



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



AMHE Learning Set 9

Welcome!

Tuesday 12 September 2023

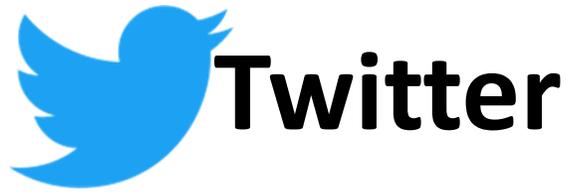
11:00 – 15:00



Housekeeping

- Toilets are located to the right of the lifts on level 1 (men's and women's toilets) and the ground floor (gender neutral toilets and disabled toilets).
- Lunch will be from 12.45 - 13.30 and will be served in Room 1.6
- Room 1.2 is available if anyone needs to take a break at any point to decompress or needs some quiet time
- Room 1.1 is available for those who may need to take calls during the day
- Female faith room is on the ground floor faith room, male faith room is lower ground floor faith room.





- We will be live tweeting this event so you may see the QI coaches on their phones or laptops during some sessions. Please also find and follow us **@NCCMentalHealth** or search for **#AMHE**.
- We encourage use of Twitter and social media to share the work that you are doing throughout the collaborative.
- However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission.

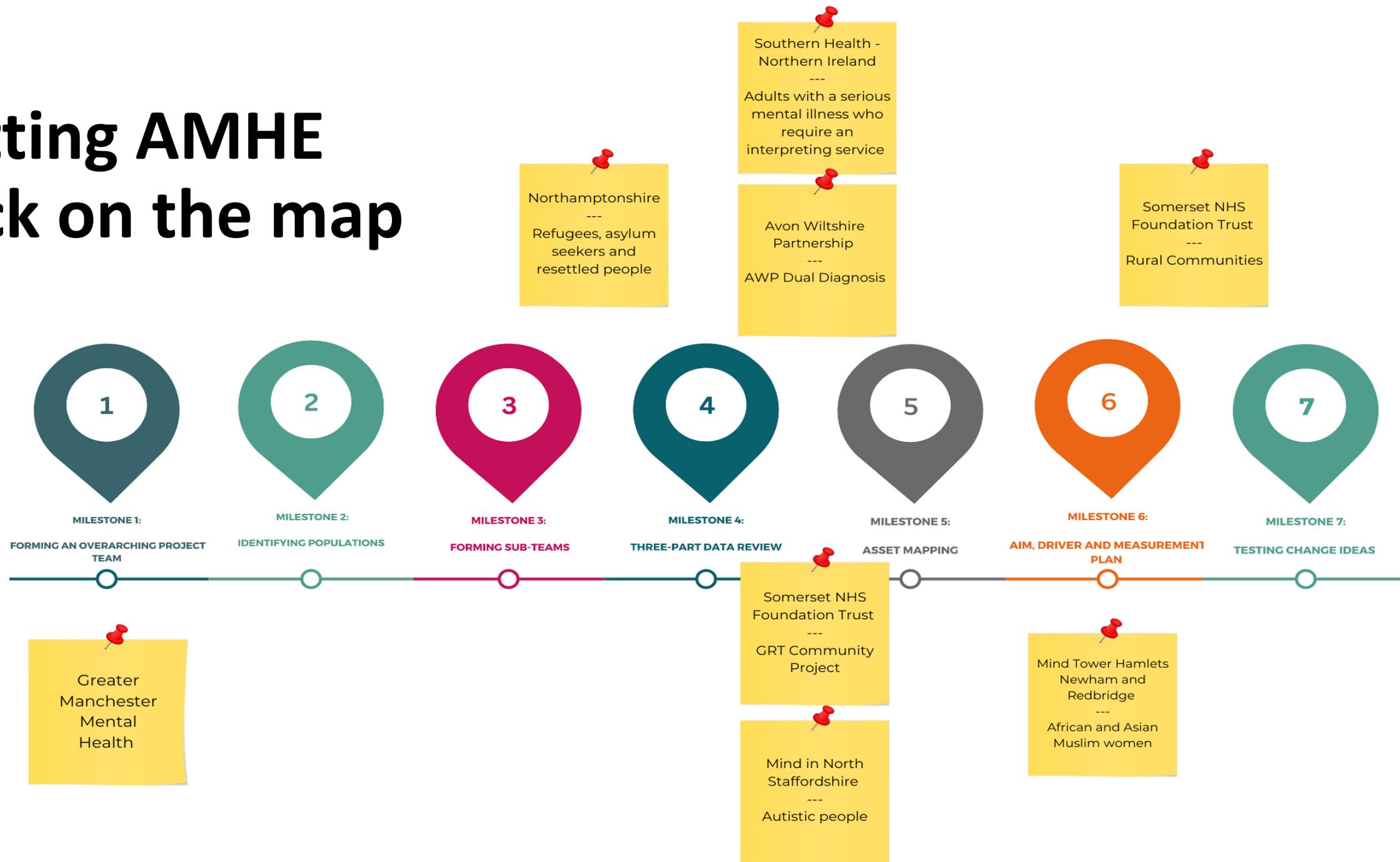
Thank you!



