Realising Potential: our own and others

Report from the National Allied Health Professional Mental Health Clinical Leads' Group on implementation of the Action Plan, 2010–2011

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Introduction

Realising Potential,[1] the action plan for allied health professionals (AHPs) in mental health, was launched in June 2010, bringing together for the first time the work of AHPs in mental health in partnership with service users and carers, professional organisations and NHS boards.

It takes its place amidst a raft of policy and legislative initiatives seeking to improve support for people with mental health problems in Scotland, including the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Equalities Act 2010, *Scotland's National Dementia Strategy*[2] and *Rights, Relationships and Recovery*,[3] the review and action plan for mental health nursing in Scotland. It also strongly reflects the central tenet of the *Healthcare Quality Strategy for NHSScotland*,[4] which is to provide care that is safe, effective and person-centred.

This policy drive continues to develop in Scotland, and a national consultation on the mental health strategy 2011–2015 and the development of a national AHP delivery plan have now commenced.

The three-year *Realising Potential* action plan provides a blueprint for maximising the AHP contribution to supporting people with mental health problems of all ages, both within mental health services and in mainstream settings, and acknowledges the **contribution of all AHPs to improving mental health and well-being regardless of the service setting**. It provides strategic direction for AHPs in mental health and is designed to promote their contribution to the modernisation of mental health services in Scotland.

The action plan's primary aims are to:

- enhance timely access to AHP services for service users and carers
- explore and develop the concept of supported self-management for service users and carers
- promote recovery and strengths-based approaches
- develop partnerships with service users and carers, other disciplines and agencies
- provide leadership for change
- develop the evidence base for practice
- promote mental health and well-being among the population.

Realising Potential doesn't ask AHPs to do *extra*. It asks AHPs to do *differently*. It is about focusing the diverse talents and competencies of the allied health professions on the needs of people with mental health problems and their carers. It is about harnessing AHPs' creativity and energy and focusing them on meeting individual needs across the spectrum of service delivery, from facilitating early access to services, to supporting self-management, to providing specific

1 Access at: www.scotland.gov.uk/Publications/2010/06/15133341/0
2 Access at: www.scotland.gov.uk/Resource/Doc/324377/0104420.pdf
3 Access at: www.scotland.gov.uk/Publications/2006/04/18164814/0
4 Access at: www.scotland.gov.uk/Publications/2010/05/10102307/0

interventions such as psychological therapies and vocational rehabilitation. In essence, it attempts to understand the entire journey a person and his or her carers make through mental health services and to identify at which points AHPs can make the most meaningful contributions not only to alleviate symptoms and distress, but also to promote well-being and mental health improvement for individuals. Examples of how AHPs are achieving these aspirations can be found in the DVD produced by Mindzmatter (www.mindzmatter.org.uk) that accompanies *Realising Potential*.[5]

Central to the impact *Realising Potential* will have is leadership. Each territorial NHS board now has a defined AHP mental health clinical lead in place to provide coordination and direction to the AHP contribution to mental health services. But leaders are now emerging throughout the AHP ranks; these are individuals with the vision and determination to ensure that people accessing their services receive the very best.

It's important to remember that we are just half-way through the action plan, and there are still 18 months to go. But we are seeing progress, some of it significant, and it is this progress that we have attempted to showcase here. As the following pages of this report from the National AHP Mental Health Clinical Leads' Group (see Annex 1) show, the first year of the *Realising Potential* action plan delivered results, and we are seeing those results sustained as we move through year two. AHPs in mental health are working in challenging environments, particularly at a time of significant financial pressures for NHS boards, and individual boards are taking differing approaches to supporting the delivery of the action plan. But *Realising Potential* is proving sufficiently flexible to be incorporated within local redesign programmes: the action plan reflects the diversity and flexibility of AHPs, who bring an enormous range of skills, experience and perspectives to providing ongoing support for people with mental health problems and their carers.

We focus on five specific areas of activity in this report:

- early intervention and timely access for service users and carers
- supported self-management and recovery
- designing and delivering psychological interventions in mental health
- integrating vocational rehabilitation
- support for change – making it happen.

5 You can access the DVD materials at: www.scotland.gov.uk/Publications/2010/06/15133341/0

Each is briefly considered, with some examples from practice of how AHPs are addressing the challenges posed by the action plan in these areas and delivering benefits for service users and carers. We close by exploring where we go next as *Realising Potential* approaches its third year.

One of the most encouraging elements to arise from this exploration of *Realising Potential's* initial progress is the realisation that good practice developed in one area is now being replicated in others, supported by the efforts of the clinical leads' group. For all the examples from individual NHS boards we show in this report, there will be similar examples in boards all over Scotland.

It is early days, and significant challenges confront the delivery of the entire *Realising Potential* action plan, but much has already been achieved through strong and committed leadership, partnership working with nursing colleagues and stakeholder organisations such as Alzheimer Scotland and Support in Mind, and the enthusiasm of AHPs to take advantage of the opportunities *Realising Potential* brings to improve services. Their achievements give us a solid foundation for optimism about what years two and three will hold.

