

ISSUE 8 JULY 2019

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EDINBURGH



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by Frank Ross, The Rt. Hon Lord Provost of the City of Edinburgh

People living in cities around the world care about their mental health and that of their fellow residents; they also know that urbanisation - living amongst masses of people with its related stressors and burdens - can often be toxic to mental health and well-being. As the process of urbanisation accelerates around the world, the sheer scale of the mental health challenge cities face is ever more daunting.

The *Thrive Collaboration* offers a fresh and exciting public health approach to urban mental health, built on explicit principles for action that guide, anchor, and align work along the wide breadth of its vision. Aligning with the priorities of the *Community Plan, Edinburgh Poverty Commission*, and the aspirations of the *Regional Deal* and *City Vision 2050, Thrive Edinburgh* offers an opportunity for the Capital City to not only reduce the toll of mental illness, but also promote and protect the citizens of Edinburgh's mental health, resilience, self-esteem, family strength, and joy.

I am delighted to lead this initiative and look forward to working with you all to make Edinburgh a city in which we all thrive.

Thriving in the City

by Dr Linda Irvine Fitzpartick

For so long, our city has not done enough to support the emotional wellbeing of its residents.

Too many Edinburgh citizens have not gotten the help they needed for any number of reasons. Perhaps they were afraid to reveal their pain, the help they needed was hard to access, they couldn't find someone who understood their culture, and they didn't think it would help, or they simply didn't know what was happening to them.



We have made it our goal to promote mental health and protect our citizens' resiliency, self-esteem, family strength and joy and reduce the toll of mental illness on individuals, our communities and our city.

Thriving in the City

Continued from page 1

Clearly, mental illness isn't just disrupting the lives of individuals – it is exacting a social, financial, and emotional cost on our city. We need to think big and think differently. We should have big ambitions and long-term strategic aims when it comes to mental health. We have made it our goal to promote mental health and protect our citizens' resiliency, self-esteem, family strength and joy and reduce the toll of mental illness on individuals, our communities and our city.

By themselves, mental health professionals cannot stem the tide of one of our societies most difficult and pervasive health challenges. To achieve lasting success, we must treat not only the individual, but also the conditions in our society that threaten mental health.

Getting to where we need to go requires a broad campaign that engages every sector of society. Public health strategies take time to learn what will lead to population-level improvements. In the same way we have public health responses to smoking so we must for mental health.

A public health solution must include all the following elements:

- prevention of illness
- promotion of mental health
- early detection of problems
- treatment

At the most basic level, this new commitment is about thinking big and thinking differently.

Edinburgh, with a long history of service user activism, robust partnerships and a vibrant and dynamic third sector is well placed to provide effective leadership with multiple stakeholders driving the transformational change required to produce inclusive, equitable, community solutions to urban challenges. It's commitments to the Community Plan, Regional City Deal, the Poverty Commission and the pioneering work of the 2050 City Vision have clearly recognised the value of citywide planning with citizens, academia, the public sector, the third sector arts and culture and the business community.



...mental health
is everybody's
business. Citizens
of Edinburgh are
engaged in an open
conversation about
mental health.

Thriving in the City

Continued from page 2

Setting out our vision and strategic intent over a ten year period for how Edinburgh's mental health and wellbeing of all its citizens can thrive, will greatly assist with the development of strategic commissioning plans and the interface of health and social care with other city partnerships and plans.

Thrive Edinburgh has 4 guiding principles:

Change the Conversation.
Change the Culture - mental health is everybody's business.
Citizens of Edinburgh are engaged in an open conversation about mental health. It's infused into our society's core functions including housing, education, culture, health and justice, and when people need help or support there is 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, including our 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 respect and love through active coproduction.

Act early - focus on how we capitalise on our opportunities to build resilience and protective factors at all life stages in a range of settings.

