



# **Active Monitoring Report For the First Year**

**September 2016 – August 2017**

# About Brecon & District Mind

Brecon & District Mind prides itself on creating accessible support services in a manner that promotes a sense of community and care. Focused on offering tailored pathways of support, we offer a wide range of opportunities, information, activities and services aimed at improving the mental health and well-being of local people.

## Our Vision

Our vision is of a sustainable, socially inclusive and compassionate community that enable people to recover and develop positive mental health and well-being for all.

## Our Purpose

Our purpose is to meet the needs and ambitions of people with experience of mental distress, to empower in making choices that will improve health and emotional well-being and lead towards a personal and continuing recovery journey.

## Our values

- We believe that people experiencing mental distress have the right to participate in full and valued lives within society.
- Our ethos sits with the principles of the Recovery movement. Recovery is about whole lives and providing opportunities for people to explore all facets of themselves, placing them firmly at the centre of making choices that enable them to make the most of their lives.
- Our central ambition is to rekindle hope providing a positive response to an individual's problems and to open routes to personal recovery, growth and well-being, while accepting and accounting for continuing difficulty and disability.
- We value people for who they are, treating all equally, with dignity and respect and embracing diversity. We have an open-door policy for everyone, whether they use other mental health services or not.
- We believe in a culture of openness, participation, involvement, cooperation and coproduction so that our members, staff, volunteers and partners may work together to bring about the changes needed to make our vision a reality

## Purpose of the report

To provide quantitative and qualitative data for the first year of the South Powys Active Monitoring Pilot Project, September 2016 to August 2017.

## Introduction

The Active Monitoring Service began in September 2016 at the Hay & Talgarth Group Practice (Haygarth) across both their sites in Talgarth and Hay on Wye. It was subsequently taken up by the Crickhowell Group Practice in January 2017 and then later by the Brecon Group Practice in March 2017 and is now being delivered at all three practices for two days each week.

This Project has been funded for one year by Red Kite Health Solutions CIC. Red Kite is a community interest company, set up by the 4 GP practices in South Powys to develop and enhance patient services across the South Powys Locality. The South Powys GPs were concerned that their patients were presenting with common mental health problems and although GPs were recognising that they needed support these patients were not able to receive the appropriate early access to intervention and support. This was due to long waiting times with their current NHS mental health provider. The South Powys practices initially agreed to invest some of their Cluster funding to support this initiative and to commence the service at the Hay & Talgarth Group Practice. In January 2017, the Crickhowell Group Practice and then in March 2017 the Brecon Group Practice also came on board. The Project is currently being delivered by two, part time Practitioners.

## What is Active Monitoring?

It is a self-directed psycho-educational programme made up of 5 face to face interventions, delivered over an 8 – 10-week period with a total of 2.25 hours of face to face support for each participant. The service is offered to people presenting to GP's with a range of symptoms associated with common mental health problems such as anxiety, stress and worry, depression and low self-esteem. It is a GP referred service for when a person presents at their GP and/or during the 'watchful waiting' period (Depression Management of depression in primary care and secondary care (2004) NICE Clinical Guidance 23).

At each of the practices, anyone in the clinical team can signpost a patient to the Active Monitoring Practitioner. The service aims to give participants a clear understanding of their presenting condition and what they can do to improve it. They can also increase their

general wellbeing, self-esteem and confidence which can reduce their likelihood of needing to access further support relating to emotional wellbeing.

## Service users journey

### Participation - level of engagement

The data relates to the period 8<sup>th</sup> September 2016 to 31<sup>st</sup> August 2017 during which time 344 clients were referred to Active Monitoring. The activity (patients referred to or took part in Active Monitoring) is split over the four sites in Hay, Talgarth, Crickhowell and Brecon.

### Statistical evaluation overview

#### Attendance

- Between 8<sup>th</sup> September 2016 and 31<sup>st</sup> August 2017 344 patients were referred to the service across three GP practices.
- Up until 31<sup>st</sup> August 2017, 241 (70.1%) patients have attended the first session and of this number...
  - 97 (40.2%) have completed the course for the whole 5 sessions
  - 32 (13.3%) have completed the course at session 3.
  - 58 (24.1%) engaged with the course and ended before 3 sessions and in most cases, were signposted to other services.
  - 38 (15.8%) are currently engaged with the service.
  - 16 (6.6%) have attended a drop in and are waiting for the first session.
- The remaining 103 (29.9%) decided at the drop in that Active Monitoring was not suitable and as well as being given a list of useful information they were signposted appropriately.