Elaine Hunter
AHP Adviser in Mental Health, Scottish Government

Early intervention and timely access for service users and carers

Experience across a range of health settings suggests that for some people, early access to services results in better outcomes. Developing systems to ensure timely access to AHPs for service users and carers will contribute to the prevention of hospital admissions, reduce length of stay and ease transitions from hospital care to the community, probably resulting in outcomes that are clinically and cost effective. AHP services therefore need to be reconfigured to provide interventions in different locations and at different times.

Realising Potential made two recommendations on promoting early access: encouraging full engagement of AHPs in facilitating early access and promoting collaborative cross-sectoral working to ensure the provision of integrated services and smooth transitions for service users and carers.

Much good practice in this area existed before *Realising Potential* was published and further good practice examples are now emerging from NHS boards. It is too early to expect all services to have adopted this approach, but the good practice examples that do exist provide pointers for other services on how early access can be provided. These examples include:

- an occupational therapy assessment clinic in NHS Fife that is enabling earlier cognitive and functional assessments for older people
- an integrated service involving NHS Shetland and Shetland Islands Council through which clients are able to self-refer, enabling swift and appropriate assessment of need
- an early intervention service and integrated group programme in NHS Greater Glasgow and Clyde for people aged 16 to 35 who have early psychosis
- the development of new models of partnership working with colleagues in the fire service in NHS Tayside
- early access through self referral to an evidence-based service provided through an individual placement and support (IPS) model in NHS Lothian
- partnership working in NHS Lanarkshire that is building on social prescribing to enhance social capacity of localities to pilot a community clinical model supporting early intervention and self-management
- job clubs in Dumfries and Galloway facilitated by mental health occupational therapists and vocational support workers from Support in Mind in which participants are offered individually tailored support to maximise their potential to move into and sustain mainstream employment or volunteer worker roles; the model is now being rolled out across the region.

Some indicators of elements that support early access approaches are also beginning to emerge. Integration of AHPs within specialist teams, such as those who provide services to

people with dementia and their carers, and the capacity to provide autonomous AHP services are typical of the kinds of circumstances which, when in place, can facilitate early access for service users and carers.

But there is not a sense yet of a consistent national approach to engaging AHPs in facilitating early access to services. It seems probable, therefore, that a "national model" of how to facilitate early access is unlikely to develop. Instead, local needs, local circumstances, local ways of working and local motivation will most likely be the greatest drivers for creating innovative local approaches to enabling service users and carers to fast-track access to services and reap the consequent benefits. *Realising Potential*, which sets out to provide national support for local implementation, offers AHPs and AHP directors an opportunity to develop such approaches within their own NHS boards.

Supported self-management and recovery

Supported self-management is where:

> *"... the person and all appropriate individuals and services [are] working together to support him or her to deal with the very real implications of living their life with one or more long term condition ... [it is] a person-centred approach in which the individual is empowered and has ownership over the management of their life and conditions."*[6]

Successful supported self-management relies on people having access to the right information, education, support and services. It depends on a person-centred, empowering approach in which the individual is the leading partner in managing his or her own life and condition(s).

The term "supported self-management" is essentially new to many AHPs in mental health – early explorations following the launch of *Realising Potential* found that many were not familiar with the term – but the concepts underpinning it are not.

Supported self-management is embedded in approaches that are integral to how AHPs in mental health deliver services, particularly in relation to promoting health behaviour change. It consists of a range of approaches that support health-promoting behaviours, such as providing appropriate information, maintaining social connections, maximising employment and/or education opportunities and making connections between physical, emotional, spiritual, social and economic well-being. This means respecting the lived experience, working with individual preferences and balancing risks so that the service user remains integrated within the community, is socially included and has a repertoire of knowledge and skills to self-manage his or her condition(s) and live well.

Consequently, there is already a strong tradition of activity in this area among AHPs in mental health, even though they may have referred to it as something else!

Realising Potential is now trying to streamline, hone and focus this activity to ensure the development of common understandings and common language among AHPs, with a common evidence base to support practice. Over time, it is anticipated that this will actually build the evidence base for supported self-management approaches.

The Scottish Government is committed to the implementation of a supported self-management approach by AHPs in mental health and has supported self-management masterclasses with AHPs from a range of disciplines who work in dementia.[7] The particular focus in supported self-management since the launch of *Realising Potential* has been on dementia care, building on the substantial evidence base in this area to develop "training for trainers" workshops for AHPs. A cohort of trainers has been prepared: they are now returning to their NHS boards to support others to adopt and deliver best evidence-based practice. In addition, a consultant AHP in dementia care with a national remit for supported self-management has been appointed to support boards as they move forward.

Realising Potential made specific reference to how the AHP community has embraced the principles of recovery, with AHPs working with colleagues and agencies to develop recovery services and creatively implement recovery principles, and a recommendation to ensure recovery approaches feature in all AHP practice in NHSScotland is included in the action plan.

6 Long Term Conditions Alliance Scotland and the Scottish Government (2008) *Gaun Yersel, The self-management strategy for long term conditions in Scotland*. Edinburgh: LTCAS/Scottish Government (access at: www.scotland.gov.uk/Publications/2008/10/GaunYersel).

