry



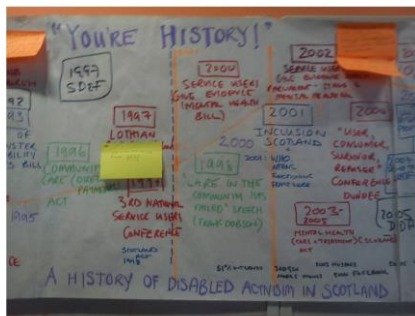
aims

- to remember and record the history of the mental health service user movement
- to challenge current ideas about people who use mental health services
- to see ourselves as active agents of change
- to celebrate achievements of the movement
- to strengthen our voice today and in the future

- 8.6 Anne explained the aims of the project being:

- To remember, record and promote the history of the Lothian mental health service user movement
- To highlight the key role service users have played in developing mental health services in Lothian
- To challenge current ideas about people who use mental health services
- To enable service users to see themselves and to be seen by others as active agents of change
- To celebrate the achievements of the movement
- To strengthen the service user voice and movement, today and in the future

- 8.7 The impact of advocacy must be measured in the histories of the people it gives voice to, not simply through snapshots of service activity today.



A physical archive of posters, photographs, leaflets etc.



- 8.8 The above poster and timeline were created with Inclusion Scotland at Disability History Scotland in December 2011. Anne noted that there is a vast amount of information and history which can often be forgotten. They had begun to feel overwhelmed by the work that needed to be done and lost sight of all that they had achieved, so Oor Mad History was started.

- 8.9 The project gathered paper-materials from all over Lothian and with help from Lothian Health Services Archive and other agencies they were able to organise all the materials into an archive.

By working with user groups, former activists and volunteers they have created:

- A physical archive of posters, photographs, leaflets etc.
- An oral history archive of interviews with activists past and present
- A book, CD, exhibitions, etc.

- 8.10 Along the process they have also come to learn a lot about copyright, archiving, transcription, and oral history.



70 oral history interviews with activists and allies



Our book and exhibition



Exhibition and book launch at the Drill Hall in October 2010 - Anne, Maggie and Kirsten

- 8.11 Anne highlighted that the 'Oor Mad History' volunteers were central to the research being carried out, they were provided support and training before going onto collect 70 oral history interviews for the archive with activists past and present.



arts as advocacy



Mad Studies

Mad Studies isn't just about looking at our own experiences but about seeing them in a wider context and opening up new ways of understanding, telling new stories, new discussions...

- 8.12 Mad Studies isn't just about looking at our own experiences but about seeing them in a wider context and opening up new ways of understanding, telling new stories, new discussions.



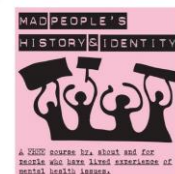
QMU course

- To explore mental health from the viewpoint of people who are deemed to be "mad" or to have "mental health issues"
- To situate lived experience of mental health issues at the centre of the curriculum
- For students to see themselves as "experts by experience"
- For students to situate their own experience within a wider historical, social and political context



QMU course

Sam McIntyre



- 8.13 Queen Margaret University and CAPS run the Mad People's History and Identity course each year, it is a free five week long course by, about and for people who have lived experience of mental health issues. It seeks to:

- To explore mental health from the viewpoint of people who are deemed to be "mad" or to have "mental health issues"
- To situate lived experience of mental health issues at the centre of the curriculum
- For students to see themselves as "experts by experience"
- For students to situate their own experience within a wider historical, social and political context

- 8.14 Sam shared her experience of using mental health services throughout Edinburgh and her work with CAPS. She described her experiences of completing the course at QMU last year and what an experience this was for her.



contact us

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<http://capsadvocacy.org/lothian-wide-projects/oor-mad-history/>

facebook: Oor Mad History

twitter: @oormadhistory

CAPS
independent
advocacy

9. Using evidence to drive change –The Prospect Model Dr Patricia Graham

- 9.1 Patricia described the evidence base, development and implementation of The Prospect Model – a matched care model base on a single theory using one – intervention - Interpersonal Psychotherapy (IPT) – adapted for different populations, delivery agents and settings.
- 9.2 Patricia detailed the increasing awareness around ACEs and the importance on early-life experiences on an individual's health and wellbeing throughout their life. ACEs can be described as 'stressful events during childhood that can have a profound impact on an individual's present and future health'¹. There are numerous studies to validate that the higher the number of ACEs the higher the risk of negative health and social outcomes.



