An Evaluation of the Dundee Association for Mental Health Outreach Service

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Summary

This research has evaluated the Outreach Service of Dundee Association for Mental Health, a project funded by the Community Fund for 3 years since 1999. The purpose of the evaluation was to assist DAMH to review the performance of the Outreach Service over the past three years from different perspectives and to make suggestions about how the service might develop in the future. It did this by conducting interviews with 9 key stakeholders and 9 service users, surveying opinions through a self-report form (32 respondents), and examining existing information and reports. This report is a summary of the key findings and discussion from the research.

Key findings

- The number of beneficiaries far exceeded original estimates of 30-40 for the Outreach Service project: i.e. there were 70 beneficiaries in Year One; 69 in Year Two; and 80 in Year Three
- Slightly more males than females benefited from the Outreach Service in all three years
- The number of users who became volunteers more than doubled from eight in Year One to 19 by Year Three
- There was less demand for home visits than originally planned and in Year Three there were fewer hospital visits when the new local hospital unit opened
- An enhancement to the Service had been offering users a range of complementary therapies and these had been positively received
- Data collected during the period of the evaluation showed users had experienced a variety of one-to-one and group activities, with the most common being the group day trip
- DMSG members were involved in a wide range of activities in the community from photography to gardening, and activities reflected members interests
- There were high levels of satisfaction expressed by DMSG members and others attending a group day trip
- Users of the Outreach Service valued participating in community-based activities and having the chance to "broaden horizons"
- Activities also provided some users with a 'sense of purpose' in life and a sense of belonging
- There was felt to be a positive impact on users' mental well-being, self-esteem and self-confidence

- There was limited awareness of the Outreach Service among external stakeholders, and many DMSG members did not perceive themselves as users of the service when 60% were shown to be

- External stakeholders understood the project as meeting needs in the community in the sense of traditional 'outreach'

- The project's aims were defined by DAMH as enhancing opportunities for DMSG members to use community-based resources for leisure, recreation and sport and education and providing support to those who could not attend the day centre

- It was not clear to everyone what being a volunteer meant in the Outreach Service: it meant different things to different people

- A recurring theme was that recruiting and supporting members to become volunteers needed more systematic and deliberative strategies

- Some service users sought greater involvement in decision-making as well as participating as volunteers

- The most pressing need for many users was addressing the isolation they experienced at weekends and evenings when there were few services and people were at their most vulnerable

- In the future, service users wanted more trips and activities of various kinds, more home visits on a flexible basis, and support to enable them to make a contribution

- Users wanted more activities to be offered on a weekly or fortnightly basis, especially small group activities, and for support to do "normal things"

- Some key stakeholders envisaged a radically different type of service being provided focusing more on working with people in the community who were not necessarily attending the day centre

- There was felt to be potential for the Service to become more integrated with other mental health services, as well as other community based resources

- Both users and stakeholders supported continuing to develop capacity to deliver person centred services, which might mean expanding the definition and scope of the Outreach Service

- User involvement was said to have been the "hardest thing" to achieve in practice, although a some DMSG members had become active in Year Three, including collaborating with this evaluation

Conclusion

The evaluation found high levels of satisfaction among current users of the Outreach Service and demonstrated several positive benefits from participating in ordinary community activities. Demand was high for this type of support, but the potential for making support even more person-centred and further enhancing community participation for people with mental health problems was yet to be explored.

An unresolved issue arising from the research was whether it should continue to be a service that focuses on increasing the community presence and participation of people with whom DAMH is already working, or whether it should extend its 'outreach' to those for whom traditional day centre services are not the preferred option. This can only be resolved within the context of current developments in local mental health services, and reviewing the contribution that can be made by different service providers to the needs identified in this report.

Recommendations

The recommendations that follow on from the evaluation were:

1. DAMH should explore ways of gathering more comprehensive and fine-grained data about Outreach Service activities, participants and outcomes to help it to monitor and review progress effectively.

2. DAMH should develop more proactive ways of publicising the Outreach Service to raise awareness among potential users and other professionals in health, local authority and the voluntary sector, including presenting the findings from the evaluation to the local Mental Health Strategic Planning Group.

3. Further research could be carried out into the experience and benefits of one-to-one support through the Outreach Service as current feedback information is in respect of users' experiences in groups.

4. DAMH should investigate the benefits of applying 'person centred planning' to the Outreach Service, and identifying any staff training needs to implement such approaches.

5. Qualitative research should be carried out to gather information about individual users' stories over a reasonable period, and used to provide a more detailed and meaningful picture of the outcomes for individuals.

6. Consideration should be given to ways of systematically measuring user satisfaction on an ongoing basis.

7. The evaluation suggests that it would be beneficial to develop a clear role for volunteers within the Outreach Service, as well as systematic arrangements for recruiting and supporting individual users to become volunteers.

8. Consideration should be given to how the Outreach Service might offer an even wider range of activities to meet individual demand and on a more frequent weekly or fortnightly basis for some activities.

9. It will be important to consider the findings of this evaluation in the context of new developments in mental health services in Dundee, especially the review of day opportunities.

Acknowledgements

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Members of the research steering group were: Brian Dalgleish, Colin Blair, June Imrie, Mike Scallan, and Laura Kerr.

The Research Team

Julie Ridley carried out the interviews with key stakeholders, and Laura Kerr carried out the interviews with service users while on student placement at DAMH, together with Colin Blair and Brian Dalgleish.

The data were analysed and report written by Julie Ridley

Preface

To be written by DAMH

Section 1: Introduction

1.1 Purpose of the Evaluation

This evaluation was intended to assist DAMH in identifying the future direction of its Outreach Service, particularly in light of local and national strategies and policies and to assist the organisation when making future funding applications. It was a criterion of the Community Fund grant that the Outreach Service would be evaluated in its final year, and in May 2002 DAMH commissioned Dr Julie Ridley, an external research consultant, to carry out the evaluation.