Agenda

Time	Item	Speaker
10:30 – 11:00	Registration and refreshments	
11:00 – 11:05	Welcome and introductions	Emily Cannon, Head of Quality Improvement, NCCMH
11:05 – 11:15	Putting AMHE back on the map	QI Coaches, NCCMH
11:15 – 12:15	Coproduction in AMHE: <ul style="list-style-type: none"> Launch of AMHE Coproduction guide 	Mark Farmer and Meera Burgess. Patient and Carer Representatives, NCCMH
12:15 – 12:45	Somerset NHS Foundation Trust - Rural Communities Team	Jo Poole, Expert by Experience and Peer Support Worker, and Renata Souza QI coach, NCCMH
12:45 – 13:30	Lunch	
13:30 – 13:40	The AMHE journey so far	Dr Lade Smith CBE, President of the Royal College of Psychiatrists
13:40 – 14:05	Pennine Care NHS Foundation Trust – Women Veterans Team	Alison Salford, Natasha Roberts and Ellie Young, Pennine Care NHS Foundation Trust
14:05 – 14:55	Sustaining your AMHE work: how to measure success	Clementine Fitch Bunce, QI coach and Emily Cannon, Head of QI, NCCMH
14:55 – 15:00	Feedback, next steps and close	Tom Ayers, Director, NCCMH

Putting AMHE back on the map



Using the co-production guide

Mark Farmer and Meera Burgess

Patient and Carer Representatives, NCCMH



The co-production guide

- The resource has been developed to help your project team to embed co-production in your AMHE projects
- It contains steps, advice, and guidance on how to work in equal partnership with people with lived experience throughout your work
- Much of the advice is generalisable and can be applied to other projects



Co-production in the AMHE QI Collaborative: Advancing Mental Health Equality

A step-by-step resource

- Ten steps for embedding co-production in your AMHE project
- Later in the guide, you'll see our Co-production top tips that can be used to guide you through these steps
- You'll also see our Checklist for the early stages of co-production, which we designed to help you think about the initial steps to getting started with co-production



10 steps for embedding co-production in your AMHE project: Summary document

- A shorter, 2 page resource
- Breaks down the AMHE process into 10 steps and provides advice and guidance on each, to support AMHE teams to work in equal partnership with people with lived experience



Exercise

On your table you will find one of three case studies representing a person with lived experience. You will be given three tasks to work through after you have familiarised yourself with the case study

Read the case study



Task 1

Think about ways of working on your own project.

How might they pose a challenge to this person being involved?

- *How do you communicate (e.g meetings, file permissions, minutes)?*
- *How do you make decisions?*
- *How do you make sure all voices are heard and people can disagree?*
- *How do you value and bring in new colleagues and ideas?*



Task 2

1. You have been given a step from step from the co-production guide.
2. Think about how the involvement of this person will bring that step to life.
3. Work through some of the points from your chosen co-production step and think about how they can be applied to working with this person and their community/ies
4. What will you need to let go of (your notes from the first task might help you)



Task 3

Note 3 changes you can make to improve the ways you are co-producing your AMHE project.

Come up with at least one tangible idea that you can share at the end of the session and take forward with your AMHE project.



Feedback / questions



#AMHE



Takeaways

- Thinking through personal stories and experiences helps us to empathise and relate to the work we do and the people we work with and for.
- Working with people with lived experience, we must respond to their individual needs and as a representative of their community/ies but remember that other community members may have different needs and experiences.