ACE Score – Google =

106,000,000

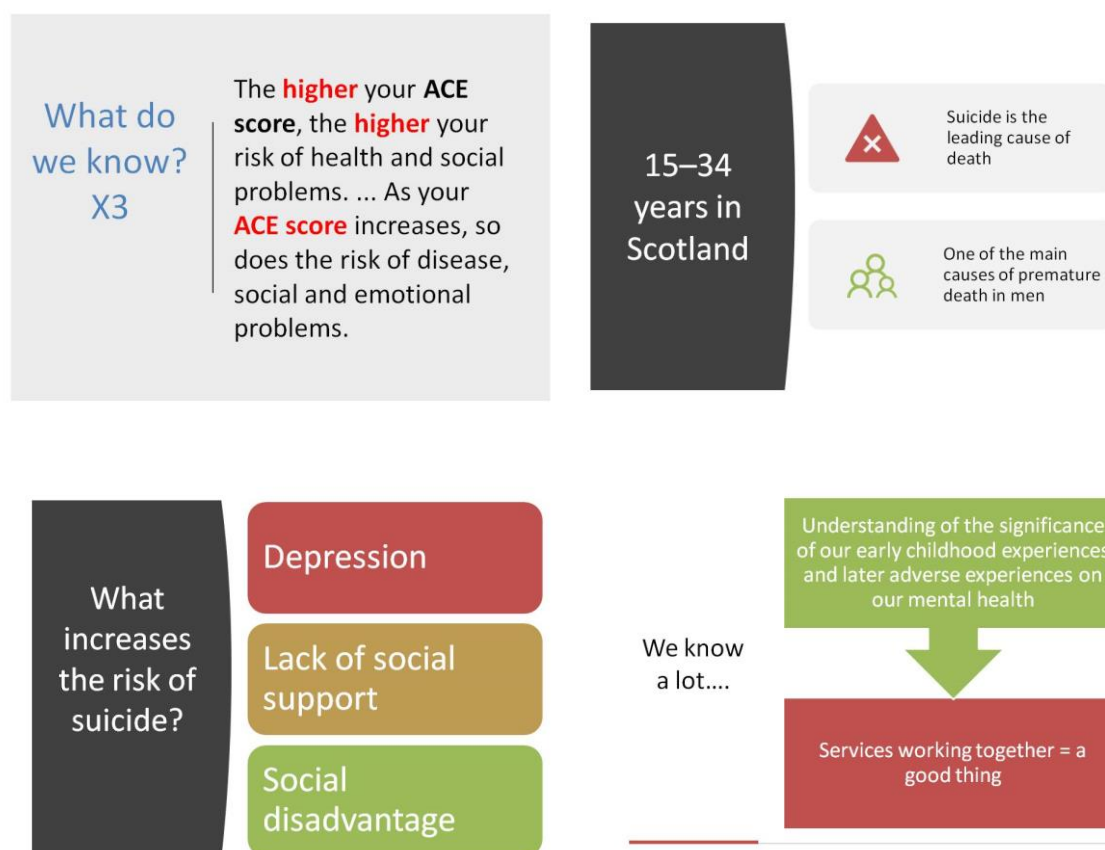
ACE Score and Suicide
Google =

7,800,000

ACE Score and Suicide in
Scotland Google =

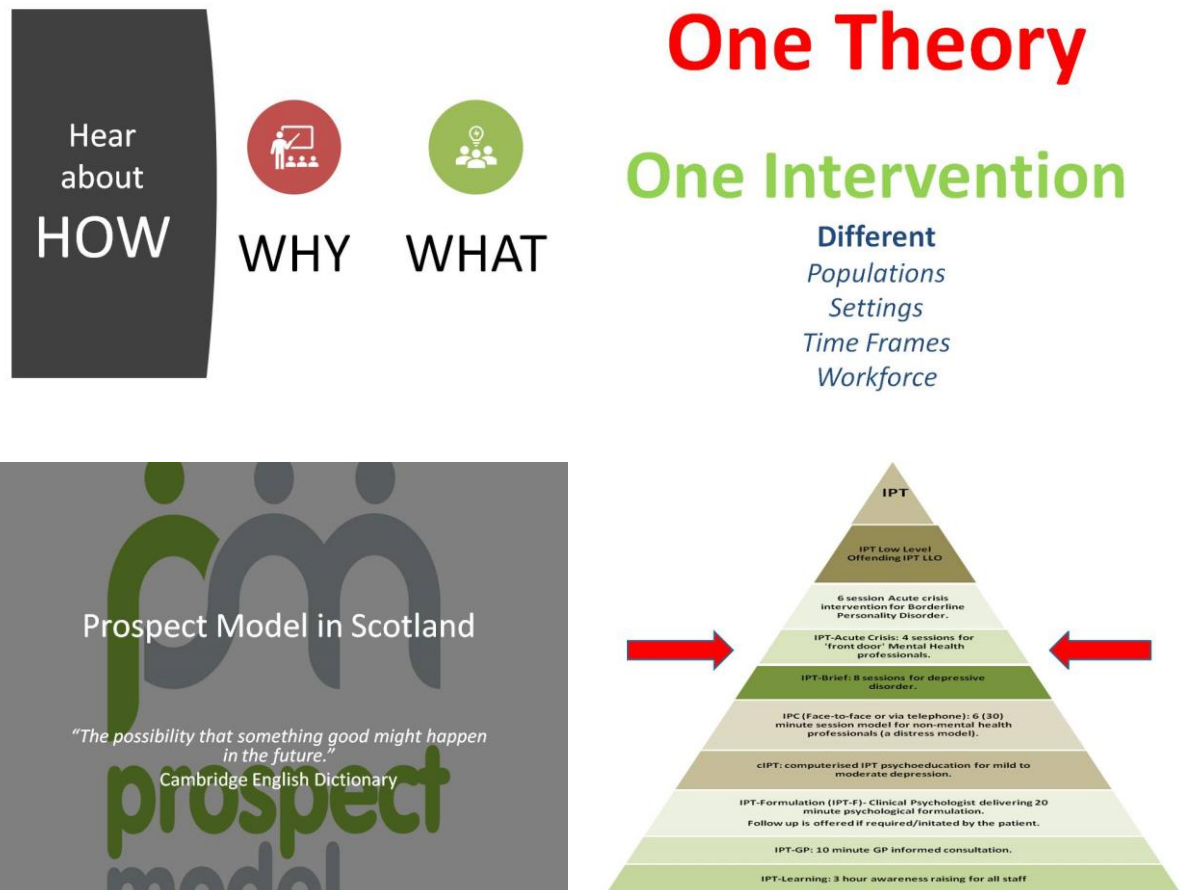
2,630,000

¹ NHS Health Scotland. *Adverse Childhood Experiences in Context*. Edinburgh: NHS Health Scotland; 2019




9.3 Patricia spoke about how often it is heard in research and practice about why or what outcomes are hoped for rather than what is actually being done. The delivery of IPT-AC was an example of what is being done.