This report outlines the aims and objectives of the research carried out between May to end of June 2002, the methods used to gather the views of a range of stakeholders, and presents and discusses the findings. It should be emphasised that the findings in this report therefore represent a snapshot of the Outreach Service's activities during a two-month period in 2002.

1.2 Description of the Outreach Service

The Outreach Service was set up by DAMH in 1999 with 5 staff members working part-time and providing 35 hours per week in total. The Community Fund grant had enabled DAMH to appoint and manage an additional Care Worker to work part-time on outreach activities alongside other DAMH staff. The Outreach Service had four key elements. It provided:

1. Opportunities for DMSG members to use community based services

2. Home visits for members unable to attend the DAMH day centre due to ill health or prolonged absence

3. Hospital visits to facilitate the discharge process and encourage referrals

4. Support to existing self-help groups as well as help to develop new user forums and networks for mental health awareness.

The Outreach Service was targeted at members of the Dundee Mutual Support Group (DMSG). To become a member of DMSG an individual had to become a user of DAMH services and attend Kandahar House day centre. As such, the Service was working with people who had severe and enduring mental illness.

User involvement and control was highlighted by DAMH as a key feature of the Outreach Service. Members of the DMSG were recruited to become volunteers, as well as to become involved in a steering group for the Service. A stated aim was to have at least 50% DMSG members on the Steering Group.

1.3 Aims & Objectives of the Evaluation

The main aim of the evaluation was to assist DAMH to review the performance of the Outreach Service over the past three years and to do so from a range of perspectives, and to make recommendations for its future development. The aim and objectives for the research were arrived at in discussion with DAMH before starting the project. A research steering group consisting of the Care Worker and members of DMSG was set up to provide advice and support to the evaluation, and this group met three times during the project.

The research had five key objectives. These were to:

1. Gain a picture of the Outreach Service and its activities (both individual and group activities);

2. Examine users' and other key stakeholders perspectives of the Service and their assessment of its impact;

3. Look at the experience of volunteering within the Outreach Service;

4. Identify any gaps in the service and what might be done differently in the future

5. Discuss the findings and contribute to ideas about the future role of the Outreach Service within DAMH

1.4 Design & methods

The design of the evaluation included both quantitative and qualitative elements and involved assimilating information already collected by DAMH and from a number of secondary sources, as well as collecting new data about the service's activities and from a range of perspectives. The researcher coordinated this work during two months alongside DMSG members and Outreach Service staff.

DAMH had already begun an evaluation journey, having recently carried out user satisfaction surveys in respect of the complementary therapies offered and the Outreach Service itself. Also, information from the original Lottery (now Community Fund) application and subsequent progress reports were made available as background, which provided information about the original aims and objectives and planned direction of the service.

The main methods used in this evaluation were: collation of statistical information from ongoing monitoring statistics collected by DAMH; interviews by telephone and face-to-face with identified key stakeholders and with Outreach Service users; surveys of activities taking place during the period of the evaluation by self-report form; and drawing on secondary sources of information.

There had been discussion with the research steering group about collecting data through video and photographic diaries and written statements from those who did not want to be interviewed. A video diary was produced of an organised bus trip, which contributed to the evaluation.

1.4.1 Ongoing monitoring statistics

At the start of the evaluation, the intention was to gather data readily available or that which could be easily collected by DAMH. Routine monitoring of the Outreach Service was however, an under-developed area and subsequently only limited data was collected in the time available.

The main form of recording in use by DAMH collected the following information: details of the type of activity, whether it was classified as 'reactive' or 'planned', the number of members and volunteers involved, duration of the activity and brief general comments. Basic characteristic data about DMSG members using the Outreach Service such as gender and age were also kept.

What was not available for each year was information about the actual numbers of home visits, meetings attended with members, individuals engaged in different types of activities, or the number of planned supports towards discharge. Neither was it possible to obtain a figure for the number of people initially attending the centre and continuing to attend.

1.4.2 Interviews

Interviews were undertaken with two main types of respondent: key stakeholders (as defined by DAMH), and second, interviews with DMSG members who were Outreach Service users. The key stakeholders included individuals and representatives of statutory (health and social work) and voluntary organisations, who were thought to have direct knowledge of and opinions about the Outreach Service. Interview schedules were designed as largely open-ended with the aim of gathering a range of perspectives on a topic and exploring issues in more depth. Copies of these can be found in the Appendices.

Interviews with key stakeholders

Nine individual interviews were carried out either face-to-face or over the telephone with staff and committee members of DAMH, Social Work, Health, Self-Advocacy Groups, Carer and other voluntary sector groups. The researcher undertook these interviews.

The stakeholder interviews explored what respondents understood the aims of the Outreach Service to be, whether it had achieved these aims, what had worked well and what hadn't worked so well, how they defined 'person-centred' services and the extent to which the Outreach Service was person-centred, how involved users were in the Service, what they perceived as desirable outcomes, and how they saw the

Service developing in future. The Scottish Development Centre's (2001) *"Route Map to User and Carer Participation"*, was sourced in drawing up the measures.

Interviews with DMSG members

A social work student on placement at DAMH, assisted by DMSG members on the research steering group carried out individual interviews with Outreach Service users and volunteers. Two service users provided brief personal statements reflecting on their experiences and how they envisaged the service might develop. Over a 3-week period, around 30 users attending the Kandahar day centre were approached and asked for an interview. Nine individuals (6 male; 3 female) agreed to be interviewed. Most of these (6 people) were aged between 30-39 years and the remainder over 50 years (3 people).

The interview schedule built upon an earlier questionnaire that had been designed by the members of the Outreach Service support group to survey its users (see DAMH internal report). This ensured that the evaluation would not duplicate work, but rather that it would add a qualitative dimension. Interviews with service users covered the support they had received from the Outreach Service, their perceptions of its impact on them, its benefits, whether it had met their needs and what they wanted from it, the scope for becoming involved in the operation and running of the service, experiences of being a volunteer, and service users' views about how it might develop in the future. The schedule was piloted with three users and minor modifications made as a result.