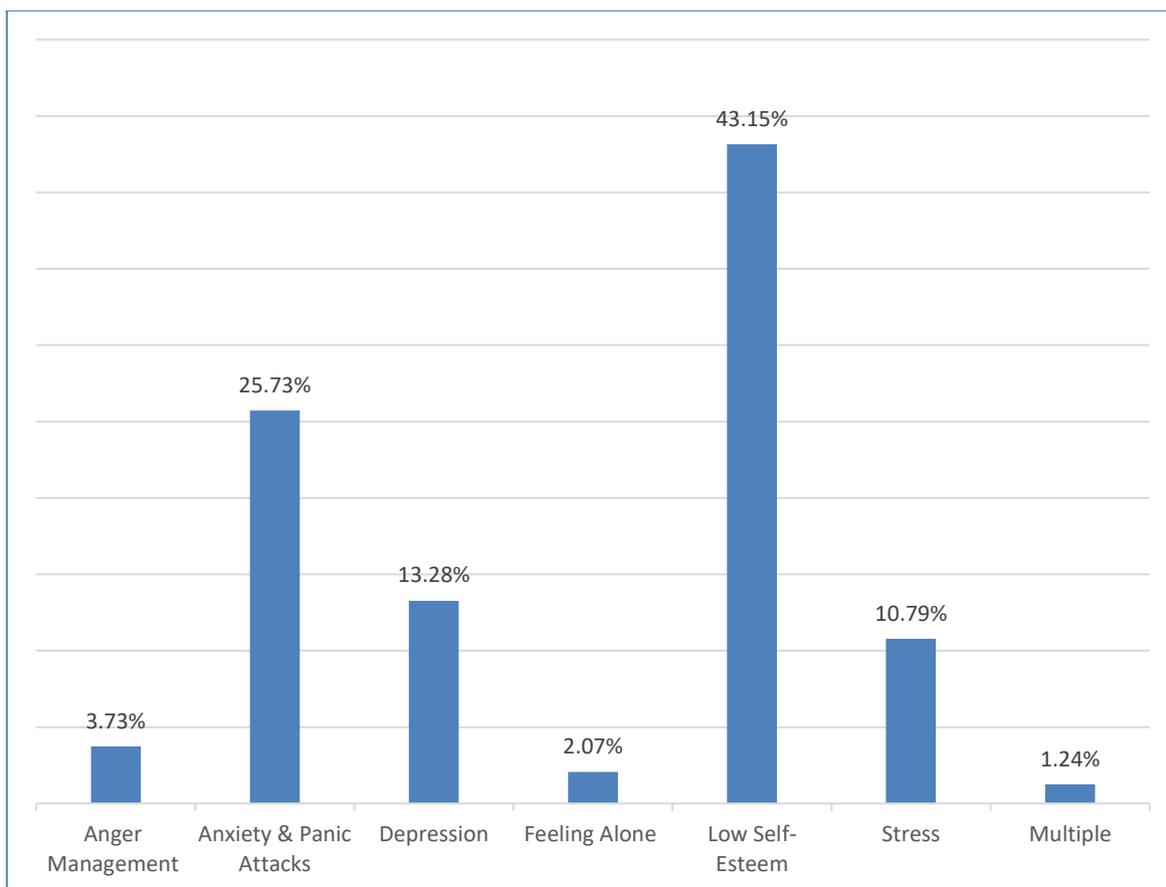
Patients, regardless of when they ended or completed were, signposted to other services that may provide additional support or maybe of more use, such as, specialised agencies e.g. 'Invest in Your Health', Exercise on Prescription, Calan Domestic Abuse service, Cruse, Brecon & District Mind Services. 47 people were either referred back to the GP or directly referred to Primary Care Mental Health Services.\* Of the total number of patients referred to Active Monitoring 4 of these were more suitable for Secondary Mental Health Care and 39 to services provided by Brecon & District Mind. Patients were also provided with details of the Book Prescription Service.