- 9.4 IPT is grounded in the one theory of attachment in order to understand human distress and suffering . Patricia noted that for this theory relationships don't just matter; they REALLY matter.




- 9.5 IPT-AC piloted work at the Royal Infirmary of Edinburgh, as well as, at St John's Hospital in West Lothian which has informed plans for IPT-AC development work in community services in East and Midlothian. Patricia gives more detail around this later in the presentation.
- 9.6 IPT-AC has been adapted from the original 16 sessions and condensed into 4 sessions. It is designed to reduce distress and decrease the risk of self-harm and suicide in patients presenting with deliberate self-harm/self-poisoning. This is an issue that has been presenting in the UK for decades and is continuing to rise amongst young people; particularly amongst young men.



Evidence into Practice
A live example
Interpersonal Psychotherapy Acute Crisis (IPT-AC)

29th November 2019
 Dr Patricia Graham



OVERVIEW

- Brief History of IPT-AC
- What is IPT-AC?
- Structure of Sessions
- Proof of concept data
- Profile of Patient Pathways over a six month period post IPT-AC
- Outline of feedback on training in the model that we have provided to other teams in Scotland

- 9.7 Action 15 as set out by the Scottish Government’s Mental Health Strategy 2017-2027 makes one of the key principles “ask once, get help fast”, ensuring the right workforce is in place to achieve their strategic goals. There is a dedicated plan to increase the workforce to give access to mental health professionals in all A&Es, GP practices, as well as prisons and Police custody suites. IPT-AC training to staff offers the provision of more help to reduce levels of distress with evidence based interventions in these key settings



History & Rationale

- Scottish Government (Mental Health Strategy 2017-2027 Action 15) aims to tackle rates of suicide and self-harm
- Studies show adapted IPT is effective in reducing depressive symptoms and suicidal ideation
- Identified need for a brief intervention
- Other areas in the UK were able to offer a structured psychological intervention
- Enhancement of treatment offered in Edinburgh

One Theory

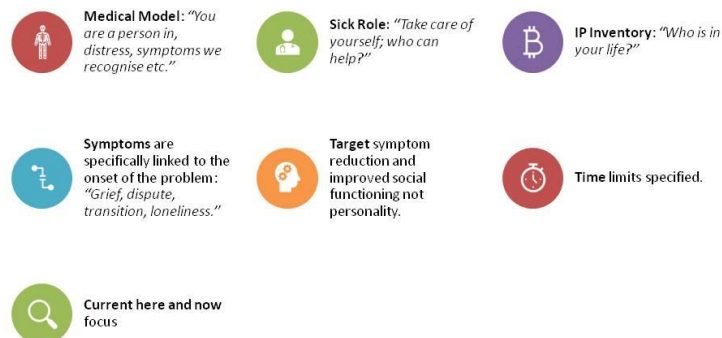
One Intervention

Different
 Populations
 Settings
 Time Frames
 Workforce

- 9.8 Patricia explained the first thing that was required to develop this Prospect model, was a widely accepted theory to understand distress and suffering. As she had explained earlier in the presentation, attachment is the one overarching theory for IPT, regardless of the application being used.
- 9.9 Whilst continuing to maintain the 7 essential elements of IPT, the therapy was adapted for different settings and different populations:
- IPT for depression
 - IPT-Brief in Primary Care
 - IPT-acute crisis

- 9.10 Relationships matter and that is taken from an attachment perspective. There is significance in a person's childhood experiences, their relationships and how they meet their core needs.

Abbreviated models are the same as the original IPT model through the retention of the
7 essential elements of IPT

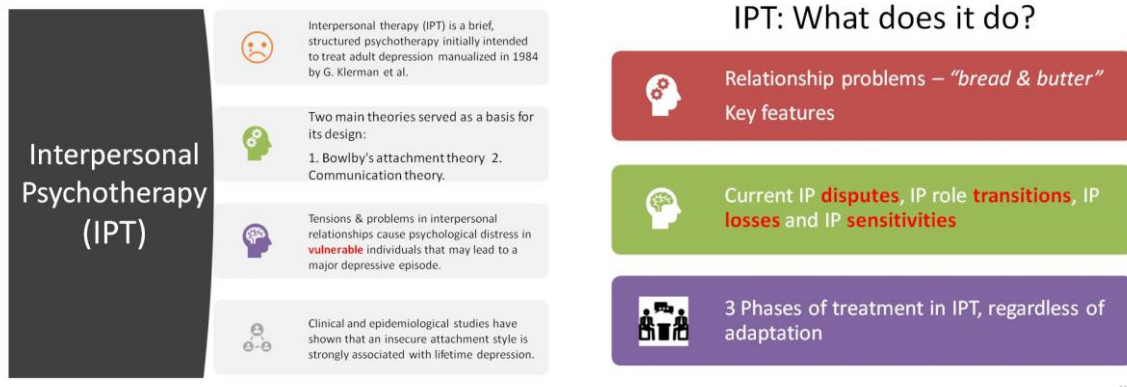


- 9.11 As IPT has a psychosocial, interpersonal problem solving approach with a strong evidence base as a treatment of depression in its traditional 16 session model and is comparable to CBT in terms of its effectiveness. Patrica advised it was given an 'A' rated recommendation for the treatment of depression in the primary care setting.