7 Access at: www.video3uk.com/dementiaselfmanagement (Login: nesdsmguest@video3.co.uk Password: welcome)

Some examples of initiatives across the five key areas of supported self-management set out in *Realising Potential* are presented below. The associated recommendation from the action plan is flagged up for each area – the initiatives have not been developed specifically as a consequence of the *Realising Potential* recommendations but are being influenced and supported by them.

1. Recovery
Recommendation 3

Facilitating supported self-management for people with mental health problems through use of a self-management tool

An occupational therapist in Inverness is working with the Scottish Recovery Network (SRN) to roll out a self-management tool for people with mental health problems. The tool – Wellness Recovery Action Planning (WRAP) – is described as a structured plan developed by an individual to help them work through mental health challenges or life issues.

The occupational therapist is one of three Highlands-based facilitators who can run WRAP workshops, which aim to support group members to create their own plan to empower them to take control of their health. Group members typically attend two-hourly workshops weekly over a six-week period, during which they not only grasp the WRAP concepts, but can also gel as a group. They are encouraged to share their own personal experience relating to each of the sections of WRAP, completing their plan as they progress. A session is held two months after the workshop programme completes to review progress.

Early indications from evaluations by group members suggest a reduction in the use of services following completion of the programme and an increase in their sense of empowerment in relation to their health.

2. Physical activity Recommendation 4

Facilitating supported self-management for people with mental health problems through physical activity

"Pedal 4th" and "Move 4th" provide a pathway through which people living in the NHS Forth Valley area who have a diagnosed mental health problem can experience health gains through physical activity. The programmes aim to provide support for individuals to the point where they have the confidence to independently access physical activity opportunities in their own communities. They are taken forward in a partnership involving physiotherapists and other health staff from NHS Forth Valley, Cycling Scotland (who have supplied grants of almost £10,000), Forth Valley College of Further and Higher Education, and Bannatyne's Health Club in Falkirk.

Significant improvements in participants' physical health have been seen since the programmes started, with all individuals taking part moving up at least one level on the General Practice Physical Activity Questionnaire (GPPAQ) and many achieving the full "active" level, which means they have surpassed World Health Organization recommendations for physical activity. Reductions in the Borg Rating of Perceived Exertion (RPE), a way of measuring physical activity intensity level, have been noted. Other benefits include:

- self-reported improvements in diet with variable weight loss
- significant improvements in anxiety, depression and self-esteem
- return to work for a number of long-term unemployed participants
- reduced hospital admissions.

Future plans include further developing the vocational elements of the programmes and supporting other health board areas to develop similar projects.

3. Diet and nutrition Recommendation 5

Facilitating supported self-management for people with dementia and their carers through eating and nutrition

Dementia Care – support with eating and drinking: a practical guide for carers is a leaflet developed by dietitians in Lanarkshire to provide information and reduce stress for individuals with dementia and their carers around commonly encountered problems. The leaflet can be used by professional and unpaid carers such as family, friends or voluntary workers who care for a person with dementia in the community or within any formal care setting.

Issues such as overeating, problems with using cutlery, changes in food preference, difficulty consuming adequate nutrition when agitation is problematic, food refusal and achieving adequate hydration are addressed. It is anticipated that by offering this information initially via health professionals and carer voluntary groups at an early stage in the person's journey, his or her nutritional health will be maintained or improved in the community for longer while simultaneously reducing anxiety for carers.

4. Valuing everyday activity
Recommendation 6

Facilitating supported self-management for people with dementia through valuing everyday activity

People with dementia, like everyone else, have a basic need to engage in activity. The importance of activity is underpinned by a number of strategic drivers, including the *Standards of Care for Dementia in Scotland*[8] which advocate that "people with dementia will have the opportunity to be included in community life and meaningful activity as they wish".

An occupational therapy team in Ayrshire and Arran agreed that by encouraging collaborative working between health and partner agencies, they could help to support and encourage the use of activity within their areas. An "activity masterclass", based on a similar event held by colleagues in Perth and Kinross, was therefore developed.

The masterclass aimed to raise awareness about activities among AHPs, nurses, care home staff and others, provide networking opportunities and support, and facilitate options for joint training and peer supervision. The one-day event consisted of presentations from experts followed by activity workshops that provided short "taster sessions" participants could take away and try in their own areas. Workshop topics included the development of an activity pack produced by occupational therapists for use by nursing colleagues on a ward for people with dementia, the importance of sensory experiences, life-story work and football reminiscence, a demonstration of software that provides a communication support system for frontline carers and friends/family to assist them in engaging, interacting and communicating with people who have dementia, and even the opportunity to try out a number of different Wii computer games.

Participants reported that they had particularly enjoyed the activity workshops and felt that many of the ideas could be taken back to their workplace. A number of participants also commented on the presentations from experts, feeling that they provided extremely valuable information.

An additional event to cater for those who were not able to attend due to the high demand for places is being arranged and a working group has been set up to establish an activity network in the area.