\*This is with the agreement of PCMHT.

## Pathways Chosen

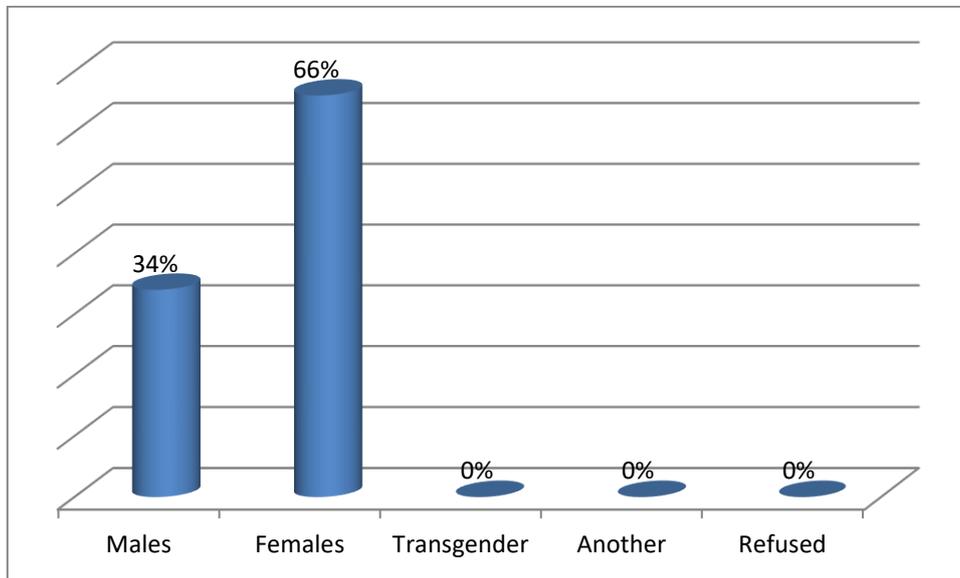
The chart below reflects the figures taken from the 244 patients who attended the first session to identify the percentages of people for each pathway chosen. Much the same as the in first quarter, the trend continues to show that the Low Self Esteem Pathway with 104 people choosing this as the primary workbook was the highest followed by Anxiety & Panic Attacks, Depression and Stress respectfully. In the minority was the Anger Management and Feeling Alone Books. In 3 cases, more than 2 books were chosen reflecting Multiple Pathways.