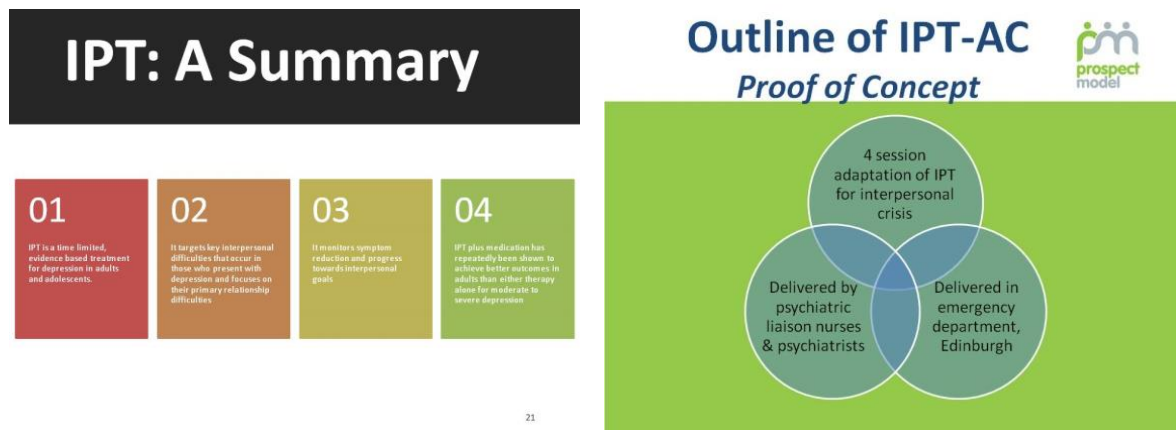


- 9.12 The Psychological Therapies 'Matrix', produced by NHS Education Scotland and Scottish Government is designed to help NHS Boards deliver the necessary

psychological therapy required to meet accreditation standards, as well as provide evidence based interventions.



20



21

9.13 Patricia went on to discuss IPT-AC in more detail, referencing a study that was conducted in 2012. A nurse led emergency mental health service carried out a comprehensive assessment and crisis management for presentations of acute distress with an episode of self-harm/poisoning. This took place with 30 patients who had presented at the Emergency Department of the Royal Infirmary of Edinburgh.

9.14 Of the data collected:

- ❖ 11% required in patient psychiatric care
- ❖ 17% referred to community mental health teams
- ❖ 5% to Police custody
- ❖ 5% to Intensive Home Treatment Team
- ❖ 62% were discharged home to GP

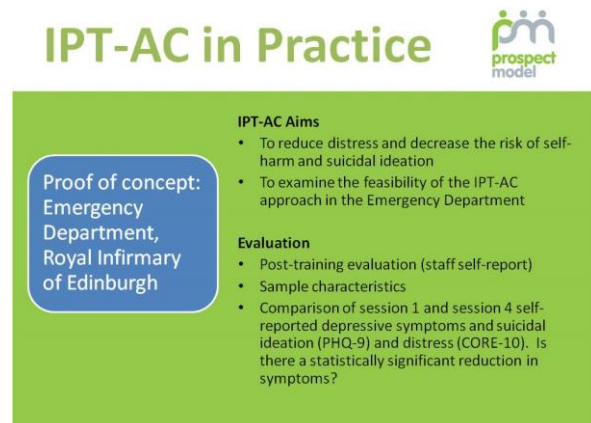
- 9.15 The nurses were already situated within the emergency department, and following training delivered the IPT-AC intervention with continued supervision. She explained the findings from the study, noting that four sessions of IPT-AC was associated with a significant reduction in depressive symptoms and core distress when scores were compared pre and post treatment. In addition, the narrative from staff suggests that IPT-AC appears to reduce successive attendances at A&E for those who have received the intervention compared to those who have not.
- 9.16 Patricia noted that patient data was collected using both the CORE 10 and PHQ9 at each of the 4 sessions.



- 9.17 She moved on to give a more detailed explanation of the IPT-AC sessions. Noting that the first session is used to review symptoms, focusing on any negative presentations. There is an open conversation surrounding acute distress and the treatment, with a continued positive emphasis on recovery. This session will also allow for the distress to be related to the client in an interpersonal context, looking at role transition, the current support available and making sense of the problem. Patricia then went on to say that practical planning of the treatment is discussed and the ending is always acknowledged from the outset.



- 9.18 In sessions 2 and 3, she explained that symptoms are reviewed interpersonally and there is a continued risk assessment, with progress being assessed with goals. In addition, there is a discussion around techniques and strategies being used in line with the focus area. Patricia also noted that clients are given homework tasks to work on goals and how to maintain goals after therapy.
- 9.19 Session 4 acknowledges the ending and reviews the interpersonal goals and changes. This session also allows for preparation of independent progress and action planning in the event of relapse.



- 9.20 Risk management plans help to identify who an individual can connect with in times of an emergency or crisis.

Who did we see?



Profile of Participants at Royal Infirmary of Edinburgh

Completed **4 sessions** of IPT-AC (n=74)

<ul style="list-style-type: none"> • 53 females and 21 males (n=74) • Age mean=37.32, range 18-66 	<ul style="list-style-type: none"> • Self-poisoning (84.7%) • Threat to life self-harm (9.7%) • Acute distress (5.6%)
<ul style="list-style-type: none"> • 72.2% Mental health difficulties in the past • 27.8% No previous difficulties • 51.4% marital status single 	<p>Most common precipitating factors prior to the acute distress:</p> <ul style="list-style-type: none"> • Relationship difficulties (66.8%) • Relationship difficulties plus bereavement (17.8%)

9.21 Role transition was the most common focus area of those that presented at the RIE emergency department. Patricia explained that as Edinburgh is a city with 4 universities this may be why transition is predominant; students may have had to move home and away from strong relationships.

Evidence from RIE so far...