Thrive Edinburgh has 4 objectives:

Identify and address root causes

- threats to mental health include lots of things that we can act on – from enhancing early developmental experience, resilience, and ongoing social supports to addressing issues such as stigma, discrimination, poverty, inadequate housing, social isolation, violence and economic instability.

Focus on those who are at highest

risk – groups of people who are at higher risk of illness face greater threats to their mental health and would benefit from early intervention or prevention.

Provide treatment that is easy to access and makes difference

- high quality evidence based services in places where people can easily access them.

Building resilience and enhancing support for people to live well and meet their potential - enhance the social, mental and emotional wellbeing of the city.





In order to achieve our ambitious goals and create long-term systems change, we are undertaking an unprecedented effort to bring the Council, NHS, City agencies, community partners, and other branches of government together in pursuit of our shared objectives.

Thriving in the City

Continued from page 3

Thrive Edinburgh will include a number of new initiatives and events which will provide robust infrastructure and partnership support. Plans for two of the city's key partnerships – Health and Social Care and the Children's Partnership are being developed. Each of these commissioning plans has 6 workstreams underpinned by the guiding principles and objectives, informed by the Thrive Edinburgh vision.

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

In the second half of 2019 with the support of the Rt Hon Lord Provost we will take forward three acts of mobilisation:

Establish Thrive Edinburgh's
Assembly - coordinatating an
unprecedented effort to support
the mental health of all Edinburgh
citizens

Every day city agencies work with stakeholders from the public, private, and non-profit sectors on policies with the potential to improve the lives of communities throughout our four localities.

The City already devotes a significant amount of resources to mental health efforts, but the sum of these efforts is not yet greater than the whole, and that is because they are not yet aligned around a single shared strategy. In order to achieve our ambitious goals and create long-term systems change, we are undertaking an unprecedented effort to bring the Council, NHS, City agencies, community partners, and other branches of government together in pursuit of our shared objectives. Thrive Edinburgh's Assembly will comprise of more than 20 City agencies from every sector of government, including health, employment, law enforcement, education, youth development, employment relations, academia and culture. The Assembly will serve as a key vehicle for managing mental health initiatives, policy-making, and problem-solving. It will also ensure that the City is effectively implementing these initiatives, especially those that involve multiple agencies, by tracking their progress and engaging in collaborative problem solving. The Assembly will be chaired by the Lord Provost ensuring that mental health remains

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at the forefront of City policy.



The Lord Provost will host the first Thrive Edinburgh Conference for Mental Health on 29 November 2019 with our partners the Mental Health Foundation, the UK's largest mental health charity.

Thriving in the City

Continued from page 4

It's time for Edinburgh Citizens to have an open conversation about mental health

A culture of stigma currently inhibits many people from seeking help. In addition to closing treatment gaps, we must take the lead on reframing the way people think and talk about mental health. We must also provide our Edinburgh citizens with clear and useful information on how to access services. The City will launch a culturally competent public awareness campaign built around two overarching objectives:

- Reshaping the conversation around mental health, focusing on mental health promotion and early intervention focusing at a community level, partnering with experts, community groups, cultural groups, health service providers, and elected officials in high-need neighbourhoods to amplify our messages.
- Helping Edinburgh citizens to understand how to access services if they or someone they know are experiencing mental health issues.

This will help to engage every sector of the city in a conversation that reduces stigma and directs people to help, provides a broad array of Edinburgh Citizens with information and training and creates public messaging to promote ways people can support their own mental health or the health of those they care.

Host the first *Thrive Edinburgh* Conference

We are committed to inspiring others to take a public health approach to mental health. In September 2015, the United Nations hosted a meeting of heads of state from around the world that endorsed a new global blueprint for social and economic policy called the Sustainable Development Goals (SDGs). The blueprint named mental health as a goal of international development for the very first time. Building on this effort, the Lord Provost will host the first Thrive Edinburgh Conference for Mental Health on 29 November 2019 with our partners the *Mental* Health Foundation, the UK's largest mental health charity. The Conference will bring cities together to share new ideas and promising mental health initiatives, including our own.