The main reason for the low numbers of service users taking part in interviews was that many DMSG members did not define themselves as users of the Outreach Service. Others who refused to be interviewed had been unwell at the time. Additionally, as they had recently conducted an in-house survey, some may have felt they had already been asked their opinions, albeit to different questions. A typical comment was "I come here and go places", but this did not equate in their mind with being an Outreach Service user. A member of the research steering group who was conducting interviews reflected:

> *"People were not realising the difference between the Outreach Service and DAMH".*

This definitional issue proved challenging, and meant that the sample of users interviewed was gathered on an opportunistic and pragmatic basis, rather than through applying a more systematic sampling strategy. All were interviewed on a day when they attended the Kandahar House day centre. The steering group advised that it was inappropriate to carry out research interviews during home visits given people's stage of recovery. While it did not prove possible to conduct interviews with service users who did not attend the day centre, some did complete the self-report form as described below.

1.4.3 Self-report form

An 'activity response sheet' was devised as a self-report form to be handed out at the end of any Outreach Service activity. The form was short to encourage as many

people as possible to complete it, while still attempting to gather useful data about perceptions and individual satisfaction for the purpose of the evaluation.

During the evaluation, 32 self-report forms were completed. Twenty-four (75%) of these were completed by users attending a single bus trip. The remainder were completed by individuals who were part of a gardening group (3), one person who met the Care Worker at the Princess Royal Trust (PRT) Carers Centre, one who had received counselling, another who was accompanied to local fitness facilities, another who attended a walking trip, and one person who was supported to attend community art classes.

The majority of respondents defined themselves as 'Outreach Participant (DMSG)' (18 out of 32 or 56%), while 14 of those on the bus trip were 'users of SAMH' or 'Other'. There were almost equal percentages of male and female respondents (18 males, 14 females). Ages of the self-report form respondents varied from 20 years to 50 years or over. A sizeable percentage were aged 50+ years (12 or 38%), 6 (19%) were aged 40-49 years, 12 (38%) were aged 30-39 years, and 2 (6%) were aged 20-29 years.

1.4.4 Secondary sources

During 2002, the national Mental Health and Well Being Support Group visited Dundee and produced a report about local mental health services generally (MHWBSG, February 2002). Additionally, a Scottish Health Advisory Service (SHAS) review visit had taken place in the area but their report had not been available to the researcher during the evaluation. The DMSG members had produced research reports about the use of and users' satisfaction with, complementary therapies and the Outreach Service. These latter documents informed the data collection phase and are referred to in the findings of the evaluation.

1.5 User Involvement

A key aim of the Outreach Service was that service users would be involved in all aspects of its management and development. It was therefore important to adopt this principle as far as possible in the way the evaluation was designed and carried out. As McCollam & White (1993) assert:

> *"Mental health evaluation should attach weight to the views of users and seek not only to tap their opinions, but also to enable them to participate in the process of planning and conducting the evaluation." (p18)*

DMSG members were involved with the researcher in a research steering group, along with the Outreach Service Care Worker and student social worker. The research steering group discussed the research questions to be asked and contributed to drafting interview questionnaires and self-completion forms. Some members also carried out interviews with service users and agreed to be interviewed themselves. The steering group were consulted about the final report.

1.6 Section 1 Recommendations

1. DAMH should explore ways of gathering more comprehensive and fine-grained data about Outreach Service activities, participants and outcomes to help it to monitor and review progress effectively.

Section 2: Findings

2.1 Introduction

In this section, data from interviews with key stakeholders, service users, self-report forms and existing information is brought together to provide a picture of the Outreach Service and its activities; reflect on different perspectives of the service and its impact; examine the experience of volunteering within the project; identify perceived gaps and suggestions for improving the Service; and finally, to assess the level of user involvement in the Outreach Service.

2.2 Profile of the Outreach Service

As reported in the previous Section, the statistical information available for the evaluation about activities and beneficiaries was limited. However, the annual report and data collated by DAMH staff from ongoing monitoring sheets provided a picture of the number of beneficiaries and the activities carried out and this is reported below.

2.2.1 Beneficiaries and Activities

DAMH reported 72 beneficiaries in Year One (70 DMSG members and 2 self-help groups); 69 beneficiaries in Year Two (44 DMSG members, 5 self-help/ advocacy groups, 20 carers); and 80 beneficiaries in Year Three (all DMSG members). In addition, 60 DMSG members benefited from complementary therapies offered through the Outreach Service during Year Three. These figures far exceed the original estimates in the funding application that there would be 30-40 direct beneficiaries.

Outreach Service activities ranged from one-to-one work with individuals, for instance, making home or hospital visits or accompanying an individual to a legal or medical appointment or welfare benefits tribunal; small group (2-4 people) activities involving gardening, keep fit or having lunch; and larger group activities involving over six people, such as organised bus trips to historical places in Scotland. For a detailed breakdown of the full range and diversity of activities undertaken by the Outreach Service, see Appendix 1

On average an 'activity' was reported to last between 2.5 to 3 hours, and there had been 235 such 'activities' in the first year, 315 activities' during Year Two and 407 different activities by Year Three. It was estimated by DAMH that the highest proportion of staff time was spent in small groups (57%), followed by one-to-one (32%), large group activities (9%) and home visits (2%).

In terms of the characteristics of the recipients, males outnumbered females among DMSG members using the Service, but the difference was not significant. In Year One, 54 males and 44 females were beneficiaries; in Year Two, there were 66 males

and 54 females. In Year One, eight individuals had become volunteers with the service and by Year Three this number had more than doubled to 19 individuals.