- Four sessions of IPT-AC is associated with a **significant reduction in depressive symptoms and core distress** when pre and post treatment scores compared (Core-10 and PHQ-9, $p < 0.0001$)
- **Role transition** is the most commonly reported focus area (46.6%)

Staff Perspectives



The IPT-AC model fits well with what staff in the emergency department already know and do

It shows us how to intervene with distressed clients, and how to reflect and review

Gives confidence to tackle patient problems, and feel less overwhelmed and powerless to help

Sets limits on what can be attempted and provides guidance on focus

Patients can engage and make good use of the approach in this context

We have seen patients quickly benefit when helped to use their existing networks and supports

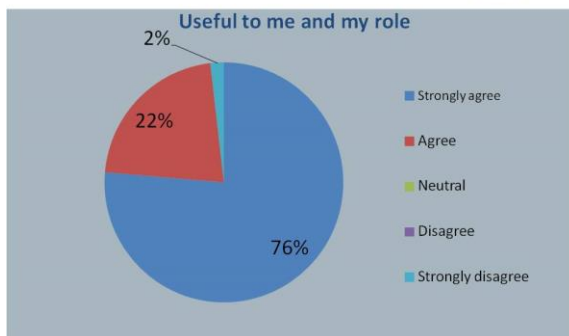
Many more people who would fit the criteria would benefit from this work than we have been able to offer it to

Provision of IPT-AC Training Scotland



- 9.22 Following on from the test of concept, the Prospect team have shared this promising data with colleagues and have been asked to provide training to other interested parties within the NHS in Scotland (Glasgow, Fife, Edinburgh, West Lothian).
- 9.23 Those trained were very positive about the experience and keen to put skills into practice.

Feedback on Training

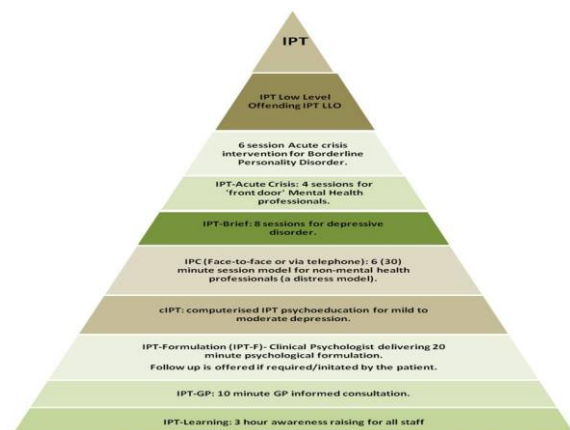


Future Plans

We now have funding for 3 new staff who will deliver IPT-AC full time at the Royal Infirmary of Edinburgh

Multi-site trial: RCT of IPT-AC, collaboration with our connections in Belfast, Glasgow, Fife

The Prospect Model in Scotland: Our Most Ambitious Development Yet....

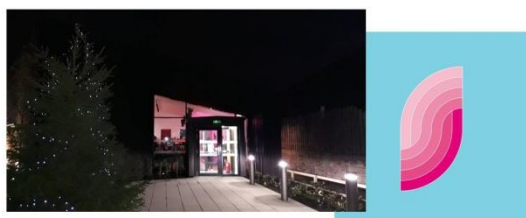


- 9.24 Patricia finished her presentation with a video of some of the work that has been done with IPT in Tanzania- highlighting the adaptability of the model. The web address for the video is <https://youtu.be/cPnfJshhgoc>

10. Partnering with communities - *Bridie Ashrowan*

- 10.1 Bridie gave a presentation on the work that she does with Space, as well as her involvement with the Thrive design team. She spoke passionately about young people's mental health and the need for change, before going on to discuss about some of the areas that she has found to work well and others that need to be targeted.
- 10.2 Bridie advised that they had just opened the new Broomhouse Hub, which is a £3.2m investment in the area that has the highest child and in-work poverty in the city; noting that it was an overnight success and wholly based on team work. Bridie advised that their new identity is Space, as they serve a wider foot-print, in some cases, city wide. She arrived three years ago and her tenacious predecessor had a dream that the community was deserving of a new centre, she joked that the current one was literally held together by gaffer tape.
- 10.3 Bridie went on to say that they have activities for young people, particularly young carers, as well as people with dementia who spend the day in the Beacon Club. There is also the community café with an inclusive workforce of young people with physical or learning disabilities, also including those with mental health issues or those that have left prison.

Space & Broomhouse Hub



- 10.4 She went on to say that it was at this point that she heard about the Public Social Partnership (PSP) on Mental Health, acknowledging that she had been involved with a PSP previously in the Scottish Borders with community planning partners. Bridie appreciated that no matter an individual's role or background, all involved in the PSP were equal, leading to positive outcomes for young people.
- 10.5 In terms of the Mental Health PSP, Bridie advised that she attended meetings and consultations, remembering one incident in particular, where a woman had become reliant on her service and staff; not progressing into building community links or forming friendships. Bridie remarked that this drove her to remain within the PSP and offer support, noting that it has been a long journey but has helped foster change.



10.6 Through the work that Bridie was involved in with 'Joining the Dots', which is located in Broomhouse, Sighthill and Parkhead, as well as, the annual the annual street party, she was able to see similar themes emerging to those communicated in the consultations. Priorities for those in the community were seen to be:

- Reducing isolation
- More going on for young people
- Addressing food poverty
- Improving communications



10.7 Bridie spoke of her excitement around the Thrive project as it is about acting early, getting help, and providing a holistic approach. It allows people to regain control of their lives; to be able to receive the help to live with a long-term condition with dignity or even get back to work.



10.8 She acknowledged that her work as part of the SW Edinburgh PSP has been very productive, as it has a multi-disciplinary approach and all involved are regarded as equals. Some of the other partners involved include; Redhall Garden (SAMH), the Cyrenians, and Health in Mind. Bridie had posed the question to the group in terms of what was available for young people, and all agreed that there was not much available. She went on to say that they used some of the unspent funds to research young people's experiences and barriers to treatment.