BIPOLAR. LET'S TALK ABOUT IT.



Bipolar is 'a mental health condition that affects your moods, which can swing from one extreme to another' according to the NHS.

by David

Hello, my name is David and I live with a mental health condition called bipolar. I'd like to tell you a little bit about bipolar, how it affects me and why I belong to a peer support group. You may have come across the term bipolar (or manic-depression as it used to be called) in the media. Public figures like Stephen Fry and Mariah Carey have spoken about bipolar.

Bipolar is 'a mental health condition that affects your moods, which can swing from one extreme to another' according to the NHS. During periods of depression people may feel miserable, tired, hopeless, anxious, don't enjoy hobbies anymore, find it difficult to concentrate and sleep nearly all day. Bipolar depression is more than having a bad day; depressed people may spend several months in hospital or in extreme circumstances, attempt suicide. The flip side of depression is (hypo)mania when people may feel euphoric, energetic, sleep very few hours, lose their inhibitions, become paranoid, make poor decisions, spend money excessively and lose touch with reality for extended periods of time. Please speak to a mental health professional if you'd like more

information about bipolar.

Before an individual receives a diagnosis of bipolar they will have experienced a period of elevated mood. These (hypo)manic episodes can seriously affect people's physical and emotional health, possibly landing them in hospital. People's relationships with their family and friends often become strained during episodes of depression or mania. Unwell people can say hurtful things that can't be taken back easily. It's not uncommon for patients who've lost insight to resent being put in hospital by a family member or friend, potentially leading to relational breakdown. However, this is certainly not always the case and many relationships flourish as recovery begins to take hold.

When I was given my diagnosis, the psychiatrist told me to take medication to reduce the frequency and severity of mood swings. The medication does keep me stable for longer periods of time which is greatly valued. However, the tablets didn't really help me come to terms with being diagnosed with a serious, lifelong and stigmatising condition.



The Lothian Bipolar **Self-help Group has** been a real lifesaver for me; I've learned so much about selfmanagement and what it's like to live with bipolar. **Discovering that** other people had been through similar life experiences and that I could achieve a reasonable quality of life with bipolar was huge for me.

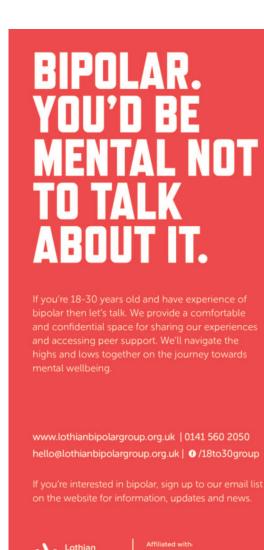
Bipolar. Let's Talk About It.

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I also needed help from people to deal with the trouble I'd caused during my hypomanic episodes, to repair broken relationships and to work through the huge sense of shame I felt. Counselling and other talking therapies helped me to process traumatic past events and I started attending a recovery-focussed, peer support group.

The Lothian Bipolar Self-help Group

has been a real lifesaver for me: I've learned so much about selfmanagement and what it's like to live with bipolar. Discovering that other people had been through similar life experiences and that I could achieve a reasonable quality of life with bipolar was huge for me. I've also been able to give something back to the group by sharing my own experiences as a peer. There's something special about belonging to a community of people who support each other in both the good times and the notso-good times. All of the group's facilitators live with bipolar, so they understand many of the challenges group members face. More than 2,500 people have benefited from attending group meetings and social events since 2010. There are similar bipolar self-help groups in every NHS Board region of Scotland, supported by Bipolar Scotland.









The group has helped me to understand the condition much better, to know that long periods of good mental health are possible with it, and to meet other people with similar experiences.



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Marcus attends our 18-30 Group, established specifically to support young adults living with bipolar and their carers. Marcus has written about his experiences below.