Rural Communities Project

Somerset NHS Foundation Trust

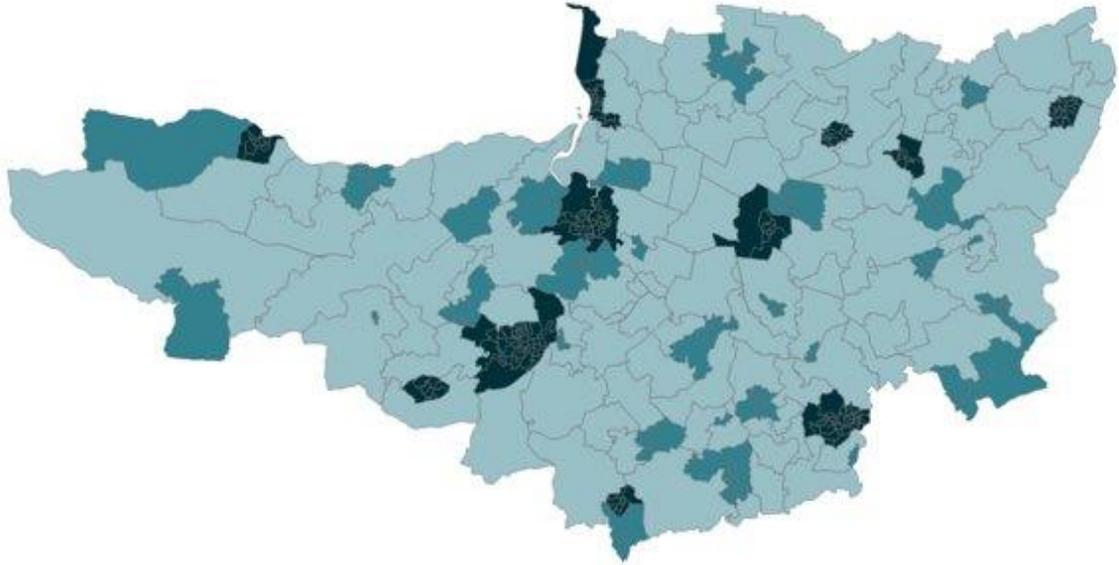
Jo Poole (Expert by Experience – Open Mental Health)

Renata Souza (Quality Improvement Coach – NCCMH)

About Somerset

Rurality

● Rural
● Rural Town
● Urban



Somerset's population was estimated to be 571,547 in March 2021

Around 48% of the population is classified as 'rural' (Census 2011)

Figure 1: Rural, Rural Town and Urban Classifications. Census 2011.

Open Mental Health

An alliance of local voluntary organisations, the NHS and social care, Somerset Council, and individuals with lived experience of mental health.

Open Mental Health Community Engagement and AMHE: joint governance.

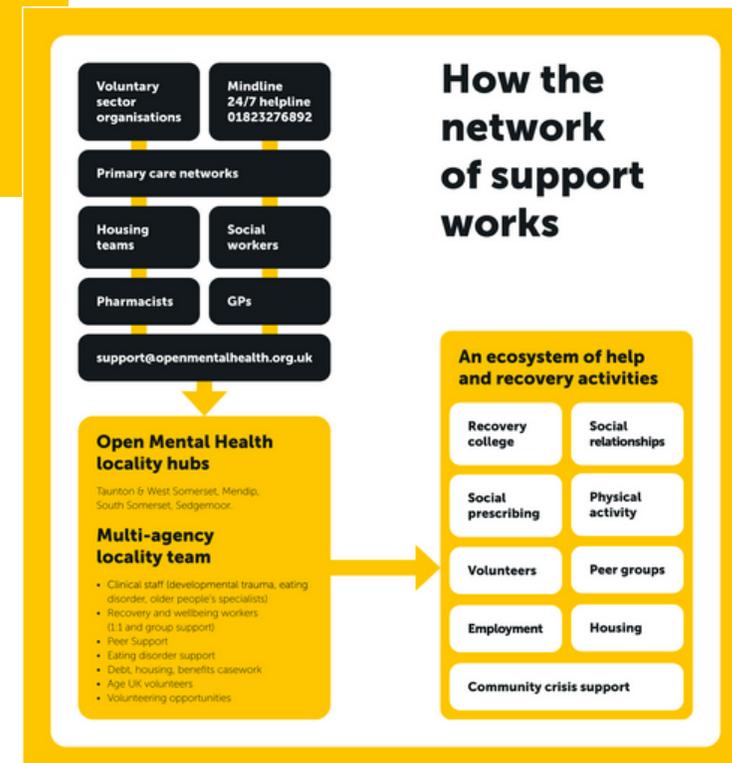


Open Mental Health

Giving you the support you need when you need it.

Lots of things can impact our mental health. If you are an adult living in Somerset and need support Open Mental Health is here to help **24 hours a day, 7 days a week.**

Contact our team at Mindline Somerset locally on 01823 276892



Why focus on this community

In Somerset, the suicide rate is 15.1 per 100,000, nationally it is 10.4 per 100,000 (2019-2021)

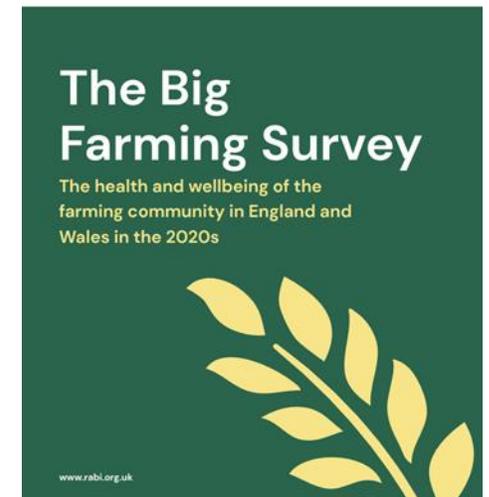
Low levels of mental health and wellbeing - 36% of the farming community are probably or possibly depressed (RABI's Big Farming Survey)