10.9 They surveyed a range of young people from different backgrounds including: care leavers, university and college students, those with lived experience, and involved individuals working with young people at present. They found that young people were interested in two types of support for their mental health; in-person and online. These are two very contradictory notions; one very personal, the other completely impersonal and anonymous. This was insightful research into a generation deemed to be 'digital natives'.



10.10 Bridie advised that young people want a youth-friendly space, designed and run by young people; a peer led environment. They also stated that whilst they trust GPs, they would much rather talk to a friend or trusted person in regards to their mental health.

10.11 She acknowledged the different platforms, including Tumblr which for some had been a very negative influence on young people's mental health, but others have found a huge benefit. Bridie also noted the changing needs and questions of the younger generation, and asked are the current services able to respond.



10.12 Bridie went on to say that whilst we may judge young people for using their phones, we must acknowledge that behind that screen is a social network. She recalled on a statement she heard recently from one young person, 'I don't need just a social worker, I need a social network'.



10.13 She spoke of how it is refreshing to hear Police colleagues speak about the mental health needs of young people, as this is a group who have so little support. One in three young women, who have been in care, end up in prison. Bridie noted it was also inspiring to hear a person ask about 'relationship poverty'.

10.14 So their next step is to create a trial wellbeing space, which has peer support and is designed by young people, with support from skilled youth workers. They aim to build an environment with an on-going design, such that young people can advise what is working and make change.



10.15 Bride highlighted that there is more work that they want to do with this population in terms of young men's needs and digital resources. She hopes that some of the young people they work with can go on to be the future workforce of the mental health services.



- 10.16 Bridie also spoke about the work being done in their existing services including: Sista Space for women; Book Bug for isolated parents; a partnership with the Broomhouse Growers Association that they've helped to start up; and an English class for isolated BME women, in partnership with The Welcoming, Bangladeshi, and Polish women.
- 10.17 She advised that they are also a social enterprise, indicating that the wraps that could be seen in the presentation were made by people who are on a recovery journey of their mental health, and they supply the sandwiches to the Thrive Design team meetings.

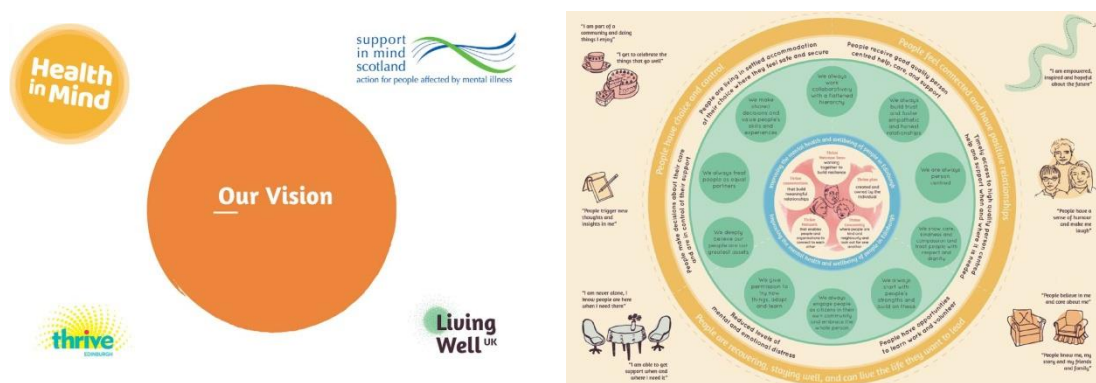


- 10.18 She finished by stating that it has been a privilege to be part of the Thrive Design team, where as part of that they recently gathered in Leeds, to meet others from across the UK who are designing citizen-led mental health services. These were the things that struck her the most:
- Outward Looking – a psychiatrist in London spoke about how the link with the community sector had made them more outward looking
 - Values – there needs to be shared values for this to succeed across the statutory and community sectors
 - Holistic – always see the whole person, their life, their work, not just a diagnosis
 - Equals – no matter what your role you are an equal within the team, it is a welcome culture

- People-led design – if there is a commitment to changing thinking around design, things will evolve
- Age – mental health and well-being is ageless e.g. in Vintage Vibes, the city wide partnership with LifeCare addresses chronic isolation in people over 60, their oldest volunteer is 92!
- Parents – how many young people on a CAMHS waiting list have a parent with poor mental health, let's reach out to those parents
- Out – the new Thrive welcome teams are going to be very engaging which is wonderful. Bridie was also interested in how they get out to employment; to volunteering; to support to live with mental health
- Poverty – she thought this to be a huge challenge as the DWP gives mixed messages to people with mental health issues, or to people on their recovery journey. The reality of it is that poverty is affecting people's mental health
- Fun –many of the photos seen at the conference are for the street party, a partnership piece of work with local groups that has been on-going for many years

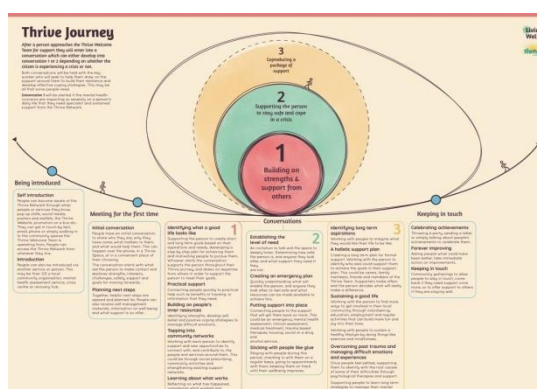
11. Act early - Thrive – Get help when needed *Wendy Bates and Michele Mason*

- 11.1 In the final presentation, Wendy and Michele detailed the creation and aims of the Thrive Welcome Team, Centres and Network and welcome centres. They also spoke about the Thrive Journey, explaining the process and the Thrive conversations.
- 11.2 The two spoke of the person centre outcomes that are to be achieved through the Thrive centres including that people are shown kindness, care and compassion; shared decisions are made; believing that their clients are the greatest assets; and ensuring that trust is always built to foster empathic and honest relationships.