**The Chosen Pathway of 97 Men and Women**

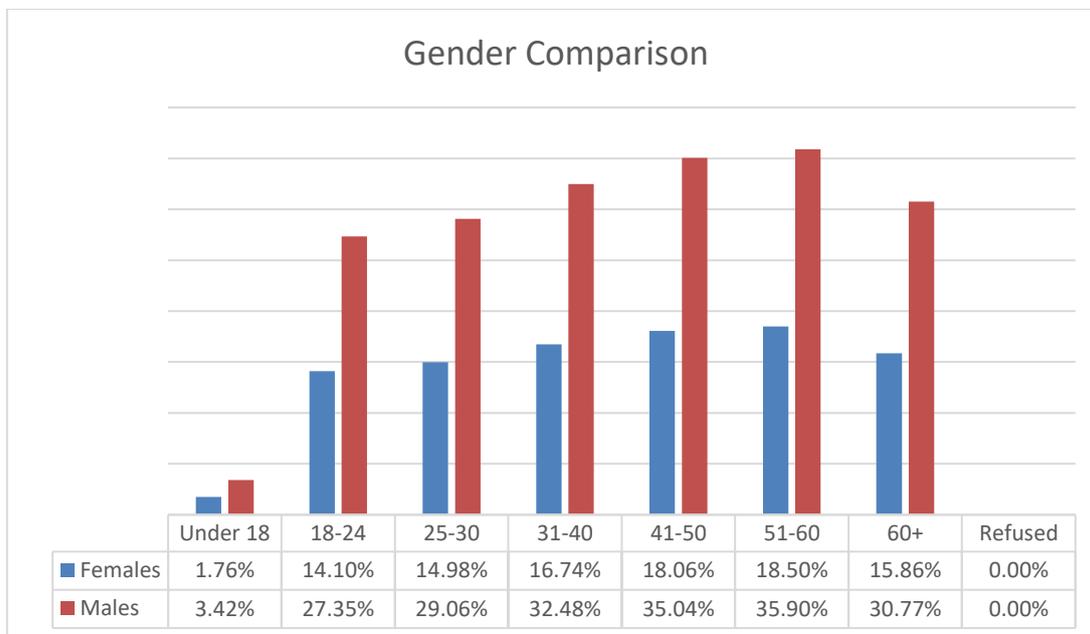


## Age Groups

The charts below show the number of males and females and who were referred to the Active Monitoring Service during this period. As you can see in the first chart, more females than males were referred.



The second chart shows a comparison of the age ranges we have seen since Active Monitoring began. The greatest numbers of females were in the 51-60 age range accounting for 12.2% of the total referrals and from the male referrals the highest number was in the 41-60 group, 6.7% of the total number. In the Under 18 group there was an equal number of 4 females and 4 males who engaged with the service and there were more males in the 60+ group.



## Referrals and signposting

As stated earlier in the report, patients were signposted to various other services where and when appropriate. These included:

- Cruse Bereavement Counselling
- Calan Domestic Abuse service
- Gym referral via Doctor
- Kaleidoscope
- New Pathways
- The Family Institute
- Relate
- Powys Befrienders
- Private Counselling

Patients were given a list of Further Information and Services at the drop-in session and information on various activities that are happening locally is always made available to patients.

## Measuring outcomes

Patients were requested to complete self-assessments to monitor progress. The assessments are for the General Anxiety Disorder (GAD7), Depression (PHQ9) and the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). In order to reflect a realistic view of the current outcomes, the statistics have been based on **97** patients who have attended all five of the sessions to complete the process. In some cases, patients chose to end

before completion of 5 sessions and there is data to show the change between the first and third session.

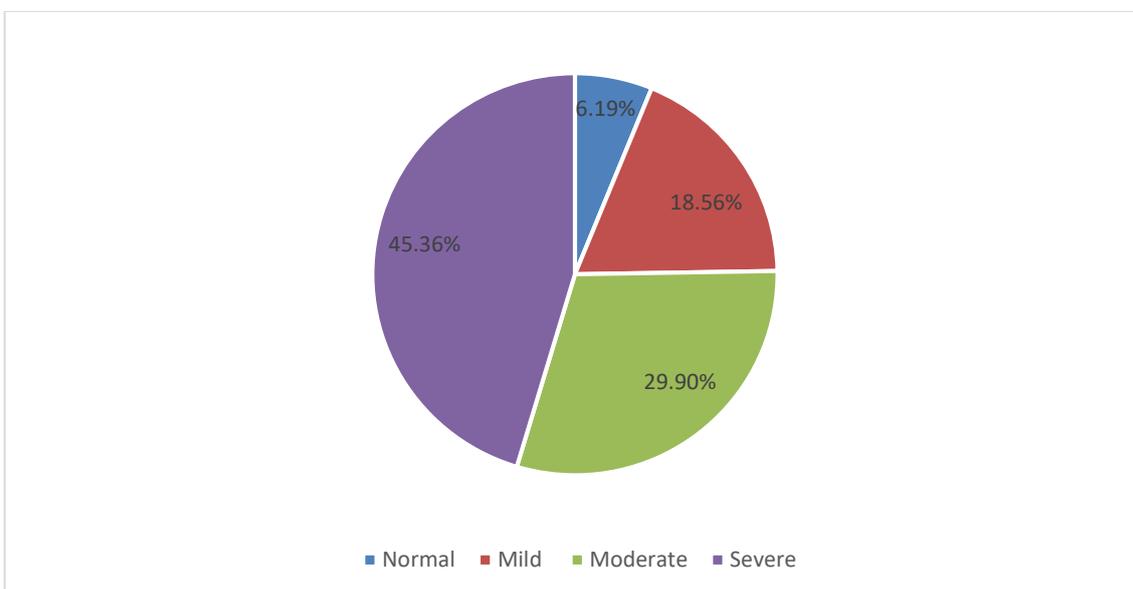
The Following charts will show the results we have for levels of anxiety, depression and wellbeing.