8 Access at: www.scotland.gov.uk/Publications/2011/05/31085414/0

5. Socially inclusive practice Recommendation 7

Facilitating supported self-management for people with mental health problems through social inclusion

"Buddy Beat"[9] was inspired by the Scottish Government's *With Inclusion in Mind*[10] document and a realisation that occupational therapists needed to become more inclusive in their practice. Having learned about the "social inclusion traffic lights" system of red, amber and green, an occupational therapist in Renfrewshire and a community musician began a hospital-based drumming group (which placed them in the "red" zone of social inclusion). As it gathered interest, they then moved it to a community arts centre ("amber"). "Buddy Beat" is now well in the "green" zone as a constituted community group with trained workshop assistants drawn from its membership. The model has been followed by two art groups in Renfrewshire who are now independently constituted and another two groups are in the process of being established.

Tom, the "Buddy Beat" storyteller, has this to say about his experience.

"Buddy Beat has been the single biggest support in my recovery over the last four years. Finding the courage to get out of the house and find something to channel myself into was a problem and I was in a bad place. Buddy Beat came along at exactly the right time.

"I had never imagined being part of a community group, but here I am still part of Buddy Beat after all this time. The support we offer one another is better than any prescribed medication. My self-confidence has soared and my self-belief and creativity expand to a place I thought was long out of bounds. Buddy Beat has helped me find and keep friends after a lifetime of pushing them away. It is the place where I can be myself."

"Buddy Beat" has now been developed and adapted for service users in Dundee and is called "Drumdee".

9 Access at: www.buddybeat.co.uk
10 Access at: www.scotland.gov.uk/Publications/2007/10/18092957/0

Designing and delivering psychological interventions

Psychological therapies[11] have been defined as:

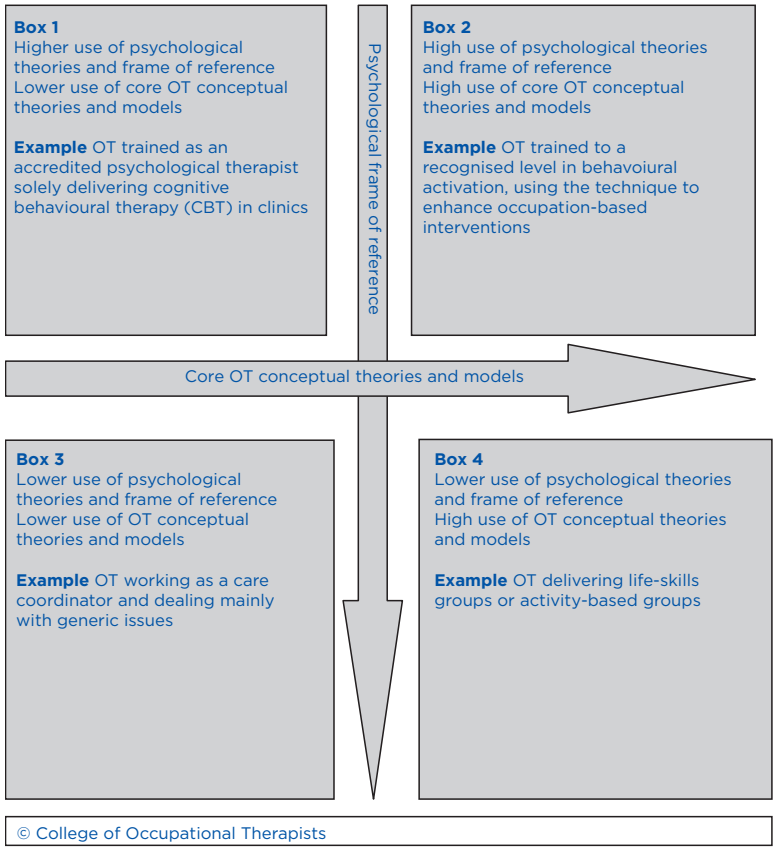
> *"... a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The skills and competencies required to deliver these interventions effectively are acquired through training, and maintained through clinical supervision and practice."*[12]

Realising Potential states that the challenge for services is to utilise the AHP staffing resources at their disposal to deliver a range of evidence-based psychological interventions and to maximise AHPs' potential to promote better outcomes for service users and carers. The challenge for AHPs, the action plan continues, is to clearly articulate their contribution to delivering psychological interventions and actively engage in local psychological forums and strategy groups, working in partnership with NHS Education for Scotland (NES) psychological therapies coordinators. An example of how occupational therapists are approaching incorporating psychological therapies and interventions into practice is shown in Fig. 1.

AHPs' core psychosocial skills are unique to each profession and vary according to undergraduate education and postgraduate development activity. AHPs nevertheless contribute significantly to the national psychological therapies agenda by enabling service users and carers to have a choice of evidence-based, non-pharmacological therapies. AHPs can work at all levels of the psychological therapies "matrix" developed by NES and the Scottish Government[13] while continuing to provide specialist AHP rehabilitation interventions to promote health and well-being, integrating recognised psychological interventions[14] into their core practice and/or directly providing a psychological therapy.[15]

Realising Potential recommended that NHS boards should ensure the delivery of evidence-based psychological interventions by appropriately trained AHPs to support rehabilitation, self-management and recovery approaches as part of local delivery strategies.