Community engagement feedback

“People do not know what is on offer”

“Better not to ask than feel disappointed” – feeling disempowered to approach professionals for help

Isolation and loneliness key themes



Our project



Key partners

Somerset NHS Foundation Trust
Open Mental Health liaison nurse
People with lived experience
Public Health – Somerset Council
Farming Community Network
Somerset Young Farmers Clubs

Linked partners

Farmerados Network
Royal Agricultural Benevolent Institution
Village agents

Accountants and Insurers

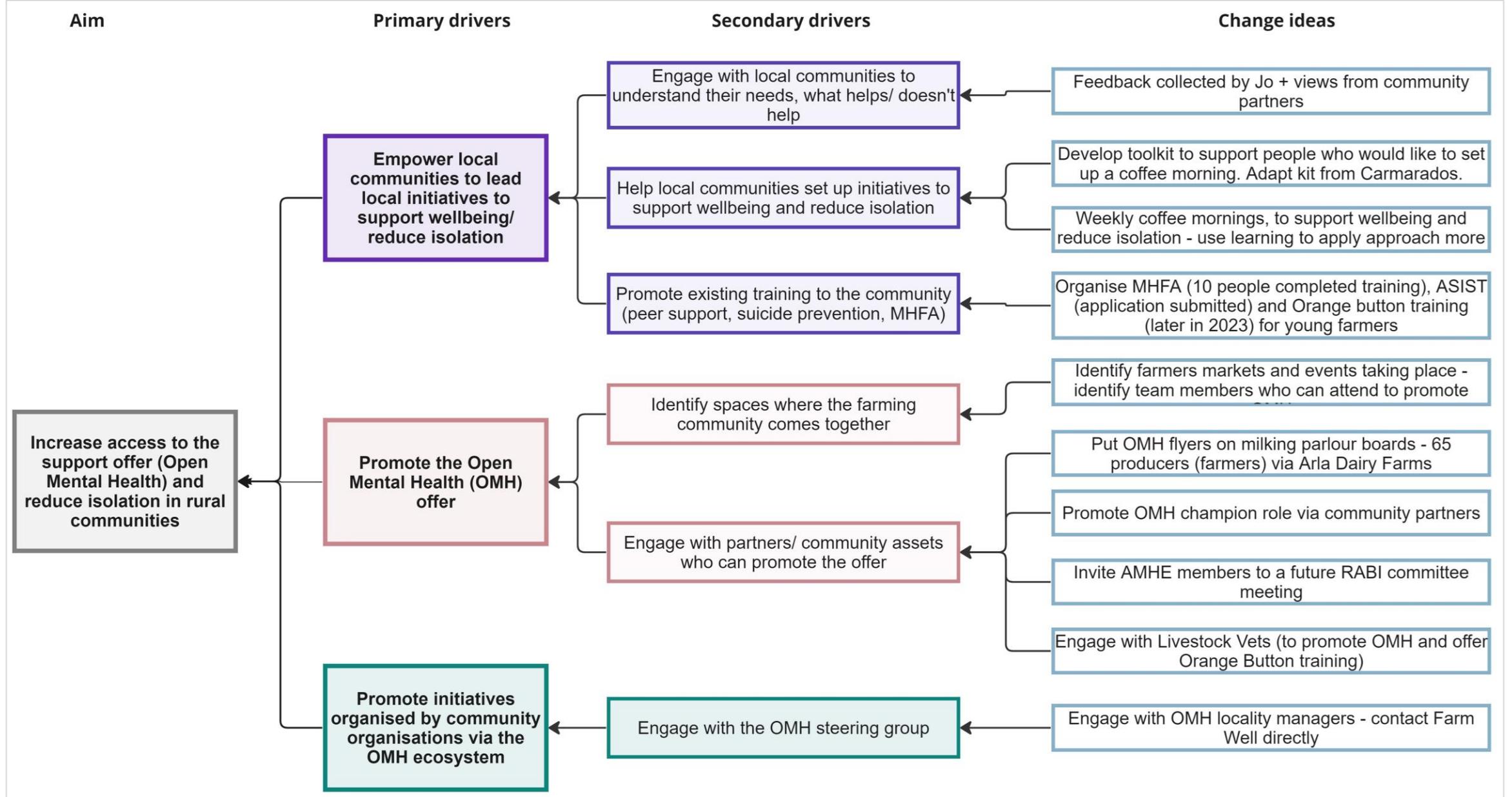
Livestock Vets

Trading Standards

The Farm Safety Foundation

TH Whites Group

Our driver diagram



Ideas and initiatives

- Coffee mornings and develop pack to support local communities set up similar initiatives
- Distribution of Open Mental Health leaflets to 65 dairy farms
- Dissemination of information about Open Mental Health at farmers markets and farmers' shop
- Project helps facilitate mental health first aid and suicide prevention training to young farmers
- Jo attending farming community network social event to talk about Open Mental Health and personal experience
- Promote Open Mental Health champion role via community organisations
- Promote wellbeing initiatives organised by community organisations via the Open Mental Health ecosystem and vice versa