**Anxiety (measured using the GAD7 clinical measurement tool at sessions 1, 3 & 5, showing the First and Fifth Session Results)**

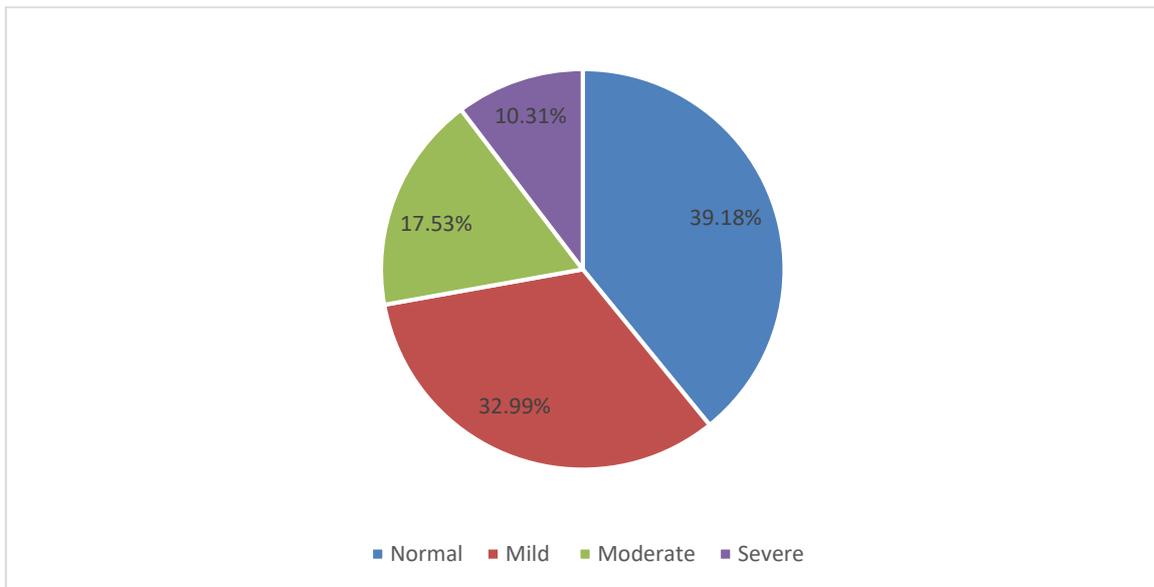
To summarise the change in anxiety scores please see the statistics below which are represented in the chart.

Anxiety	1st	5th	Diff in %
Normal	6	38	32.99%
Mild	18	32	14.43%
Moderate	29	17	12.37%
Severe	44	10	35.05%