Fig. 1 The role of occupational therapists (OTs) in incorporating psychological therapies and interventions into practice



11 The terms "psychological therapies", "psychological interventions" and "psychosocial therapies or interventions" tend to be used interchangeably in the literature.
12 Access at: www.evidenceintopractice.scot.nhs.uk/media/131943/nes-matrix.pdf
13 Access at: www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/matrix.aspx
14 Psychological interventions include: motivational interviewing, anxiety management, cognitive rehabilitation, behavioural activation, problem-solving therapy, mindfulness-based cognitive therapy, and cognitive rehabilitation.
15 Psychological therapies include: using art, music, drama, dance–movement therapies; accredited cognitive behavioural therapy or interpersonal psychotherapy.

The HEAT[16] access target, "Deliver faster access to mental health services by delivering 18 weeks referral to treatment for psychological therapies from December 2014", was approved by the Scottish Government in November 2010 for inclusion in HEAT from April 2011. AHPs are playing, and will continue to play, a significant role in achieving this target by delivering skilled psychological therapies. Nationally, an AHP mental health clinical lead sits on the monitoring and implementation group for the target, and the full potential that the target and the recommendation from *Realising Potential* present are being explored. Locally, AHPs are building new levels of expertise and developing new service delivery approaches to providing psychological therapies.

AHPs' specific contribution to the HEAT access target is highlighted in the November 2011 issue of ISD's online Psychological Therapies HEAT Target newsletter.[17]

NHS boards are carrying out audits of personnel who are trained in psychological therapies. These are showing that NES-supported training in therapies such as cognitive behavioural therapy (CBT) and behavioural activation is being taken by AHPs across the country with a view to practitioners embedding psychological therapies in their practice as part of their everyday service delivery. Figures from NES show that 70 AHPs took training during 2010/2011.

Promoting psychological therapies with the CORE tool in NHS Grampian

A national consultation on the standardisation of outcome measures for adult psychological therapy services in Scotland revealed a majority opinion that the psychological measuring tool CORE (which stands for Clinical Outcomes in Routine Evaluation) could be the main measure across adult psychological therapy services, with other measures being used with it as clinically appropriate.

The NHS Grampian Art Psychotherapy Service began using CORE, which is recommended by the British Association of Art Therapy as the best of its type for meeting patients' needs, in May 2008.

The 34 items of CORE provide the means to conduct an immediate patient assessment, including recent history, clinical severity of problems, risk, and functioning and well-being issues. From this assessment, the service can triage for short- or long-term focused art psychotherapy interventions on an individual or group basis.

The tool captures information that allows the service to compare the effectiveness of interventions with different International Classification of Diseases (ICD–10) diagnostic categories and control for age, gender and ethnic variations. It provides feedback on which interventions work with whom, which individual art psychotherapist, interventions and techniques perform best on which clinical population, and how the service can generally improve and hone practice to achieve effective clinical outcomes.

CORE also allows a comparison of efficacy with other forms of psychotherapy and departments in Scotland and abroad. It provides NHS managers and service providers with "before and after" statistical information and contributes towards the development of an art psychotherapy research and clinical effectiveness database.

16 Health improvement, Efficiency, Access, Treatment.
17 Access at: www.isdscotland.org/newsletters/ptwt/11/november.html

Promoting behavioural activation in NHS Lanarkshire

Psychological therapies teams in NHS Lanarkshire, working with senior management, have agreed that occupational therapists in mental health will be trained in behavioural activation (BA) therapy. The occupational therapy workforce in mental health are now working to complete the BA training package. A supervision structure will be developed to support the introduction of the BA model for community mental health teams and roll-out will be monitored by the mental health AHP clinical lead, who will track the numbers of referrals over an initial six-month period.

Promoting psychological therapies within a specialist team in NHS Greater Glasgow and Clyde

A specialist trauma service in Glasgow recognised that it needed to respond to the complex psychological needs of traumatised and socially isolated female asylum seekers and refugees. An innovative stage 1 trauma intervention was devised, led and delivered by the art psychotherapist.

The art psychotherapist's core skills in addressing the complex psychological needs of service users with traumatic experiences were developed through training in Narrative Exposure Therapy, an evidence-based intervention specifically for complex trauma cases, and a women's group based on this creative and psychodynamic approach has been established to build safety and lessen symptoms of depression and anxiety. All interventions are currently being measured using the pre- and post-intervention CORE tool.

Evaluations of service users' experiences have shown significant improvements in perceived well-being and trust. The intervention has won a national AHP innovation and health improvement award.

Integrating vocational rehabilitation in mental health

There has been a huge amount of successful work in this area, and there is real momentum around recommendations 9 and 10 from *Realising Potential.* The *Towards Work in Forensic Mental Health*[18] and *Realising Work Potential*[19] documents have been developed, published, disseminated and have been supported by local events within NHS boards to meet *Realising Potential*'s commitment to reviewing current models of vocational rehabilitation used by AHPs in mental health and producing national guidance.

The documents empower AHPs with support from senior management to take forward the outcomes they set out and promote partnership working among health, social care, employer and employability partners. Their main messages are that:

- everyone has a contribution to make to vocational rehabilitation
- the "work question" should be asked, focusing on: Have you had to take time off work to come to this appointment today? What information would help you start thinking about work? What would you like to do? What support do you need to work? What sort of work and training have you done in the past?
- AHPs have the skills to play a key role in implementing evidence-based supported employment, which has an international evidence base demonstrating how individuals experiencing complex mental health conditions can successfully achieve and maintain mainstream employment roles.