Outreach Service staff reported less demand for home visits than originally envisaged. The trend had been to meet individuals on more neutral ground, for example, in cafes and gradually moving towards attendance at the centre. Hospital visits had reportedly been a significant part of Years 1 and 2 activity but there had been fewer hospital visits since the opening of the new hospital unit in the area, which was felt by DAMH to be less a reflection on the operation of the Outreach Service than on issues within the mental health system. This had limited the impact of the 'in-reach' aspect of the service:

> *"You can't stick your head in quite as easily as at Liff. Don't feel as welcome up there. You have to get through a lot of security and people are usually sitting in their own bedrooms rather than walking about, or in the smoking room where only patients are allowed."*

An enhancement to the service had been offering access to a range of complementary therapies, which had been positively received by service users.

2.2.2 Service based on individual choice

The Outreach Service was set up to respond to the needs identified by individuals involved with DAMH. It had achieved this through a range of approaches including working on a one-to-one basis, organising small and large group activities outside the day centre and basing its activities programme on user demand. Staff prided themselves in the flexibility of the Outreach Service:

> *"It's both reactive and planned. It's what people want rather than what we want. New DMSG members get an Outreach Service leaflet and a member of staff spends time with the person and finds out what they want to do. Sometimes volunteers will speak to a new user about what they're involved in, and show them around. We ask if there's anything they're interested in. People get a feel for the place and other ideas come up." (Outreach Service staff member)*

Data collection during the period of the evaluation found that respondents had experienced a variety of activities, with the group daytrip the most common (see Table 1 below). However, it should be stressed that this reflects a snapshot of time in the life of the project and only a small proportion of the beneficiaries who were involved in the research. Table 1 shows from interviews with 9 service users and 32 survey respondents that the Outreach Service had offered a blend of different activities to suit a range of preferences. The full range of activities organised by the Outreach Service can be found in Appendix 1.

Table 1: Number of respondents and interviewees taking part in different types of activities organised by the Outreach Service

Type of Activity Organised by Outreach Service	Type of respondent	
	Number of survey respondents	Number of Interviewees
Group daytrip	24	9
Gardening	3	-
Aqua Sauna	1	-
Counselling	1	-
Drama/photography/writing	1	-
Walk for all	1	-
PRT Carers Centre	1	-
Activities on one-to-one	-	4
Home visit	-	3
Hospital visit	-	3
Advocacy	-	5
Awareness raising	-	3
User/self-advocacy groups	-	5
Complementary therapies	-	8

The Outreach Service had been successful in tapping into individuals' wider interests, something that the users and key stakeholders considered as a major strength. It had made particularly positive links with arts-based organisations and self-advocacy forums. Its activities were based upon the needs and preferences of DAMH members rather than fitting people into a pre-defined programme. It was claimed that activities organised through the Outreach Service were "always directed by the person's interests."

When asked during interviews, the majority of key stakeholders and service users considered the Outreach Service as 'person-centred' and flexible. One user stated that if, at any time, he were unable to attend the day centre on his own, he was confident that Outreach staff would arrange a home visit to assist him. Another person said he was able to decide himself when he wanted staff to visit him at home and that this only happened in response to his requesting it. Plans for organised trips were stated as "not set in stone", and it was a generally held view among users and staff that there was involvement in deciding the nature of group trips and it was then up to each individual to decide whether to take part.

Another aspect of what was understood by the concept of 'person centred', was that it referred to the positive way people were treated by the service:

> *"A core set of values based on team working, openness and honesty, mutual respect and recognition of individual contribution." (Key stakeholder)*

Users valued that they were treated with respect and "not as a 'mental health problem'", which was in contrast to other experiences of mental health services.

2.3 Different Perceptions

One of the research objectives was to examine users' and other key stakeholders' perspectives of the Outreach Service and their views of its impact. To a limited extent, the evaluation was able to measure satisfaction with some of the activities and to identify what users perceived as the benefits for them. In examining different perspectives of the Outreach Service, the evaluation uncovered significant differences in awareness and understanding of the project.

2.3.1 User Satisfaction

The self-report form included a question asking for an assessment of satisfaction with the activity being commented upon. Out of 32 responses, 31 (or 97%) indicated high levels of satisfaction with the activity: 26 stated they were 'very satisfied' and a further 5 that they were 'satisfied'. Only one respondent stated he was 'very dissatisfied', although he did not elaborate on the reasons for this so it is not possible to comment further.

The majority of respondents had valued both the type of activity and the social aspect. For instance, one person stated it was "a good day out with good company". Day trips organised through the Outreach Services were felt to be "good value" and "historically interesting", and most of all, provided users with the chance to do something different in the company of other people. Some typical comments were:

> *"Meet people, get out, go shopping, look forward to it, gets me oot the house."*
>
> *"Look forward to it every week. Makes me feel relaxed and gets my frustration out."*
>
> *"Enjoyed socialising, stimulating and treated as a normal human being, not as a 'mental health problem!"*

While limited as a measure, this finding indicates a high overall level of user satisfaction with both small group activities and larger group activities such as the bus trip organised during the research.

2.3.2 User-Defined Benefits

Three main benefits identified by DAMH at the start of the project had been that the Outreach Service would:

- Prevent mental ill health and promote better mental health
- Enable mentally ill people to take control of their lives
- Encourage users to have a greater say over the operation of the project

While this evaluation can comment on the positive benefits of the Outreach Service to people's mental health and well being, it was outwith its' scope to comment on

whether the service had been able to prevent mental ill health, as this is rather complex to measure. What the evaluation found was that service users valued the range of opportunities provided to participate in ordinary community activities, and secondly what was described as "broadening my horizons". Both one-to-one and group activities had successfully offered users a range of opportunities to "do things I wouldn't normally do". Further, service users' themselves felt that participating in these activities had had a positive impact on their mental well-being including improving their self-esteem and self-confidence. The following quotations from service users were typical:

"You feel really good about yourself – get taken out for meals."