How we are measuring impact



- Engagement tracker/map
- Open mental health data
- Capture stories

Date	Purpose	Event	Location	Organisation supporting/involved
27/02/2023	Promote OMH	N/A	Bridgewater Mole Valley Farmer's shop	N/A
	Promote OMH	Young Farmers		FCN
13/03/2023	Promote OMH	N/A	Bridgewater Mole Valley Farmer's shop	N/A
18/03/2023	Promote OMH	Sedgmoor auctions	Junction 24	
01/04/2023	MHFA training	Training for Young Farmers		Somerset YFC
12/05/2023	Social and skills building event	Somerset YFC Rally	Rydon Farm, TA4 4DW	Somerset YFC
15/05/2023	Promote OMH	Distribution of OMH leaflets	65 dairy farms	Somerset YFC
01/06/2023		Bath and West Show	Shepton Mallet	Somerset YFC and FCN
18/08/2023		Dunster Show		Somerset YFC and FCN

Next steps

- Continue to engage and collaborate with community partners
- Continue to explore measures
- Start to think about sustainability, and how partners continue to work together

**Any
questions?**

Lunch

12:45 – 13:30



 #AMHE





The AMHE journey so far

Dr Lade Smith CBE, President of the Royal College of Psychiatrists



 #AMHE



Women Veterans: Barriers to accessing Veterans' Specific Services

Pennine Care NHS Foundation
Trust

Dr Natasha Roberts, Principal Clinical Psychologist

Ellie Young, Senior Assistant Psychologist

Alie Salford, Regional Services Lead, NW

The QI process

2023



Who

Recruiting to a dedicated project team of clinicians, women veterans and those with previous involvement in our services/lived experience.



Aim

How do we achieve our aim- co production and focus groups?



How

What is our aim, change ideas? How do we make our project design for quality improvement but also be able to evaluate it as part of a research project.



When

Utilising co-production to maximise involvement, change and design of gender specific service pathway.



Drivers

What are our primary and secondary drivers?



Outcomes

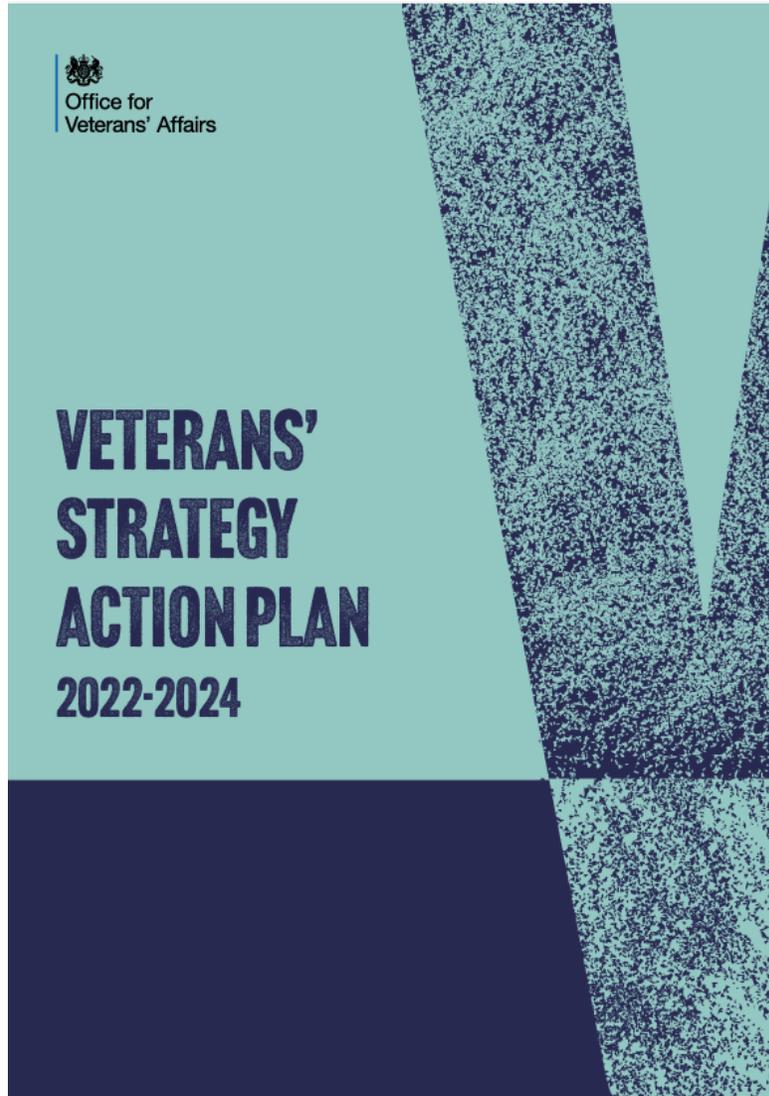
Interpreting feedback from focus groups; next PDSA, sustainability of project.