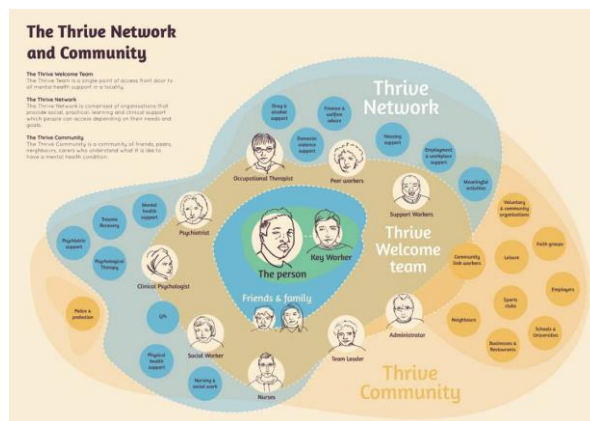


- 11.3 Michele and Wendy explained that after a person approached the Thrive Welcome Team for support they will enter into a conversation which can develop into either a conversation 1 or 2, dependent on whether they are experiencing a crisis.

- 11.4 Both conversations would be held with the key worker who would work with them to take strength from their surrounding support, including family and friends, which may be all that people require.
- 11.5 However, if an individual's mental health concerns are impacting them so severely then a conversation 3 can be started, meaning they will be put in contact with a specialist from the Thrive network, which they go on to explain later in the presentation.



- 11.6 Wendy and Michele went on to explain the Thrive Welcome Team, Thrive Network and Thrive Community. The welcome team is a single point of access for mental health support in each locality, a multi-disciplinary approach that will work in partnership with people to understand their strengths and needs whilst working together to develop outcomes focused plan. The team will connect people with their support network and strengthen community relations; encouraging self-management of the individual's own health and helping to develop strategies for managing difficult emotions. Whilst the team will also offer practical support in terms of housing, money or appointments, Michele explained that they will also introduce clients to more specialist services if necessary.
- 11.7 The Thrive Network was discussed as being a way to offer support to enable individuals and agencies to connect as part of a whole network. It will comprise of interconnected medical, practical, clinical and social agencies that will work holistically to provide the support needed to improve lives. Wendy and Michele highlighted the strong relationships between the network and the welcome team which will allow for the the most appropriate support to be given to those in need.
- 11.8 The Thrive community is made up of peers, neighbours and carers who all have an understanding of what it is like to have a mental health condition.



12. Connecting and Collaborating: How you responded

12.1 Delegates were asked to complete a feedback sheet in relation to the conference, looking at what attendees had enjoyed, as well as providing a space to ask questions they felt had not been answered throughout the day.

12.2 What excited you today?

- The chance to hear about the initiatives being led by Thrive Edinburgh
- The idea those 100 days of action can lead to 200, 300 and counting!
- Recognition from the Lord Provost that 100,000 in poverty is not good enough
- Such a well shared involvement, commitment and plan to work together to improve every citizen's mental health and wellbeing
- Edinburgh Thrive presentations were great, and the Lord Provost seems so knowledgeable and on board
- Hearing about thrive models in London and New York
- Notion of 'chairs talking' that was demonstrated by thrive London – aiming to get news from people not usually engaged
- Lots of the sessions validated and reinforced the enthusiasm for this work
- Hearing about all the fantastic work being undertaken in New York, London and Edinburgh around mental health and wellbeing
- Great to talk to other people over lunch and network.
- Mental health services are moving in a direction that will be more supportive of people's needs and wishes
- The report on thrive and finding out where else it is used like London and New York
- Unity of views about causes and consequences of mental health issues with a focus on practical steps to address these
- Having been involved in the midlothian100 day challenge, I welcome this approach
- Great to hear people talk about allowing people to set their own agendas
- Hearing about thrive London's impact

- Seeing the being a dad play
- Hearing about the beginning stages of thrive Edinburgh and the 100days of action
- Collaboration between partners
- Passion from the speakers
- Connections
- The emerging energy about mental health
- The passion and enthusiasm of a wide variety of people
- The theatrical performance from Strange Town – keen to promote the use of Culture to change everyday social interaction
- The talks particularly the IPC information and look forward to hearing info on training events
- Meeting other delegates from CAPS and other organisations that I wouldn't normally get to meet and mix with
- Excited by the potential for improved and increased partnership and a broader idea of what supports mental health
- The energy and effort being put into Thrive Edinburgh; the idea of services being planned 'bottom-up', with service users and people with lived experience in the driving seat

12.3 What do you want to find out more about?

- What is being done to combat loneliness and the negative impact that loneliness has?
- What is being done to support paid opportunities for peer workers and is there pay equality with other mental health professionals? Parity in pay would support equal value
- Power dynamic in partnership, I find it is a big issue for some inter-agency projects to work out, because there is no clarity around the responsibilities and who should make decisions
- 100 days of action and peer support network
- As someone who has been recruited into thrive, I would like to know more about the workforce in the welcome team and how we ensure we meet service expectations and more details on interventions
- Details of partners and specific design of welcome teams
- Sources of evidence/data on what works and best practice in supporting people with complex mental health in their tenancies and other types of accommodation
- How will the lifespan approach work?
- Festivals/exhibitions/theatres are all great but what services will be available and funded to help people access what they want or need, particularly when people want to learn more about what they are experiencing and how to manage this
- How will this all work?

