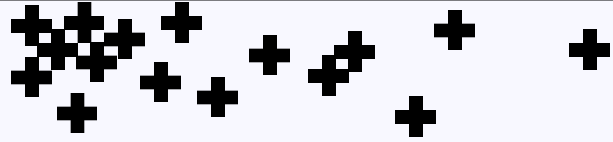# Outputs from Isle of Lewis Delphi Method Workshop 2022

Rural Mental Health Webinar 19th October 2022

Liz Ellis, Hereward Proops, Sara Bradley, Rachel Erskine and Sarah-Anne Munoz

Introduction

- Marginalised communities' mental health care needs are often unheard and therefore go unmet.

- The Delphi Method offers a means to engage community members to identify potential solutions to community-identified needs.

- This presentation describes Delphi workshops in two rural Scottish areas as an efficient and effective method to engage community members in understanding and building consensus about potential solutions to meet mental health needs.

Background

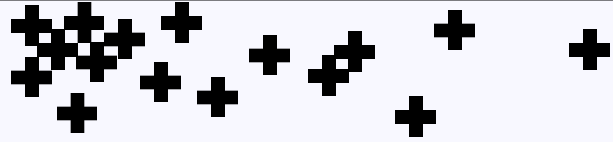OUTER HEBRIDES
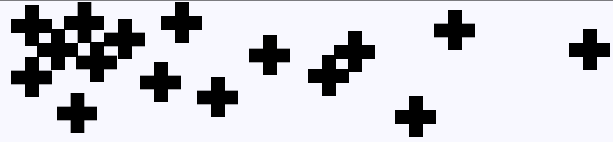
Population 26,500 (2020)

4,135 young people (under 16) 15.6%

Deaths exceed births (375 to 203 in 2019-20)

Population decline 1110 (-4%) between 2010 and 2020

Lewis population 19,658 (2011 data) (9.65 per sq km) - comparision to population density of Birmingham 3649 per sq km
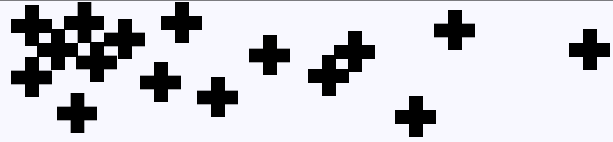
Poverty

CNES Local Child Poverty Action Report (2020 Update)

Child poverty 19.5%

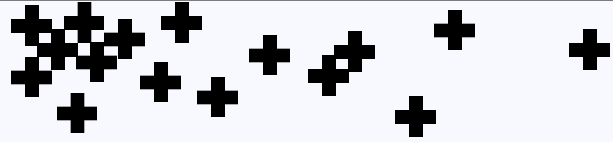Estimate 847 children living in poverty

36% of all Outer Hebrides households experiencing fuel poverty

Background

- Developed by Dr Steve F Bain and Dr Kelly Hall from Texas A&M University to engage rural Texans in understanding the problems and identifying the solutions to meet mental health needs
- We ran similar workshops in Stornoway and the Black Isle

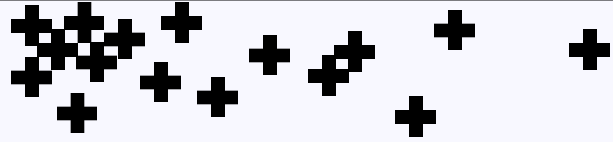Figure 15. Federally-Designated Mental Health Professional Shortage Areas
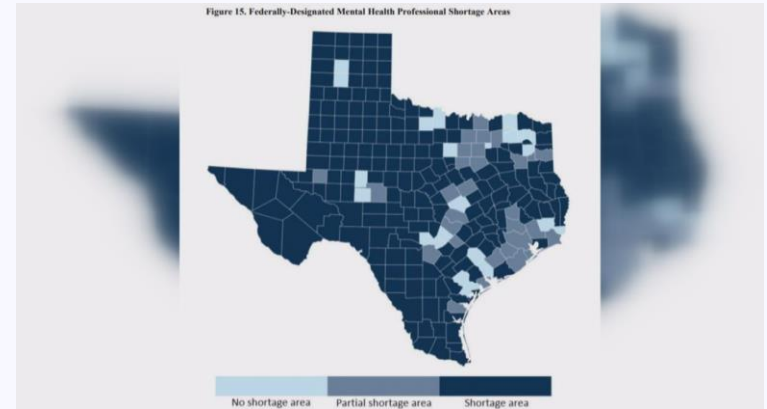
Setting up

- Subjected to ethical review

- Recruitment done via social media, local press and personal contacts

- Lunch included and small honorarium of local shopping voucher

- Accessible venue with good public transport links

The (mini) Delphi method

▪ The (mini) Delphi method is used to develop informed group consensus-based opinions about a complex problem and future events.

▪ Based on the principle that decisions from a structured group of experts are more accurate than those from unstructured groups.