Before I went along to the 18-30 group, I only knew one other person with bipolar disorder, and I had received a diagnosis a couple of years before.

Although, the stigma around mental health is definitely decreasing, coming to terms with a diagnosis, knowing how to talk about bipolar, and trying to prevent the disruption of future episodes, still comes with its challenges. I think facing a mental health problem can be particularly bewildering when you're young and haven't got so much experience of previous episodes and recoveries to look back on. The group has helped me to understand the condition much better, to know that long periods of good mental health are possible with it, and to meet other people with similar experiences.

We've covered all sorts of topics from smartphone apps to how bipolar is portrayed, good sleep hygiene, addiction, employment rights, and much more. I've even had the opportunity to facilitate a couple of sessions of my own, bringing along some notes and questions for us to mull over. While it might seem like a big step to come along to a group like ours, it's a very supportive, relaxed environment – we have a hot drink and a chat each month, and there are other social events, such as our Christmas meal out, and some semi-competitive ping pong. I've made some real friends at the group and I feel we all look out for each other. Overall, the group is something I look forward to each month and unique in its focus on young people with bipolar and our distinct challenges. I'm very lucky not to have had a serious episode for over three years and the 18-30 group has been a big part in that, giving me tools to stay well and helping me to feel optimistic about the future.

All adults affected by bipolar, including partners, friends and family are welcome to attend 'main group' meetings on the first Thursday of each month. Young adults between the ages of 18 and 30 are also welcome to attend 18-30 Group gatherings on the last Monday of each month (apart from December). You can find more information about the group and its events on our website.

Lothian Bipolar Self-help Group's website:

https://lothianbipolargroup.org.uk

Main Adult Group's email:

info@lothianbipolargroup.org.uk

18-30 Group's email:

hello@lothianbipolargroup.org.uk





The Prospect Model

by Dr Patrica Graham, Dr Linda Fitzpatrick, Dr Debra Bowyer

The Prospect Model (Graham and Irvine 2016) is a matched care model for the provision of the evidence-based 'Interpersonal Psychotherapy' (IPT) for people with differing profiles (symptoms, characteristics and level of need) delivered across a range of settings. IPT is a pragmatic, brief, focused intervention that aims to improve wellbeing and reduce symptoms by improving relationships.

The model supports recent policy developments in Scotland:

"A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections" (December, 2018); The Scottish Government's Mental Health Strategy 2017-27; 'A blue print for Scottish General Practice: A strategy for a safe, secure and strong general practice in Scotland' (2015).

The Prospect Model elements: Low level interventions which are protocol driven interventions aimed at distress; higher intensity interventions which are short-term standardised psychological therapies aimed at more severe lasting illness; and highly specialised interventions which are individually tailored interventions aimed at highly complex/enduring illness.

Progress to date includes the development and adaptations of manualised training and delivery:

- Comprehensive IPT-L and IPC training programme with a specific focus on why work can be good for us - Scottish Parliament workforce.
- IPT (16 sessions) Major Depressive Disorder **9** staff trained to deliver IPT to a Veteran population.
- IPT-Brief (IPT-B: 8 sessions) Major Depressive Disorder in *Primary Care*.
- Interpersonal Counselling (**IPC**: 6 sessions) face to face and telephone for distress **83** staff trained.
- Telephone Interpersonal Counselling (t-IPC: 6 sessions) staff trained in delivering IPC via the telephone only **6** NHS 24 staff trained).





NHS Lothian and NHS Greater Glasgow and Clyde Analyses to date show a significant reduction in core distress and depressive symptoms after 4 sessions of IPT Acute Crisis and readmission rates are reduced and engagement with treatment is high.