Project Aim:

To increase the number of referrals of women into veteran's services from 5% to 11% and increase the number of women veterans who remain engaged with mental health services *by March 2024*.

We are focused on reducing unattended appointments (DNA's) rates and maintaining supportive relationships for sustained mental wellbeing for veterans, and reducing the longevity and severity of their conditions.

The AMHE work will help us build on designing and providing a new women specific pathways within veteran's specialist services.



We are currently undertaking focus groups with women to better understand how women veterans would like to engage with this work. We are utilising themes from the [Office for Veterans Affairs](#) (Cabinet) [Veterans Strategy Action Plan 2022-2024](#).

What the Research Says

What we Know

- Over the course of the collaborative the team have gathered evidence showing many women veterans do not access mental health services or do not remain engaged with mental health services.
- Of those who have attended veterans' specific services, an estimated 5% at the start of the project, a high proportion did not remain engaged with treatment.
- Research conducted in the UK for this cohort is currently extremely limited however there is more in the US that we have taken a lot of learning from.

Exploring Barriers to Mental Health Treatment in the Female Veteran Population: A Qualitative Study

KATHERINE GRAHAM
DOMINIC MURPHY
LAURA JOSEPHINE HENDRIKX

*Author affiliations can be found in the back matter of this article

ABSTRACT

Although female veterans are a growing population, there remains limited research on their unique experiences specifically within the United Kingdom (UK). The limited data available indicates that female veterans are at increased risk of developing mental health disorders following their discharge from the military. However, female veterans make up a small proportion of those seeking mental health treatment. This study is the first qualitative study to explore the barriers faced by UK female veterans in accessing mental health treatment. The sample of the present study took part in a larger cohort study investigating the mental health needs of female veterans. A total of 61 female veterans responded to a qualitative item on the online survey that was investigating barriers they experienced in accessing mental health treatment compared to their male peers. Responses were analysed using thematic analysis to identify key themes in the data. Five key themes were identified: access barriers, lack of understanding from professionals, gender-related discrimination, mental health stigma, and sexual orientation-related discrimination. The current findings suggested that in addition to treatment-seeking barriers experienced more generally in the military, female veterans may face unique barriers to seeking support. With little veteran research focusing solely on the needs of women, further research is needed to better understand the barriers women face in seeking support. Further attention is also required to ensure such findings are practically implemented within veteran-specific and general mental health services.

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KEYWORDS:
female veterans; mental health; treatment barriers; military

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Our Journey so far

2023

Women Veterans: Barriers to Accessing Specific Services – Military Veterans' Service Pennine Care



Alie Salford, Regional Services Lead-NW, Military Veterans' Service; Op Courage [NorthWest](#)



Change idea

Research and data shows that many women veterans do not access mental health services or do not remain engaged with mental health services, to the detriment of the severity and longevity of their mental health.



Achievements & learning so far

- ❖ Dedicated Project team established including Lead Psychologist; Specialist Psychotherapist, Data lead, Operations Manager and the recruitment of a volunteer research assistant
- ❖ Linked with key stakeholders nationally both of research teams and providers of services to support recruitment into focus groups and learning from similar projects across the geography
- ❖ Systematic review completed and thematic analysis of 12 years of psychological dataset underway

Objectives

- ❖ We will increase referrals of women into NW veterans' services from 5% to 11% and increase the number of women veterans who remain engaged with mental health services by March 2024.
- ❖ Reduce DNA (Do not attend) rates and maintain our supportive relationships (for sustained mental wellbeing) for veterans reducing the longevity and severity of their conditions.
- ❖ Provide new women specific pathways within veteran's specialist services

What we are doing

- ❖ Thematic analysis of current data within veteran specific services versus local population data and local population mental health data
- ❖ Systematic review of current literature and research relating to women veterans, access to service, barrier to access and service attributable mental health themes in the women veteran's cohort
- ❖ Establishment of women veteran focus groups, following work to understand how women veterans would like to engage with this work. Utilisation of themes from the Office for Veterans Affairs (Cabinet) Veterans Strategy Action Plan 2022-2024