"There was a time when I couldn't even get out of my chair. When I was recently off my legs and unable to walk or stand unaided, I had several home visits, which I greatly appreciated because it showed me that I had not been forgotten. And now that I have made a full recovery I can come into the centre."

"Staff have taken me outside Kandahar to places outwith the centre in their own time. This gave me confidence which I sorely lack."

Another outcome identified by users was that taking part in a regular activity had provided them with a sense of purpose in life, a "routine" and something that "gets you out of bed". In other words:

"Gets me out in the fresh air. Gives me something to do, gives me a boost. Feel confident because I know what I'm doing and got a picture in my mind. People are commenting on how good the garden looks."

There was hardly any negative comment about the Outreach Service, and what there was concerned aspects of the relationship between some individuals and some staff members. A minority of users expressed the feeling that some staff members could be "a bit more friendly and mix more". Outside of the day centre, these staff were said to be "completely different and more relaxed".

Previous surveys of Outreach Service users carried out by DAMH staff and DMSG members, also reported general "positive benefits" in terms of improving service users' mental and physical health. Additionally, a survey of those using the complementary therapies offered through the Outreach Service had reported positive benefits in terms of alleviating pain, helping establish better sleep patterns, decreasing anxiety and tension and helping users with depression. Although this evaluation did not specifically set out to directly examine the benefits of complementary therapies, other research has affirmed the positive findings of the internal DAMH report.

2.3.3 Awareness of the Outreach Service

This research found limited awareness of the Outreach Service among external stakeholders, but also among DMSG members. Many DMSG members had declined to be interviewed because they did not perceive themselves as being users of the Outreach Service. This contrasts with the project's statistics showing 60% of

DMSG members to have been involved with Outreach in Year Three. Staff and members commented that it was difficult to separate the Outreach Service from other DAMH provision, and this confusion might have contributed to the uncertainty.

Apart from knowing of its existence, knowledge of what the Outreach Service is or what it provides, was low among external stakeholders in statutory and voluntary agencies. Most had not seen any promotional materials and had neither been directly nor indirectly involved with the Service apart from voluntary sector mental health projects who had regular contact with DAMH staff and users. One stakeholder stated:

> *"I'm not sure in a formal sense what it is, only what I've heard from DAMH and service users."*

Key stakeholders were most aware of the close links between users of the Outreach Service and arts advocacy, drama therapy and photography groups, and the links with self-advocacy organisations.

The lack of awareness of the Outreach Service has implications both for its effectiveness in reaching all those who might benefit or be eligible for the service, and potentially in terms of whether it attracts mainstream funding as part of the broader strategic planning for local mental health services:

> *"If more people knew about it and it was known to be working well it might be better supported. It could be doing some good work but no-one knows about it. Presentations to strategic planning groups might help to foster more knowledge of it." (Key stakeholder)*

2.3.4 Perceived Purpose of the Outreach Service

This lack of awareness of the Service among key stakeholders, specifically those outside the organisation, was mirrored in how they perceived the aims of the Outreach Service. Those outside DAMH understood its purpose to be principally about 'reaching out' to meet the needs of people living in the community, especially those who are not traditionally in contact with other services. A second aim was perceived as promoting the use of ordinary facilities as an alternative to a centre-based service. One key stakeholder commented:

> *"It's about taking DAMH out into the community. It's very much to do with offering a combination of practical and emotional support to those who choose not to, or whose circumstances don't allow them to go into the centre. It's reaching out as opposed to people coming to them."*

Similarly, some DMSG members underlined the importance of reaching out to people in the community who for a variety of reasons couldn't attend the day centre:

> *"It's supposed to be a service for people who can't get in here."*

For DAMH, the purpose was to offer DMSG members enhanced opportunities to use community-based resources for leisure, recreation and sport, and education. It had

in the words of one member of DAMH staff served to "broaden our horizons beyond the four walls" of the day centre. Also, by having the capacity to visit individuals in their homes and at hospital, the Outreach Service provided the capacity to support people through ill health until they were well enough to attend the day centre. The Outreach Service enabled DAMH to forge better links with existing referrers:

> *"In some respects it is 'in-reach' in that its about strengthening links with existing referral agents so that we can provide the best quality support to the people referred to us and plan an induction process for those involved in DMSG."*

Not surprisingly therefore, there were different perspectives on how best to measure the success of the Outreach Service. This ranged from measuring success in terms of continued user demand for this kind of support, or users taking more control by initiating activities, to developing day services away from a day centre base and improving individuals' quality of life by offering more constructive and meaningful occupation. Some felt users' being less reliant on medical services was an appropriate measure of success. Others suggested using measures of satisfaction with the service, its reach and quality in terms of how 'person-centred' it was.

2.4 Volunteering

This evaluation found that the meaning of the term 'volunteer' was unclear to most users and meant different things to different people. The role of volunteers within the Outreach Service as such had never been defined, which was both its strength and weakness. For some service users, volunteering with this project had simply meant they were able to "do what any caring person might do", and in this case, they did not always define themselves as a volunteer. For others, this informality and lack of structure around volunteering was less satisfactory.

The information about volunteering collected through this research was limited, mainly because most interviewees and questionnaire respondents did not consider themselves volunteers. Six respondents who returned the self-completion form had been volunteers, while only two interviewees had. DAMH Outreach Service report on the other hand, suggests that many users had undertaken supportive roles particularly as guide leaders on large group trips and were therefore, volunteers. Confirming this role, one of the interviewees commented:

> *"Volunteers take the pressure off the staff. Mainly on trips, volunteers give advice, ask 'have you taken your medication?' Keep an eye on people who might wander off."*

Others had volunteered to visit members in hospital or at home when they were unwell. When users helped by introducing new members into the day centre or became part of the steering group for the service as well as part of the research steering group for this evaluation, they were classified as volunteers.