▪ Experts answer questions in rounds.

▪ A facilitator anonymously summarizes decisions after each round and requests revisions to the summary.

▪ After several rounds, the range of answers decreases and the group converges to the "correct" answer.
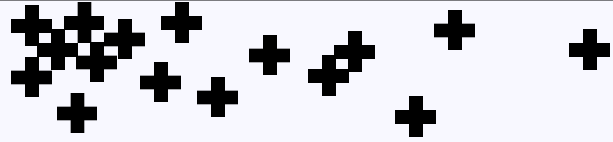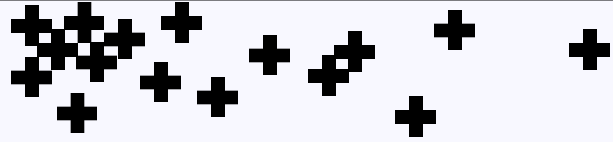
Participants

7 female / 2 male

Age range 23-62, mean 40.67 years

3 employed p/t, 4 employed f/t, 2 unemployed

3 employed by local authority, 1 works in care (is this also local authority?), 1 in health (NHS), 1 in education, 1 in third sector

Research Questions

1. What does mental health mean to you?

2. What are the biggest mental health issues or needs you see facing this community?

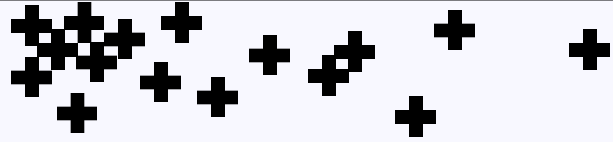3. What solutions would you suggest that would meet the mental health needs of your community?
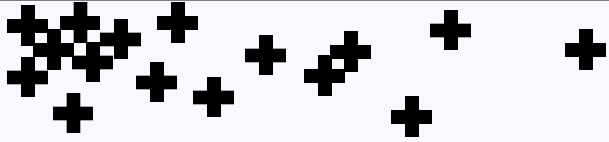
What does mental health mean to you?

Mental and physical health are intertwined but physical health is viewed as separate and easier to treat. Mental health is a broad term, often with negative connotations and perceptions. It can affect people directly or indirectly. A lack of understanding leads to depersonalisation, shame, fear, and stigma.
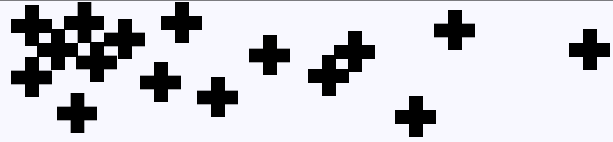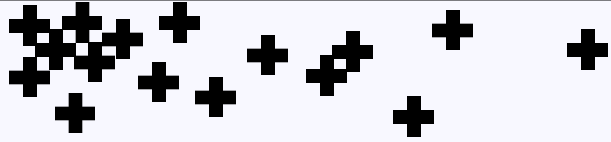
What are the biggest mental health issues or needs you see facing this community?

There are multiple issues regarding mental health facing the community. A resistance to change in the wider community stems from a lack of understanding and compassion. There is no parity of care when comparing mental health to physical health. There is a gap between what the community needs and what statutory services (e.g. NHS, social care) can provide. Issues with recruitment and retention mean a lack of professionals working on the frontline. Reliance on locums leads to a lack of continuity of care. As a result, there is a lack of early intervention, no crisis care, and no out of hours services. Locals attempt to fill this gap with third sector / community groups, but this raises challenges of training / funding such groups.
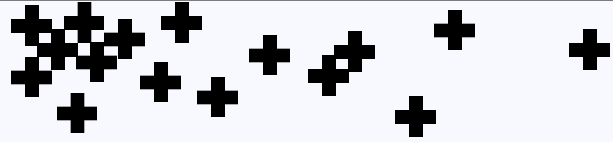
What solutions would you suggest that would meet the mental health needs of your community?

A proactive rather than reactive approach is needed. Coproduction of services will enhance personalisation. Community compassion and a will for change along with education at all levels from school age onwards can raise awareness and reduce stigma. Quality, consistency and continuity of statutory services will ensure excellence in care which can then be complemented by third sector / community groups and peer support. Such complementary services need to be fully resourced and supported. Ongoing community-based research can inform policy and practice, ensuring needs continue to be met in the community.

Implications of findings

- Stigmatisation of mental health.

- Strong criticism of current services. Lack of continuity of care and overreliance on locums.

- Depersonalisation.

- Community-based response wanted, preventative rather than reactive. Systems change.

- Mental health education for all.

- Better funding for resources.

Going Forward…

- Study was repeated in Black Isle – very few participants
- Ideally would repeat in other rural locations
- Repeat in Lewis with larger cohort to see if it repeats or we get different perspectives
- What is the experience of frontline NHS, social care and third sector workers?

UHI

Thank you
Tapadh leibh