- How will power be shared in the situations explicitly discussed to promote real cultural change in Thrive Edinburgh to promote better, more holistic mental health services?
- To be part of the conversation and share knowledge on best practice to other Edinburgh citizens
- CRISP project – how we can fill the gap between ‘treatment’ through to building relationships to structured activity to employment or sustained social engagement
- How the idea of the recent NES psychological trauma framework training interacts with the ongoing thrive work and the concepts of trauma informed workforces. How are people with living experience involved in developments of this?
- Thrive New York perceptions from those living in NYC
- Learning from research and Strathclyde
- Thrive journeys
- The strange town groups and events
- Other areas/groups that might want to learn about collective advocacy and come together in groups to use their experience to bring about change
- If there is opportunity to use my skills as a psychotherapist and coach to help others, to be able to use the skills I have such as hypnotherapy, NLP, IEMT that are not used within the NHS at present
- The mechanics of how agencies will be involved and included. How the voluntary sector can be more involved in decision making
- As an NHS employee, I contribute to the patient records alongside many other roles. Communication via these records gives the patient opportunity to be seen and heard by their team from multiple perspectives which I believe to be hugely valuable from both patients and staff. So I want to know more about Thrive’s plan for channels of communication between individuals and organisations.

12.4 Is there anybody or organisation you really want to connect with now?

- Other organisations in North East Edinburgh supporting both adult and youth mental health
- Thrive New York
- To connect with people/agencies/organisations, which in terms of prevention, also value early years interventions and provide the same level of support to both children and carers?
- Health in mind but that date is already set for a conversation
- Other people and professions that have been recruited into Thrive
- Still at the stage of getting to know people and organisations, I’m sure I’ll get to know more as I progress in my role
- Work with people who network with charities
- Edinburgh peer collaborative
- Bridie Ashrowan regarding making a wellbeing space

- Thrive welcome team – Wendy Bates & Michele Mason
- CAPS Lothian voices project are keen to make people's voices louder. In changing strategic planning landscapes the group want to know what it's really like for them engaging in services in large public media campaigns
- Dr Linda Irvine Fitzpatrick
- Thrive London
- Mieli – Finnish Mental health
- Work on citizen centred data sharing
- Empower people on thrive journeys
- Everyone that I was not able to talk to at the conference
- Those that offer support to uniformed services, something I would like to get involved in
- I would like to connect with all agencies who compliment the services which our agency provides and in particular agencies who can offer ongoing support to our young people after the age of 25
- Very interested in hearing about the Prospect model, look forward to finding out more

12.5 What would you like the first 100 days of action to focus on?

- The mental health impact on those in a caring role
- Love, acts of love as seeds of a new story
- Work that happens away from the centre
- How the private sector can step up – needs to be balanced so that not too much lands on Edinburgh. Private Sector support of communities
- As part of prevention, I would like thrive Edinburgh to focus on babies and young children's learning and development of emotions can be supported that they will get the best possible start in this confusing world of relationships and own feelings
- Tackling the idea that equality is the best therapy
- Providing events that allow people on low incomes to access treatments/therapies/activities that support their wellbeing. I am hosting such an event at The Ripple on 22nd February; I will now hopefully be able to record it as a 100 days of action event
- Planning interventions and defining roles
- Defining how data will be captured , how will treatment outcomes be measured
- Skills and knowledge of thrive welcome teams – building links with community resources
- Talking chairs, lights on sign up, and getting mainstream services and their neighbours on board
- Child poverty and the impact on mental health and wellbeing
- Tackling social isolation and loneliness in the city
- Are we doing enough for both young and adult carers?

- Using theatre and music to engage student and young people on mental health issues
- Work on stigma and mental health
- Getting people together to view art, or discuss life, drink tea or coffee
- To talk about ad campaigns throughout the city – make mental health a conversation everywhere
- To make sure that LGBTQ+ people that when they are in care homes that there is proper training so that they don't have to hide who they are
- Promoting green spaces
- Inter-generational social groups
- Employment opportunities for the neuro-diverse
- Poverty and tackling inequalities, as well as, reducing the effort, friction, risks and barriers for people
- Healthy relationships in all spheres of life, in particular public life
- Core values: communicating, practice, knowledge
- Gathering info/having conversations about what matters to you?
- Pairing up with another organisation/sector and meeting people across the team
- Young children's events in primary schools, believe that the game changer is when mental health can be discussed everyday in the same way as physical health
- Something that is close to my heart, without a doubt front line support. I know GPs can refer to any therapist that is accredited but that is rarely the case. I believe available resources must be reviewed
- Prevention and early intervention, young people, social prescribing and a broader view of what can help improve mental health, trauma-informed work
- Communication – how we can do it well, to support everyone's mental health

12.6 Anything else you want to add

- Through story we can create a narrative together – acts that bring people together in traditional Ceilidh style
- Happy to see this project starting in Edinburgh and can't wait for its outcomes.
- Are there plans for thrive Edinburgh and associated resources to be put online for improved access to information?
- A great conference, well led and with a varied but related set of presenters. Held my attention all day... on a Friday!
- Noticed that there was a bit of a disconnect between researchers/policy makers and community groups during the morning
- Thank you, you are making a difference
- I would like to be or feel more involved in the partnership
- Thank you for all the work you are putting into this, I am very interested in seeing how things unfold

Thank You

On behalf of Thrive Edinburgh the Lord Provost thanked everyone for attending and contributing to the discussions throughout the day, including the presenters who were thanked for their work in preparing and delivering the presentations. He went on to advise that all of the information gleaned from the event would be compiled into a report and disseminated to attendees.

The Lord Provost thanked Linda Irvine Fitzpatrick, Prappy Campbell, Cat Young and Emma Gall for their roles in organising the event.

20 December 2019

Thrive Edinburgh Team

Dr Linda Irvine Fitzpatrick

Prappy Campbell

Cat Young

Emma Gall