Some users expressed reservations about becoming a volunteer:

"I couldn't make a conscious commitment to volunteering, I'd feel I'd be stressed if I couldn't keep an arrangement which wouldn't be good for my health." (DMSG member)

There were problems at least initially in introducing the idea of volunteering in the Outreach Service. Staff were under the impression that users expected staff to organise the activities because they were paid to do so. Invariably, when staff had approached users directly this proved the most successful strategy. A recurring theme was that recruiting volunteers needed to be more systematic and deliberate. The findings suggest that positive and direct approaches to members to act in a volunteering capacity might work best as the following comments illustrate:

"If I was asked to organise trips etc I'd do it but I'd have to be asked first. I've been asked to be a befriender in the past but I said no because I wasn't well enough in myself"

"Badges might help. I think there should be training in first aid in case someone has a fit. Should definitely be competent in first aid." (DMSG member)

Formal systems for recruiting and supporting volunteers were not in place, although these were being developed as part of a future funding proposal.

2.5 Gaps & Future Proposals

Most of the service users interviewed were satisfied with and enjoyed the activities they participated in. They wanted the service to continue with even more activities to be offered. This included requests for "going somewhere not too far for walks", "more trips", going swimming or to the gym, Judo, fishing, horse riding or pony trekking, and going to a musical. Some ideas were more ambitious and involved organising breaks away such as a trip to London, a residential weekend in Skye or to visit other mental health projects in and outside Britain

The swell of opinion was that activities should be offered on a weekly basis. This included respondents who were already involved in small group activities on a weekly basis, thus confirming their satisfaction as well as a need to consider extending this approach. Others wanted activities such as organised bus trips to be held at least monthly (8 respondents), or even fortnightly (3 respondents). Two users felt there should be fewer restrictions imposed on finishing times: a frequent comment was that trips had to return by 4pm.

When asked to identify gaps and future improvements to the Outreach Service, a majority (22 survey respondents) suggested the most pressing need was to address the isolation many users feel at weekends and/or in the evenings when there are few services and people are most vulnerable. One service user stated:

"You wouldn't have to be Sherlock Holmes to work out that after a long time isolated every night with nothing to do has left me bored, embarrassed and too insecure to want any friends in real life. After two or three years of loneliness this has left me feeling like life has given up on me already!"

A minority suggested there should be more opportunities to have home visits and for community outreach:

> *"Someone to visit me when I can't get out, help me with my shopping"*

> *"I've not had the opportunity to be visited at home. I think this would be useful to me, it helps you feel more supported and confident."*

Some key stakeholders, while they did not want to "lose the supportive day centre", suggested there should be more support for people at home who do not want to attend a day centre and emphasised the potential for developing a radically different type of service from DAMH:

> *"While resources remain tied up at the centre there's huge question marks over whether the centre, a building is the best way to meet people's needs. There is an element at Kandahar where it's their life, but is that what mental health treatment and care is all about?" (Key stakeholder)*

There was a desire to see it become part of an overall strategic direction and perhaps linking better with supported employment initiatives and colleges. It was felt that the statutory sector and the voluntary sector needed to work more closely to increase the range of activities available to people with mental health problems to enable them to "do normal things". There was user demand for providing more support to enable individuals to contribute to their community:

> *"I'd like to do more in the community if I was able. I'd like more responsibility."*

One key stakeholder envisaged more active links with the Council's Neighbourhood Resources Development Department as beneficial, for example, having a presence at neighbourhood centres to increase effectiveness in "reaching new people in the community".

There was strong support for continuing to develop its capacity to be person-centred. One local authority manager wanted to see the service become part of the care plan so that it was taking a more holistic, person-centred approach. This view would be supported by recent research (Graley-Wetherell & Morgan, 2002). These researchers, reporting on an assertive outreach project in Norwich, concluded that many mental health service users complain that traditional services do not encourage involvement in care plans.

2.6 User involvement in the Outreach Service

User involvement was in the words of one staff member "the hardest thing" to achieve in practice. Staff perceived a barrier that service users believed that staff should organise and carry through the activities because they were being paid to do them. Another key stakeholder observed:

"The problem is a lot of people with mental health problems are used to being told what their capabilities are and that's wrong, but they seldom question it. That's where outreach can help by telling people 'you're capable of a lot more' but they need nurturing, encouraging and help to understand that there are other options"

The evaluation had asked whether service users felt involved by the Outreach Service. There was a high level of satisfaction in being involved in decisions about group activities. Out of 32 respondents to the self-report form, 20 or 63% had felt involved in deciding where to go and what to do, although majority or "democratic" decisions did not leave everyone feeling adequately involved. This indicates a need for flexible and active systems for gathering different service users opinions. For instance, although the majority did feel involved, this individual was dissatisfied and there are few mechanisms for tapping into such views:

"Sometimes I feel listened to but that's as far as it goes. Ideas are swept under the mat. They make promises, try and keep them but then something pops up. Have to go with what the majority wants, not the individual."

It was not the case however that everyone wanted to become more involved. Some were happy to "go with the flow". When asked for suggestions for being more involved, respondents reiterated being involved in "making decisions about where and what we do", and that they would "like to be a volunteer" but needed to be asked.

Some felt that involvement in the Outreach Service had been achieved as far as could be expected, but there was an indication that some service users wanted to be more involved and would appreciate being asked for example, to become a volunteer. This finding was supported by the internal survey which found 88% of respondents would consider getting more involved with the service so long as they were able.