The two vocational rehabilitation leads delivered workshops and presentations on the documents throughout Scotland and the UK between October and December 2011. Their presentations provided an overview of the documents and the evidence around vocational rehabilitation to support health boards and service providers to consider their current practice and identify specific areas for development.

AHPs in mental health are being encouraged to lead the way in promoting timely access to effective vocational support for service users through informed signposting and implementation of evidence-based models of practice. Employability training to raise awareness of the positive link between health, recovery and work is now available to AHPs and colleagues, who can find more information on the NES website (www.nes.scot.nhs.uk/).

18 Access at: www.forensicnetwork.scot.nhs.uk/news/AHP/Toward%20work%20in%20forensic%20mental%20health%20lo%20res.pdf
19 Access at: www.scotland.gov.uk/Publications/2011/12/16110149/0

Promoting vocational rehabilitation through art therapy

Although art therapy has an established role in supporting recovery, the more specific area of vocational rehabilitation is perhaps less likely to be considered as core to the art therapist's role. There is nevertheless a number of ways in which art therapy can contribute to supporting important aspects of vocational rehabilitation:

- **strengthening self identity:** art therapy provides a means of exploring and strengthening sense of self where it may be fragile
- **promoting relationships:** tricky relationships can be thought through and new ways of relating discovered
- **easing transitions:** art therapy can be particularly useful in providing a safe and consistent space for reflection and learning during times of transition and change
- **encouraging creativity:** the process of working with art materials within art therapy can provide a meaningful and engaging experience that may provide an inroad to further creative work.

Art therapist Adrienne McDermid-Thomas believes art therapy can be useful throughout people's journey through forensic mental health services.

"An open group approach may be helpful during initial stages of admission to secure accommodation, while more intensive individual art therapy may be of greatest benefit during an inpatient rehabilitation period," she explains. *"In response to Realising Potential, I am currently focusing on art therapy provision at the point of moving beyond the secure unit. There is a real opportunity to concentrate specifically on issues that arise in the process of returning to living and working in the community."*

Support for change – making it happen

Leadership is critical for effective change, and AHPs of all grades need leadership skills to meet the service change agenda. Effective leaders motivate staff to perform optimally, enable team working and collaboration and contribute to overall organisational effectiveness.

Much effort over the first year of implementing the *Realising Potential* action plan focused on developing leadership in AHP mental health services. It was felt that without strong leadership, attempts to take forward the action plan's recommendations would lack direction and drive. That is why *Realising Potential* recommended that NHS boards and AHP directors should identify an AHP mental health lead to develop a sustainable clinical leadership function that reflects proposed service delivery changes.

AHP mental health clinical leads have now been identified within each territorial NHS board. They have been working diligently within their boards, using a range of methods to heighten awareness of *Realising Potential* within the workforce and among service users, carers and families. Local needs are determining how the AHP clinical leadership role is being developed within individual NHS boards.

The National AHP Mental Health Clinical Leads' Group includes all the clinical leads and meets every two months. The group has developed and agreed a schedule of work to promote implementation of the action plan across the country. Part of the group processes involves action learning sets in which members' leadership potential is explored through posing powerful questions designed to change their perceptions of the leadership role in progressing the *Realising Potential* agenda.

The clinical leads' group is accountable to an implementation group and links formally to the AHP Mental Health Reference Group. This enables continued engagement with key stakeholders, including service users, carers, families, AHP directors and professional bodies.

But the message about the need for strong leadership to drive *Realising Potential* forward has been delivered to all levels of the AHP workforce, and among students on AHP programmes, to build leadership-consciousness among all those planning, managing, delivering and supporting AHPs in providing mental health services. Professional bodies have shown strong leadership by embracing *Realising Potential*, with many hosting workshops and events for specific professional groups to heighten their awareness and to encourage them to integrate the action plan into their normal ways of working. There is also great momentum building in joint work with colleagues in physical health and social work services – **we should always remember that *Realising Potential* is not only for AHPs in mental health**.

This is truly about realising the potential, and raising the profile, of AHPs in mental health to enable them to empower themselves and others. And the national lead for vocational rehabilitation and the AHP consultants in forensic and dementia care are proving to be inspirational leaders who are working nationally to drive and enable transformational change.

Showing leadership – developing a structure at NHS board level

The leadership structure adopted in NHS Greater Glasgow and Clyde provides an example of how leadership is being developed within boards at strategic level.

The **AHP Realising Potential Mental Health Executive Group** set up within the health board area has a remit to provide strategic direction to the development of AHP services in mental health, particularly in relation to overseeing the implementation of the *Realising Potential* action plan. It assumes ownership and sign-off of the action plan, monitors progress and ensures delivery. The group, which meets quarterly, is also responsible for agreeing communication structures to share progress related to the action plan. Members include senior AHPs, a senior mental health manager and service user/carer representatives from ACUMEN (Argyll and Clyde United in Mental Health and the Greater Glasgow Mental Health Users' Network).