The Prospect Model

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- IPT Acute Crisis: (IPT-AC: 4 sessions) 57 staff trained, NHS Lothian and NHS Greater Glasgow and Clyde Analyses to date show a significant reduction in core distress and depressive symptoms after 4 sessions of IPT Acute Crisis and readmission rates are reduced and engagement with treatment is high.
- **IPT:** Low Level Offending (**IPT LLO:** 12 sessions) for women with depression in contact with criminal justice system.
- **IPT General Practice (IPT GP)** 7 GPs trained. A 10 minute IPT informed GP consultation.
- **IPT Formulation (IPT-F)** a 20 minute IPT Clinical Psychology formulation consultation in Primary Care.
- **Interpersonal Learning: (IPT-L)** a 3 hour workshop for frontline staff **159** staff trained.
- **IPT Judicial: (IPT-JS)** Intensive one day intervention for acute distress which halts court proceedings **6** senior staff deliver this intervention.
- **(M)IPT AC BPD:** Acute Crisis in those with borderline personality disorder 2 mental health nurses testing this adaptation.
- **Perinatal Informed IPT: (IPT-PI)** Development work on a brief intervention (2-3 sessions) that facilitates social support during the ante and postnatal period.

All the adaptations are derived from IPT

(Weissman, M M Markowitz, J and Klerman, G, (2018). *The Guide to Interpersonal Psychotherapy of Depression.* Oxford University Press) and are supported by a number of national and international clinical and academic collaborators.





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COMMUNITY

Interpersonal Learning

Awareness Raising about attachment and importance about relationships

Interpersonal Counselling

Face to face Telephone Computer

Peer led Interpersonal approach

SETTINGS

Primary Care

Interpersonal Psychotherapy General Practice

Interpersonal Psychotherapy Formulation

Workplace Settings

IPT -L, IPC and Why Good Work is important

Justice System

Community -Interpersonal Psychotherapy Low Level Offending

Custodial Group Interpersonal
Psychotherapy

Courts -Interpersonal Psychotherapy Judicial System

A&E

Interpersonal Psychotherapy Acute Crisis

SPECIFIC POPULATIONS

Borderline Personality Disorder

Interpersonal Psychotherapy Borderline Personality Disorder

Mentalizing
Interpersonal
Psychotherapy
Acute Crisis
Borderline Personality
Disorder

Early years

Interpersonal Psychotherapy Perinatal

Veterans

Interpersonal Psychotherapy

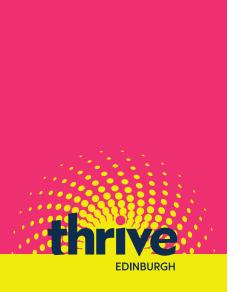
Interpersonal Counselling

People with eating disorders

Interpersonal Psychotherapy for Eating Disorders



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Let's Get Physical to Protect Our Mental Wellbeing

by Helen Macfarlane, Head of Active Communities

Edinburgh Leisure has launched a new film focusing on the benefits of getting active to improve your mental health and wellbeing.

Produced by Edinburgh based *Heehaw*, a film, video and animation company, the film shares 'real-life' stories where people's mental health issues have been improved through physical activity.

It is estimated that **one in four** people will experience a mental health issue each year. We all have mental health, just as we all have physical health – it's equally important to know how to look after it, and how to ask for help if we need it.

Please watch and share our short film. I hope it encourages more people, who may find themselves in similar situations as the people in the film, to seek out physical activity to protect and improve their mental health.

To watch our short film click here: https://vimeo.com/342684162

The Power of Physical Activity

Physical activity has been proven to decrease stress hormones, like cortisol, along with increasing endorphins, the body's natural feel good chemicals. When endorphins are released through physical activity, they help to naturally boost your mood. As well as endorphins, physical activity helps release adrenaline, serotonin, and dopamine – all of which combine to make you feel naturally good.

Help us help more people

Please watch and share our film, so more people know about the positive impact physical activity has on mental wellbeing.

As the biggest physical activity and sports provider in the city, *Edinburgh Leisure*, an independent charity, is dedicated to creating opportunities to help everyone lead more active, healthy lives. With over 30 venues across the city, we offer a range of activities suitable for all ages and stages.