**Results of the First Assessment for General Anxiety Disorder (GAD 7)**



## Results of the Fifth Assessment for General Anxiety Disorder (GAD 7)

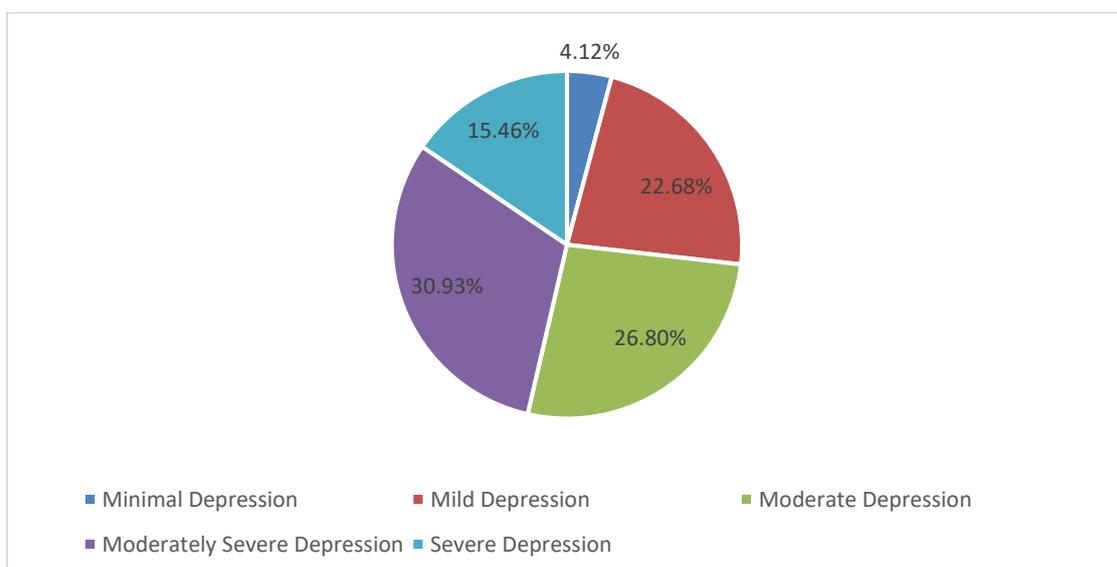


### Depression (measured using the PHQ9 clinical measurement tool at sessions 1, 3 & 5, showing the First and Fifth Session Results)

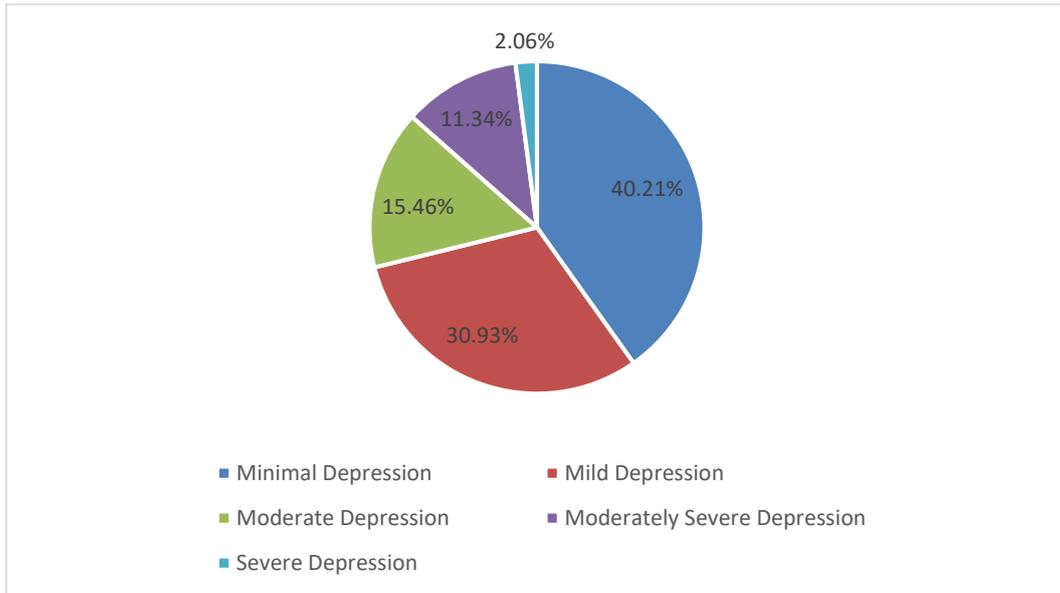
To summarise the change in depression scores please see the statistics below which are represented in the chart.

Depression	1st	5th	Diff in %
Minimal Depression	4	39	36.09%
Mild Depression	22	30	8.25%
Moderate Depression	26	15	11.34%
Moderately Severe Depression	30	11	19.59%
Severe Depression	15	2	13.4%