2.7 Section 2 Recommendations

- **DAMH should develop more proactive ways of publicising the Outreach Service to raise awareness among potential users and other professionals in health, local authority and the voluntary sector, including presenting the findings from the evaluation to the local Mental Health Strategic Planning Group.**

- **Further research could be carried out into the experience and benefits of one-to-one support through the Outreach Service as current feedback information is in respect of users' experiences in groups.**

- **DAMH should investigate the benefits of applying 'person centred planning' to the Outreach Service, and identifying any staff training needs to implement such approaches.**

- **Qualitative research should be carried out to gather information about individual users' stories over a reasonable period, and used to provide a more detailed and meaningful picture of the outcomes for individuals.**

- **Consideration should be given to ways of systematically measuring user satisfaction on an ongoing basis.**

- **The evaluation suggests that it would be beneficial to develop a clear role for volunteers within the Outreach Service, as well as systematic arrangements for recruiting and supporting individual users to become volunteers.**

- **Consideration should be given to how the Outreach Service might offer an even wider range of activities to meet individual demand and on a more frequent weekly or fortnightly basis for some activities.**

- **It will be important to consider the findings of this evaluation in the context of new developments in mental health services in Dundee, especially the review of day opportunities.**

Section 3: Discussion and Conclusions

This Section attempts to draw together the main findings and observations made in the report. It is followed by a list of key recommendations emerging from the research.

The Outreach Service had been extremely successful in providing community based opportunities for people attending or referred to DAMH day centre. The evidence in this report suggests that it had developed its activities from the expressed needs and interests of users: the wide range of activities reflecting the diversity among the user group. Using a limited measure of satisfaction, the evaluation had found high levels of user satisfaction, particularly with a large group day trip and a small group engaged in gardening.

It is affirming of the community-based approach that there was a continuing demand for this service and that direct benefits to individuals could be identified. Although not an absolute measure of the impact on quality of life, there was an indication from this research that participating in the Outreach Service had a positive impact on mental well being and social inclusion.

The service had developed less as a support for those people in the community who chose not to attend a day centre, and this caused some external stakeholders to be confused about its purpose. It was not that the Outreach Service did not meet the purpose for which it was intended by DAMH, but that there were other needs that might be addressed by a service purporting to be about 'outreach'. Ostensibly, the Outreach Service had supported people attending Kandahar House to move out into the community rather than reach out into the community to meet the needs of people perhaps not actively involved with, or resisting mental health services.

The service was 'person-centred' in that it listened to users' ideas for activities and responded to that, and it had involved users in aspects of its development and management. This evaluation found user involvement had been slow to develop until Year Three and harder to put into practice than envisaged for various reasons. While there should be no doubt from this report that the Outreach Service was developing its support based upon people's expressed needs and interests, the project had yet to embrace person-centred planning approaches as for instance, presented by Sanderson et al (1997). Project staff also recognised the scope for developing more meaningful involvement with the Service.

Conclusion

The evaluation found high levels of satisfaction among current users of the Outreach Service and demonstrated several positive benefits from participating in ordinary community activities. Demand was high for this type of support, but the potential for making support even more person-centred and further enhancing community participation for people with mental health problems was yet to be explored.

An unresolved issue arising from the research was whether it should continue to be a service that focuses on increasing the community presence and participation of people with whom DAMH is already working, or whether it should extend its 'outreach' to those for whom traditional day centre services are not the preferred option. This can only be resolved within the context of current developments in local mental health services, and reviewing the contribution that can be made by different service providers to the needs identified in this report.

Section 4: Key Recommendations

The purpose of this evaluation had been to examine the Outreach Service from a range of perspectives and to make recommendation for its future development. The following recommendations therefore have been proposed to help DAMH consider ways forward.

1. DAMH should explore ways of gathering more comprehensive and fine-grained data about Outreach Service activities, participants and outcomes to help it to monitor and review progress effectively.

2. DAMH should develop more proactive ways of publicising the Outreach Service to raise awareness among potential users and other professionals in health, local authority and the voluntary sector, including presenting the findings from the evaluation to the local Mental Health Strategic Planning Group.

3. Further research could be carried out into the experience and benefits of one-to-one support through the Outreach Service as current feedback information is in respect of users' experiences in groups.

4. DAMH should investigate the benefits of applying 'person centred planning' to the Outreach Service, and identifying any staff training needs to implement such approaches.

5. Qualitative research should be carried out to gather information about individual users' stories over a reasonable period, and used to provide a more detailed and meaningful picture of the outcomes for individuals.

6. Consideration should be given to ways of systematically measuring user satisfaction on an ongoing basis.

7. The evaluation suggests that it would be beneficial to develop a clear role for volunteers within the Outreach Service, as well as systematic arrangements for recruiting and supporting individual users to become volunteers.

8. Consideration should be given to how the Outreach Service might offer an even wider range of activities to meet individual demand and on a more frequent weekly or fortnightly basis for some activities.

9. It will be important to consider the findings of this evaluation in the context of new developments in mental health services in Dundee, especially the review of day opportunities.

Section 5: References

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Sanderson H, Kennedy J, Ritchie P, Goodwin G, (1997), *People, plans and possibilities – exploring person centred planning,* Edinburgh: Scottish Human Services.

Scottish Development Centre for Mental Health, (2001), *Route Map to User and Carer Participation*, Edinburgh:SDC.

Appendices:

Appendix 1 – Range & Diversity of Outreach Activities

Activities

Aqua sauna
Golf
Ten-pin bowling
Workshops on cyber art
Drama
Gardening
Tai Chi
Computer/Internet
Horse riding
Shopping
Excursions
Putting
Swimming
Photography
Bus trips
Yoga
Pub lunches
Workshops on arts and crafts
Newsletter group
Weight training
History tours
Salsa dancing

Support

Letters to non attenders
Meeting clients in town who felt too ill to attend
Taking clients out of the centre when they are anxious
Legal surgery

Visits
Acute wards at Royal Dundee Liff Hospital
Acute wards at Carseview
Carstairs State Hospital
Perth Prison
Forensic ward at Murray Royal Hospital, Perth

Advocacy

Accompanying clients to:

GP
Dramatherapy
Benefits Agency
TCA
Psychiatrist
CMHT
Assessment unit
A& E Dept
Social work re parental access
Lily Walker Centre re housing
DLA tribunal hearing
Sheriff Court