The group designs and implements evidence-based projects to support action plan implementation and evaluates and reports on the impacts of its work. It has a work plan linked to action plan recommendations which details the activity, timescale and lead person responsible for delivery.

Through networking and sharing ideas at the **National AHP Mental Health Clinical Leads' Group**, colleagues from NHS Lanarkshire have adopted a similar model to manage the workload and monitor progress associated with *Realising Potential*.

Showing leadership – developing the role of speech and language therapy in mental health

Evidence suggests there is a requirement for specialist speech and language therapists (S&LTs) to be involved in multidisciplinary service models for people with mental health problems. This fact has been recognised in NHS Lanarkshire, where a proposal to develop specialist S&LT provision in mental health services has been raised. It is envisaged that specialist S&LT provision would enable communication and dysphagia screening tools to be developed for the multidisciplinary team, provide education for team members on the impact of communication and swallowing issues for people with mental health problems and facilitate expert assessment and input to treatment planning for identified high-risk cases.

An example of the impact of S&LT inputs in mental health can be found in NHS Highland. A S&LT in a community hospital runs communication groups with clients in open ward areas, enabling them to relate to and connect with each other. The S&LT has also developed a system in which she engages with clients prior to ward rounds and multidisciplinary meetings to support them to achieve clarity about what they want to communicate, increasing their sense of empowerment and helping rounds and meetings develop more person-focused outcomes. The S&LT uses different ways of supporting clients to express themselves, including "Talking Mats",[20] and is currently exploring the ACIS (Assessment of Communication and Interaction Skill) tool[21] with clients with mental health problems.

20 Access at: www.talkingmats.com/
21 Access at: www.uic.edu/depts/moho/assess/acis.html

Showing leadership – the experience of an AHP mental health clinical lead

Jane Fletcher, AHP Mental Health Clinical Lead in NHS Grampian, discusses her role.

"I was appointed as AHP Mental Health Clinical Lead for NHS Grampian in March 2011. My priorities were to revamp our existing mental health AHP meetings structure, to identify key stakeholders with regards to implementing the Realising Potential agenda and to establish a communications strategy so AHPs and others knew what was happening. The Realising Potential agenda fits well with the other current strategic drivers, and this has helped with securing buy-in from stakeholders in different sectors across Grampian.

"From the start, the director of nursing and quality has been very supportive and the recent appointment of the NHS Grampian AHP associate director signals the first part of a new AHP structure. This will be crucial in the further implementation of the Realising Potential agenda.

"The AHP Mental Health Clinical Leads' Group has been very important in enabling contact with others with the same remit in other parts of the country. Particularly useful have been the action learning sets, allowing us to share successes and lessons learnt. More recently, we have set up the North of Scotland Mental Health Clinical Leads Subgroup with representatives from NHS Grampian, Orkney, Shetland, Tayside, Highland and the Western Isles. This has provided additional links with colleagues working on similar issues who are close geographically.

"I feel as if I have barely started and there is still so much to do. My appointment as AHP Mental Health Clinical Lead for NHS Grampian is a great opportunity for me, but also a steep learning curve. I already have a greater understanding of how other parts of the organisation work and I have met many new people from different sectors. I look forward to the future opportunities and challenges ahead."

Where now?

Very solid progress has been made in the first 18 months of implementation of the *Realising Potential* action plan, and we should celebrate and share this progress with key stakeholders.

As we move through year two, we must build on the strengths within the AHP mental health workforce to accelerate progress on implementing the action plan. Just as important, however, is the need for us to identify processes to demonstrate the impacts the action plan is having and to report those impacts widely.

Enormously innovative work is being taken forward by AHPs in mental health to support service users and carers. Core structures have been put in place nationally and locally to support the *Realising Potential* agenda. NHS boards and the government are scrutinising performance to ensure local implementation of action plan recommendations. Work is progressing with ISD on integrating data on workforce numbers for mental health AHPs with the national mental health benchmarking project. And relevant education and training initiatives are being developed at national level through NES and locally by NHS boards.

What we now need is a series of outcome measures against which real progress and impacts can be reflected, economic evaluation to be embedded within AHPs' work, and AHPs' contribution to achieving the quality ambitions to be realised (see Annex 2).

This is easier said than done. Much of the impact of AHPs in mental health is subjective in that it relates directly to the experience of service users and carers. But there are elements of action plan delivery that can, and are now beginning to be, objectively measured – these include the number of service users able to directly access AHP services, the impacts of vocational rehabilitation in terms of numbers of people supported back into, or maintained within, employment, and the numbers of AHPs trained in psychological therapies and the clinical impacts of their interventions. And NHS board-level action plans to deliver *Realising Potential* are characterised by hard outcome measures on implementation of recommendations that can be collected locally and collated nationally to provide a nationwide picture of impact.

A means to support AHP leads to capture data in their areas consistently is currently being developed. It is hoped that this will enable them to highlight successes and challenges and deliver evidence of positive impact. Lessons learnt from these data will be absorbed by the Scottish Government to ensure that the action plan remains relevant and fit for purpose.