### Results of the First Assessment for Depression (PHQ 9)



## Results of the First Assessment for Depression (PHQ 9)



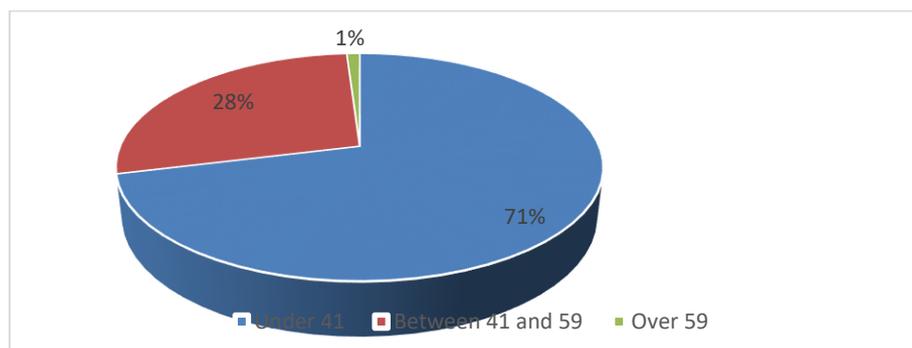
### Mental Wellbeing (measured using the Warwick Edinburgh Well-Being Scale at sessions 1 & 5)

Good mental wellbeing - some people call it happiness - is about more than avoiding mental health problems. It means feeling good and functioning well. Most people have a score between 41 and 59. The data below was collected initially at the first session and the fifth session and shows the increase of people who scored between 41 and 59.

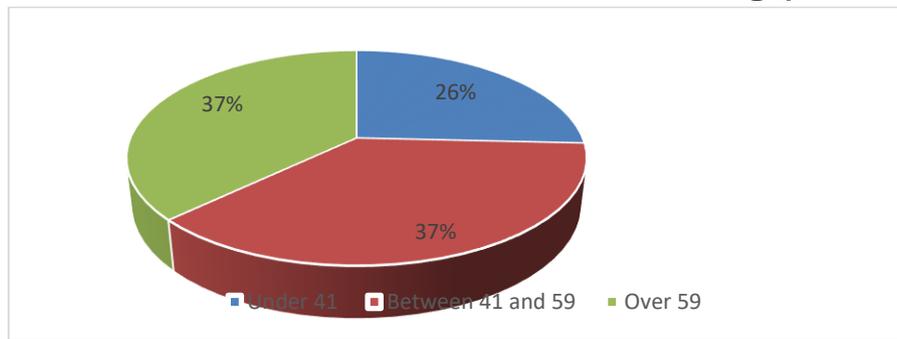
To summarise the change in well-being scores please see the statistics below which are represented in the chart.

Well-Being	1st	5th	Diff in %
Under 41	69	25	-45.36%
Between 41 and 59	27	36	9.28%
Over 59	1	36	36.08%

## Results of the First Assessment of Wellbeing (WEMWS)



## Results of the Fifth Assessment of Wellbeing (WEMWS)



### GP Feedback

The Doctors at the Surgery say that having quick access to an Active Monitoring Practitioner in the surgery has made a difference. They have been supportive of the service both at the meeting with the Minister for Health and at the Primary Mental Health Team Meetings.

### Patient evaluations

Patients are asked to complete an evaluation form at the last session, up to date 86 people chose to complete the form and from these the following data was collected.

- 97.7% found the guided self-help exercises useful.
- 95.5% have been able to successfully apply the techniques that they learnt to everyday situations.
- 93% have learnt new emotional and/or practical skills.
- 97.7% have increased their knowledge.
- 81.4% say they are more confident in day to day life.
- 82.6% feel less isolated and more able to interact with others.
- 79.1% have been able to improve relationships (with friends, family etc).
- 95.3% said that the service has been effective in helping to address their presenting problem(s)
- 90.7% said that after using our services their overall well-being has improved.

Not all patients answered the following questions as they are told to leave blank is not applicable.

- Of the 74 who answered this question, 73% said that it has reduced the likelihood of needing to access the GP's services regarding their mental health.

- Of the 67 who answered this question 71.6% said that it has reduced the likelihood of needing to access NHS out of hours services (such as walk-in centres) regarding their mental health.