Awareness raising

Ardler neighbourhood resource centre
Meetings with charge nurses at RDLH
Highwayman neighbourhood resource centre
Whitfield Activity Complex
Women's health fairs
Training for Dundee Women's Aid
Workshop for frontline workers at Dundee College

Home support

Several to members of DMSG when too unwell to attend the day centre

Support to Other Groups

Pathways to Recovery in Mental Health
Westfield Association
Dundee Mental Well Being Group
Hearing Voices
Little Wing

Therapies

Reflexology
Reiki
Aromatherapy
Shiatsu

Evaluation of Outreach Service
Basic Stakeholder Interview (May 2002)

Names of Interviewee(s): Date of interview:
Place of interview:

1. **What do you understand the DAMH Outreach Service to be about? What are its aims and objectives?**

2. **Can you describe the main elements of the service and what it provides?**

3. **Have you been directly or indirectly involved with the Outreach Service? How?**

4. **How well do you think the Outreach Service has done in achieving what it set out to do? Why do you say that?**

5. **What seems to have worked well with the Outreach Service?**

6. **What seems to have not worked so well?**

7. **To what extent do you think this is a 'person-centred' service? How would you define this?**

8. **Can you describe how user involvement has been encouraged/facilitated through the Outreach Service? Were there any barriers/problems to this?**

9. **What would you regard as a successful outcome or outcomes for the Outreach Service at this point in time?** What about over a longer period – would you expect different outcomes?

10. **And what would you regard as an unsuccessful outcome or outcomes (short and long term)?**

11. **Are there any activities or support which you feel are not included in the Service remit/plans, but could or should be?** (ie anything isn't strictly meant to do, but could or should?)

12. **How would you like to see the Outreach Service's work develop?**

13. **What support is there from eg statutory services for continuing the Outreach Service? (Any suggestions for stakeholder interviews?)**

14. **Have you any other comments about the Outreach Service or this evaluation?**

Thank you for your time. **23/05/02**

Evaluation of Outreach Project
Activities Response Sheet
May 2002

Title of activity or project you are taking part in: .....

.....
...

Date of activity:.....

1. **How do you feel about today's activity/project?** (Please look at the faces and circle the number below the one that best describes how you feel)

1 2 3 4 5

Why do you say that?

2. **Has the Outreach Service involved you today in any of the following ways:**

☐ As a volunteer
☐ Deciding where and what to do
☐ Some other way? (Please tell us how in the space below)

3. **Would you like to be more involved? Please tell us how in the space below.**

4. **Are there other things you think the Outreach Project should be doing?**

5. **How often do you think the Outreach Service should organise this type of activity/project?** (Please tick ONE box which best shows your opinion)

☐ At least weekly
☐ At least fortnightly
☐ At least monthly

6. **Should this type of activity/project take place at other times, such as evenings and weekends? If YES, when?**

.....

[Please turn over and fill in your details. Thanks for filling this in. We appreciate it!]

Some Details about YOU please:

Which best describes you?:
(Please tick ONE box only)

- Outreach Participant (Dundee Mutual Support Group) ☐
- User of SAMH ☐
- Other ☐

Your sex: Female ☐ Male ☐

Your Age:
- Under 20 ☐
- 20-29 ☐
- 30-39 ☐
- 40-49 ☐
- 50+ ☐

THANK YOU FOR YOUR TIME.

20/05/02

Evaluation of Outreach Project
Service User Interview Schedule May 2002

Initials of Interviewee: **Date of interview**:

Place of interview:

Sex: Male ☐ Female ☐

Age: 20-29 ☐
30-39 ☐
40-49 ☐
50+ ☐

Involvement with the Outreach Service

1. What service/support have you received from the Outreach Service?
(Circle number of all that apply)

1 Activities on a one-to-one
2 Activities in a group eg bus trips
3 Visiting at home
4 Visiting me in hospital
5 Advocacy – staff accompanied me eg to the GP, Benefits agency
6 Involvement in awareness raising
7 Getting involved in user groups/self-help groups
8 Complementary Therapies
9 Something else (please describe)

2. What are the positive and negative effects of the Outreach Service on how you feel? (For interviewer – please list any benefits or disadvantages highlighted)

3. Has the Outreach Service given you any opportunities to get out and about and use ordinary community facilities? Can you tell me something about how it has done this?

4. **Would you like more opportunities to do this? On a one-to-one or in a group?**

Person-centredness

5. **Do you think that you are supported by the Outreach Service in a way that focuses on what you want and how you want to live your life? Why do you say that?**

User Involvement

6. **Are there opportunities for you to be involved in this Service?** (Please describe eg involvement in the user support group, making decisions about trips)

7. **Do you feel listened to and that people respect your views at the Outreach Project?**

8. **Do you feel involved as much as you want to be in decisions about your service and support?**

9. **Have you been involved as a volunteer with the Outreach Project?**

Yes ☐ **No** ☐

If YES please ask the following questions. If NO, go to Q 14

10. **As a volunteer, have you done any of these?**

- ☐ Been a member of the Outreach steering group/support group
- ☐ Visited someone at home
- ☐ Visit someone in hospital
- ☐ Helped someone on a trip/activity
- ☐ Been involved with evaluation of the Service
- ☐ Something else (please describe)

11. **What encouraged you to become a volunteer?** (E.g. staff, other DMSG members, seeing other volunteers, etc)

12. **What is like to be a volunteer with the Outreach Service? For instance, do you get enough support and training to do this?**

13. Is there anything you think the Service should do differently to support you and other people as volunteers?

Future Developments

14. Are there any activities or support which you feel are not included in the Outreach Service but could or should be?

15. Is there anything that you think the Outreach Service should do differently?

(Maybe this means adding something new or just doing what they're doing right now in a different way)

16. Have you any other comments?

Thank you for your time. **21/05/02**