Next steps

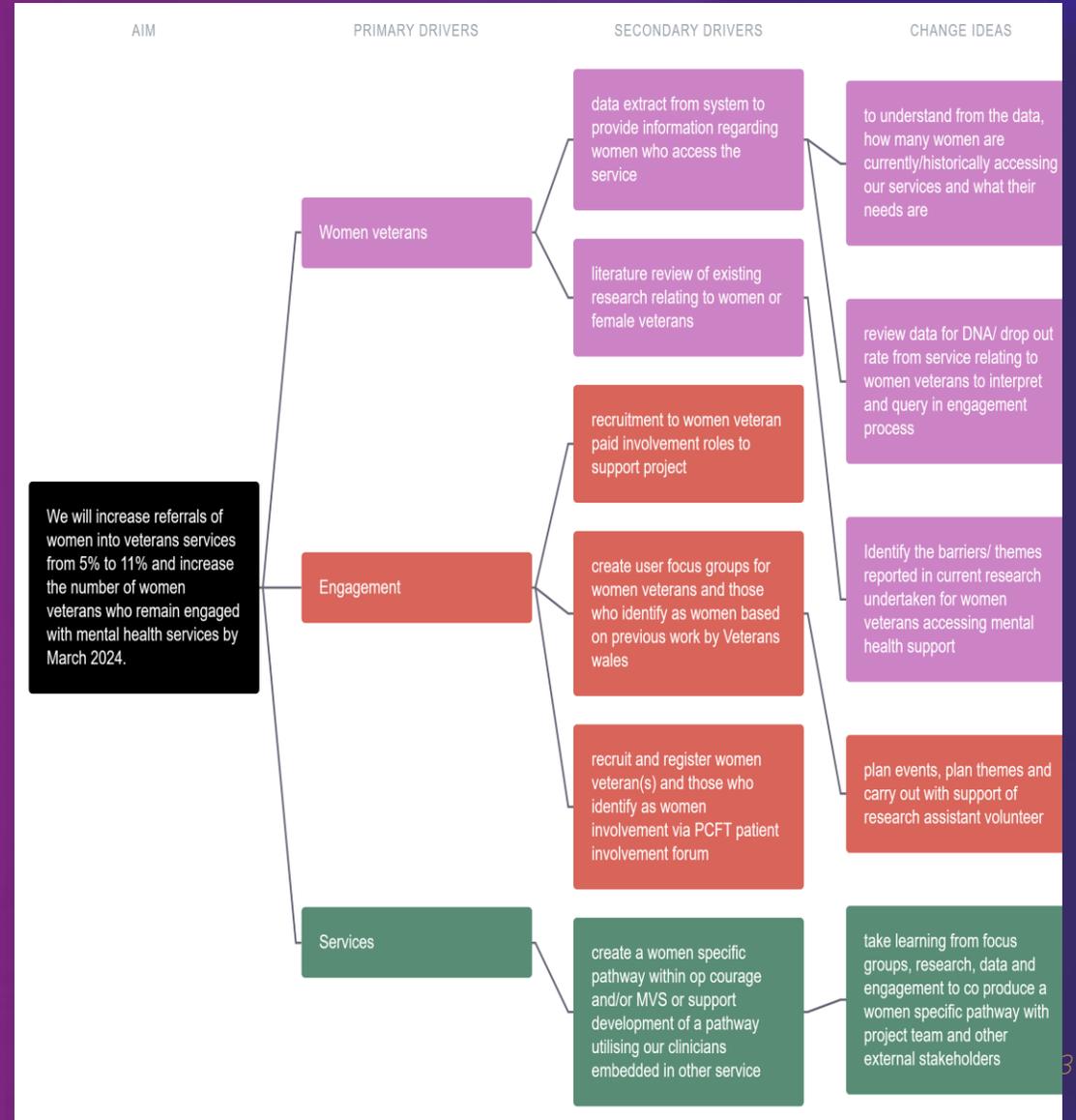
- ❖ NHS Ethics committee approval so, we can take forward as a research proposal also
- ❖ Undertaking of women veteran focus groups

Driver Diagram

Our Primary Drivers related to women veterans, engagement and services/pathways

This gave way over time with co-production to 5 secondary drivers to help us achieve outcomes to fit our aim

We collaboratively agreed on an initial 5 change ideas which we will further discuss with the focus group participants to help us achieve an outcome in keeping with our aim



Any Questions?