## Comments from Patients

We know have many comments from the patients who chose to complete the feedback forms, these are some of the comments:

- “The sessions were very useful to me as they were straight & direct which helped me to stop overthinking. Practitioner was very good”
- “Brecon Mind has been at the heart of my recovery and this extra service I was able to access allowed me to focus on thinking more positively”
- “The Active Monitoring Service and practitioner is the best thing since sliced bread!”
- “It helped me enough that I feel confident to reduce my medication”
- “I still have more to do but I feel that this has given me the tools to do so. I feel more in control now”
- “I don’t feel so isolated now”
- “Really helpful, episodes of blackness much reduced and I have learned some useful techniques”
- “Very helpful when I needed someone, thank you.”
- “All very helpful and useful, I am like a different person!”
- “I found the books difficult to use but my practitioner was helpful and adapted the sessions in order for me to get the most out of it”
- My practitioner was instrumental in helping me to turn my life around and I will be forever grateful”
- “Very helpful, made me think before I lose my temper with my husband, it has improved our relationship”
- “Just feel lots better!”
- MIND has proved to be very useful to me and I am so glad I agreed to these sessions. They have helped me in so many ways”
- “I think this service is excellent, the compassionate letter I wrote to myself helped me realise that I am not an awful person and I quite like myself really!”
- “Seeing my self-evaluation scores improve has improved my self-esteem no end”
- “I like the way the ABC model helped me change my negative belief patterns”
- “It is wonderful to be more in control of my emotions”

## What has been most helpful?

- Having a dynamic, empathic and non-judgemental person to work with was so helpful for me”

- “Being able to participate in Active Monitoring while reducing, then stopping fluoxetine helped me to survive – Thank You!”
- “being able to help myself through a tough time, brilliant service!”
- “having someone to point me in the right direction has been extremely helpful”
- “to have been given lots of tools to help me feel less anxious”
- “Identifying that my negative thinking was effecting the way I feel”.
- “I did not have to wait long to come and I could see someone in my own surgery”.
- “Feeling completely unjudged and realising I wasn’t losing my mind!”.
- “The practical structure of the service”.



“I now have so much confidence that I finally found a job and I do not dread going to work”  
(Patient - Crickhowell Surgery)

## Conclusions

It is concluded that the Active Monitoring Service delivered at the three practices in South Powys

- Supports the Vision, Mission and Goals of both National Mind and Brecon & District Mind, specifically Goal A 'Staying Well', It also adds value to Primary Care by reducing referrals and thus ensures that there are more appropriate referrals to LPCMHSS by GP’s.
- Supports the delivery of mental health services in the primary care sector and Local Health Boards in delivering their responsibilities under Part 1 Mental Health (Wales) Measure and its 28 day intervention target, by delivering short term interventions, providing information, advice, signposting and provides support and advice to GP’s and other Primary Care Workers.

- That in the Talgarth, Hay On Wye and Crickhowell areas, Powys Mental Health Teams are now able to meet the Part 1 Mental Health (Wales) Measure in delivering interventions within the 28 day target.
- That, Active Monitoring is a service that aims to lesson the strain on NHS Mental Health Services and to offer patients a shorter waiting time, which sunbsequently leads to improved mental health.
- Indicates there were significantly more women than men participating in the service and that Low Self-Esteem, followed by Anxiety & Panic Attacks were the two most used pathways by patients. During this, the first year of the Project, wellbeing self-assessments (GAD7, PHQ9 and the Warwick Edinburgh Mental Wellbeing Scale) that were completed by patients show that there was a significant positive shift.
- The patient's comments about the service identified that being given the time to talk and making sense of their problems in a safe and confidential setting was very important to their journey of improving their wellbeing.
- The GP's comments provide evidence that the service was well received and they found it very useful to have the service on site for a rapid referral. As the service was such a success at the Haygarth Practice, both Crickhowell and Brecon engaged with the service as was suggested at the quarterly report. There is particular concern at present in respect to a decrease in the availability of the Primary Care counselling sessions provided by the LHB and careful scrutiny will need to take place to ensure that this decrease in one level of service does not place an inappropriate demand on the Active Monitoring Service.
- The Practitioner found it was beneficial to be on site not only as that provides invaluable support and to discuss patients with GP's especially in cases where risk was identified.
- It has become evident that there is no value in having access to the patients' medical records and there are robust ways to keep the referring doctor informed of the patients' journey of Active Monitoring. Being able to send letters that are recorded on the EMIS system has been of great benefit to the Practitioners and ensures that the patient record reflects everything.