22 Access at: www.scotland.gov.uk/Publications/2008/01/22113703/0

But that isn't all that's happening. We're also moving forward across a number of other fronts, including:

- performing and reviewing economic evaluations in vocational rehabilitation and dementia care
- considering a set of outcome measures that could be used nationally in mental health, inviting clinical leads to ask themselves what the benefits of a collective baseline measure would be to service users and services
- implementing the new Scottish Recovery Indicator (SRI 2),[23] a revised and enhanced version launched in October 2011
- pushing forward over the next 18 months with a strong focus on delivery of Recommendation 12, which is about using information gathered while providing AHP interventions to evaluate the service user experience, enhance the evidence base and improve services using patient-reported outcome measures and standardised assessment
- increasing use of improvement methodologies and extending the *Realising Time to Care* approach among AHPs in mental health
- adopting and disseminating innovative approaches to service delivery, such as Talking Points and the CORE outcome measure
- reviewing how all this activity can be integrated into the mental health strategy and AHP delivery plan, building on the strengths-based approach that all AHPs hold dear to their practice.

So these are very exciting times for AHPs in mental health and their teams. Momentum has developed very quickly behind *Realising Potential*, and we look forward to seeing continued progress throughout year two and into year three.

Professor Maggie Nicol
Chair, the National AHP Mental Health Clinical Leads' Group

23 Access at: www.sri2.net/

Annexes

Annex 1
National AHP Mental Health Clinical Leads' Group

Chair	Professor Maggie Nicol
Scottish Government	Elaine Hunter
NHS Ayrshire & Arran	Aileen Fyfe
NHS Borders	Anne Suttle
NHS Dumfries & Galloway	Morag Geddes
NHS Education for Scotland	Audrey Taylor
NHS Fife	Norma Clark
NHS Forth Valley	Nancy McKechnie
NHS Grampian	Jane Fletcher
NHS Greater Glasgow & Clyde	Samantha Flower*
NHS Highland	Sarah Muir
NHS Lanarkshire	Jacqui Terrance
NHS Lothian	Alison Meiklejohn*
NHS Orkney & NHS Shetland obligate network	Susan Carr
The State Hospital	Gill Urquhart
NHS Tayside	Shelagh Creegan
NHS Western Isles	Sonja Smit
Dementia consultant	Christine Steel/Stephen Lithgow
Dementia consultant	Sandra Shafii
Dementia consultant	Jenny Reid
Forensic consultant	Jean McQueen
Vocational rehabilitation lead	Lisa Greer

*Interim lead

Annex 2

Mapping *Realising Potential* to the quality ambitions

Recommendation in ***Realising Potential***	Quality ambition
Early Intervention and timely access for service users and carers	
RECOMMENDATION 1	
NHS boards should fully engage AHPs in leading the rehabilitation of people with mental health problems, developing new models, systems and ways of working to facilitate early intervention and timely access for service users and carers.	Safe Effective
RECOMMENDATION 2	
AHP mental health leads, working with AHP leads in community health partnerships (CHPs), should promote an integrated approach to service delivery by encouraging collaborative working between primary care services and AHPs in mental health and by linking specialist, community and social care AHP teams to ensure integrated services and smooth transitions between services for service users and carers.	Effective
Supported self-management and recovery	
RECOMMENDATION 3	
AHP services in mental health will use the Scottish Recovery Indicators tool as part of team approaches to service delivery to promote recovery-orientated services by June 2011.	Person-centred
Promoting physical health and mental well-being	
RECOMMENDATION 4	
AHP mental health leads should ensure the provision of evidence-based, socially inclusive and accessible physical activity rehabilitation programmes for service users and carers.	Effective Person-centred
RECOMMENDATION 5	
AHP mental health leads should ensure regular nutritional screening is available to service users at each stage of their care journey, with nutritional services working closely with specialist AHPs.	Effective Person-centred
RECOMMENDATION 6	
AHP mental health leads should work with partners to promote and enhance the provision of evidence-based, socially inclusive and accessible therapeutic activity provision in a range of settings.	Effective Person-centred

Designing and delivering psychological interventions	
RECOMMENDATION 7	
NHS boards should ensure the delivery of evidence-based psychological interventions by appropriately trained AHPs to support rehabilitation, self-management and recovery approaches as part of local delivery strategies.	Effective Person-centred
RECOMMENDATION 8	
AHP mental health leads should ensure that AHPs in mental health who deliver psychological interventions as a primary role have access to clinical supervision within protected time.	Safe
Integrating vocational rehabilitation in mental health	
RECOMMENDATION 9	
AHPs in mental health, working from a recognition of the importance of work in promoting recovery, should explore work issues at all initial service-user assessments and provide ongoing signposting or support to increase service users' potential for work.	Effective Person-centred
RECOMMENDATION 10	
AHP mental health leads, working with key stakeholders, should ensure the provision of alternative occupational, leisure and educational activities for service users whose vocational goals are not employment-focused.	Effective Person-centred
Support for change: making it happen	
RECOMMENDATION 11	
NHS boards and AHP directors should identify an AHP mental health lead, developing a sustainable clinical leadership function that reflects proposed service delivery changes.	Effective Safe
RECOMMENDATION 12	
AHPs should use information gathered while providing AHP interventions to evaluate the service user experience, enhance the evidence base and improve services using patient-reported outcome measures and standardised assessments.	Effective Safe

NOTES

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