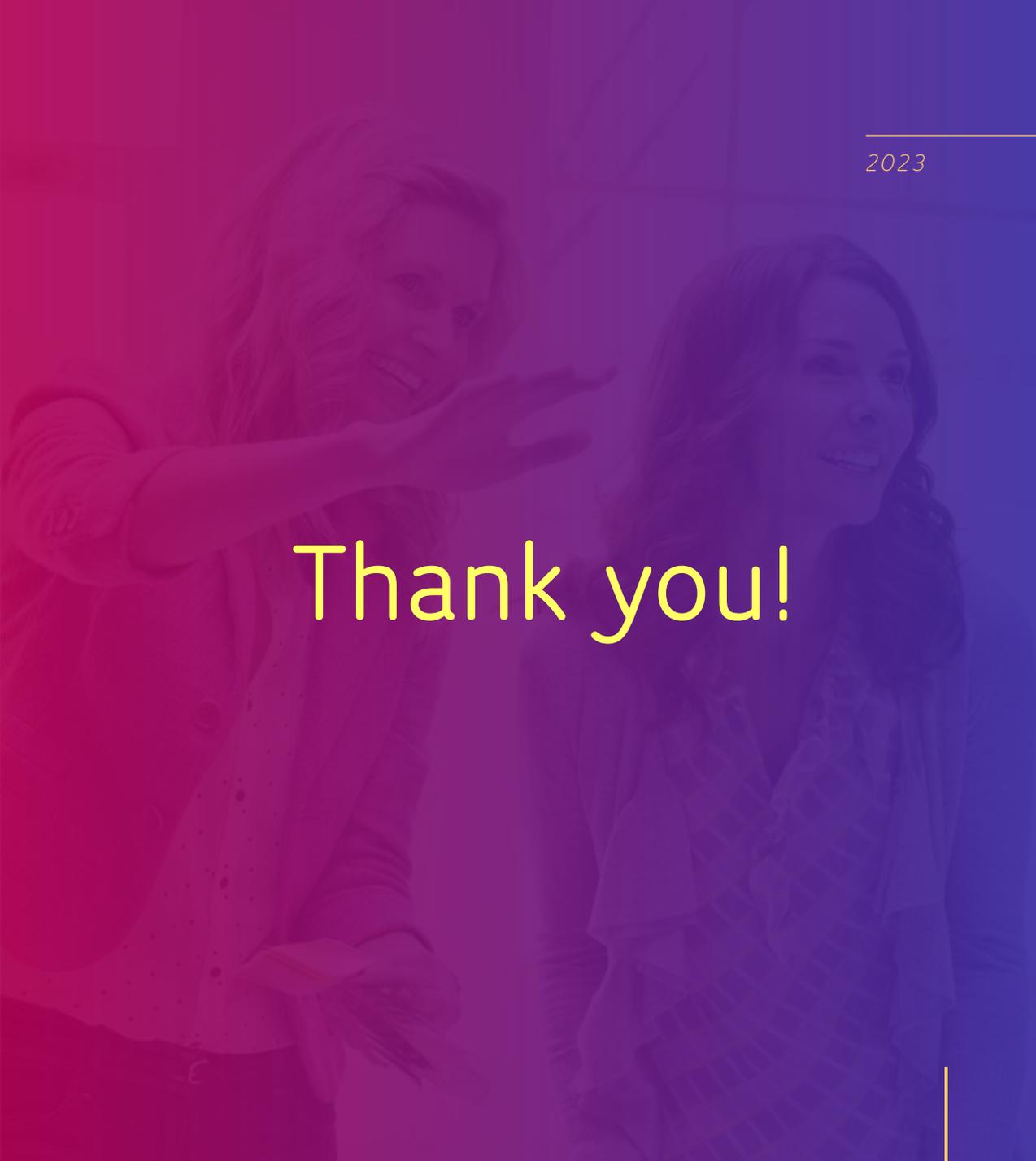
Dr Natasha Roberts

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A photograph of two women in a professional setting, smiling and engaged in conversation. The woman on the left is gesturing with her hand. The image is overlaid with a semi-transparent purple and blue gradient.

Thank you!

Sustaining your AMHE work: how to measure success

Clementine Fitch Bunce, QI coach, NCCMH

Emily Cannon, Head of QI, NCCMH



Short term goal:
June 2024

[Placeholder text for short term goal]

Long term goal:
Beyond June
2024

[Placeholder text for long term goal]



 #AMHE





15 MINS

Complete the A3 worksheets on
your table



#AMHE





20 MINS

- Identify one person on your table to stay by your worksheet.
- The rest of the room to rotate and view other table's completed sheets
- Ask each other questions and support other teams to think about how to achieve their goals and measure their successes.



 #AMHE

Feedback, next steps and close

Tom Ayers, Director of NCCMH



We value your feedback!

- We value your feedback as this helps us to continue to improve these events and ensure topics covered are meaningful and relevant to you.
- Please use the QR displayed here, or the paper copies on your tables.