Our Active Communities Programmes

deliver a range of projects that offer additional help and support to people who face the greatest barriers to getting active, including those affected by health conditions, disabilities, inequalities and poverty.

One of our projects, *Healthy Active Minds*, uses physical activity to help people living with mild to moderate depression, stress, anxiety or low mood to improve their mental wellbeing. The project welcomes referrals from GP's and mental health professionals. Our specialist team offer personalised motivational support to help people find the right activities for them and enable them to make lifestyle changes to improve their mental wellbeing.

For more information on our projects, contact the team:

active@edinburghleisure.co.uk

www.edinburghleisure.co.uk/ mental-wellbeing





We worked collaboratively with people with lived experience, the RIE Emergency Department (A&E) and the Navigator Project to develop the Emergency Card that allows people to state their needs and wishes in writing.

A&E | All & Equal - Emergency Card

Original AdvoCard article by Becky Leach; edited for Thrive by Patricia Rodger

AdvoCard Collective Advocacy have recently launched an Emergency Card following a peer research project called A&E | All & Equal, in which we heard from people with lived experience of mental health issues about their experiences of attending Emergency Departments in Lothian.

The project identified that people sometimes find it difficult to communicate their needs and wishes to staff in an Emergency Department when in distress or feeling anxious.

We worked collaboratively with people with lived experience, the *RIE Emergency Department (A&E)* and the *Navigator Project* to develop the *Emergency Card* that allows people to state their needs and wishes in writing. If they need to attend an *Emergency Department*, this will enable nurses, doctors and other staff to take those into account in the care and treatment they provide.

There is space for the person to write three things that they want staff to know and three things that matter about their care. It can be filled in by the individual or with help from somebody else. It folds to credit card size so that it can fit in a wallet and be there if someone needs to use it.

Although the *Emergency Card* was created for people with lived experience of mental health issues, it doesn't say anything about mental health on it and it is not necessary for anyone to write anything about their mental health on it - and anyone can use an *Emergency Card*.

There are also written guidelines available that give some ideas for things to include on an *Emergency Card.*

If you would like an Emergency Card, a copy of the guidance or have any questions, please contact Becky:

becky@advocard.org.uk

0131 554 5307

AdvoCard 332 Leith Walk Edinburgh, EH6 5BR



Dates for your diary...



Razzmatazz SAMH Redhall Walled Garden

Saturday 20th July 2019 12 noon – 5pm Entry by donation

Live music, historic garden, plant sales, childrens activities, free hand /arm massagees (Jo Malone), food, cream teas and more.

97 Lanark Road Edinburgh EH14 2LZ

Tel. 0131 443 0946
Disabled parking on site.
Limited parking on
Lanark Road.

LUMO

With three well-received albums and a growing fanbase, rapper Lumo was going places.

Tht's what his friends and family thought.

But after a lads' night playing video games, he left his bed in the middle of the night, ordered a taxi and got out of it on a Glasgow bridge.

Just a few months after he had helped a mental health charity with a campaign about depression, he ended his life. His loved ones waited, and hoped, going to the river every day.

But five days later, the body of Calum "Lumo" Barnes was recovered from the Clyde. The media reported that a "brother in rhyme" of the Glasgow hip hop scene was dead, aged 21.

The death of the rapper described by his peers as "a breath of fresh air" shocked the hip hop community, devastating his family and leaving the question why?

And then they found his video diaries.

After Calum's death in September 2017, his family discovered a video camera among his belongings. He had recorded a series of vlogs nobody had ever seen. They knew Calum had a camera but had thought he was using it for music projects.

At this point filmmaker Hannah Currie had read about Calum's death and approached the family. She thought his experience - and the fact he had even written poetry for a mental health charity - might help others.

The family felt unable to watch Calum's recordings. Instead, they gave Hannah the camera...

We welcome your contribution

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