## *Rural mental health*

**What are distinct rural mental health challenges that we should focus on?**

- Isolation – Geographical and/or social
- Value/Evidence – other rural areas – what they do?
- Reduction in local services -      Transport
- Are the challenges we perceived real? -  Talk to people
- Challenging the skills and decisions of professionals without it affecting care
- Poor access to treatment, including psychological treatments
- Social media, role and effect
- Lack of crisis intervention
- Digital accessibility -not everyone will accept or understand how to use the technology
- Local ownership important
- Resourcing of support services in remote and rural areas.  Birchwood highland support people in communities with buses in Inverness, Invergordon, Wick and Fort William
- Virtual solutions all good but face to face contact is still needed
- People's day to day needs still need to be met
- Vacancies in mental health services; workforce issues
- Group approaches – difficult filling group in rural areas – "I know everyone around here" or sparsity of population
- How to engage a wider range of lived experiences to define priorities rather than defining them as an individual group

**What should be our priorities?**

- Isolation – older but not exclusively ,young people too
- Young People
- Working age people
- Best use of resources/access to resources/services
- Joining UP!
- Reducing inequalities of access
- Digital provides solutions but come with disadvantages e.g. being fobbed off, lack of face to face contact etc
- Not meeting patient expectations
- Fragmentation – platforms, treatment.
- Young people living in rural communities
- Support for carers and guardians
- Family Therapy
- Legal advice

**Who are our key stakeholders?**

- Highland council
- People with lived experiences
- Development Trust Association Scotland for Development Trusts

- Voluntary youth network
- Birchwood Highland with over 30 years of experience of dealing with mental health services and service users and range of lived experience and priorities for mental health support.
- Professional organisations like NFU
- Health care professionals in training e.g. nurse counselling
- Third sector interface – impact Hub/HIE2
- Police
- Careers and family
- Education – secondary and, further and higher

**What does innovation in rural mental health look like?**

- Doesn't have to be highly innovative or .com
- Collaboration
- Package of solutions
- Make you jealous
- Community led
- Needs to fit in each particular (geographical) area, involving a range of stakeholders and encourage sharing of knowledge, experience and expertise
- One size doesn't fit all and need buy in from users
- Digital connectivity difficult in some areas

_**Active Healthy Ageing**_

**Define and construct our Highlands and Islands definition of active healthy ageing**

- Physical activity
- Individual vs community activity
- Social activity
- Equality of opportunities throughout your life – cradle to grave
- Healthy at all stages
- Trajectory of individual's life – including very early
- Join physical and mental health, about the whole person not mental or physical in isolation
- Holistic – community based
- Active wellbeing

**What should be our priorities?**

- Highlands and Islands biggest challenge - Access to service and resources including information about resources i.e. you don't know what you don't know!
- Having opportunities (for individuals)
- Resources networked correctly e.g. GP referrals
- Use existing local knowledge – not top down approach
- Use local spaces e.g. village halls
- Focus on your people and education
- Index of priorities
- Quality of life, cost of interventions
- Need data, on scale of problems

**Who are the key stakeholders?**

- Communities themselves
- Community groups e.g. lunch clubs
- Existing support available e.g. groups/networks
- Third sector organisations
- Local council and politicians - local voices
- Health and social care providers
- Businesses e.g.  technology/solutions small or large
- Business support organisations
- Researchers – evidence based, health economics
- Collaborative Stakeholder networks
- Need geographical spread

**Suggestions for active healthy aging meeting in February**

- physical activity and mental wellbeing
- Social activity

- Not just for old people e.g. men's shed
- Intergenerational – bridging projects in schools/with children
- Available infrastructure/locations   e.g. Where do people get together, libraries, coffee shops
- Online: next door
- Digital solutions and networking

Stakeholders:

- industry examples
- Shirlee project – transitions
- Libraries/digital champions

Reference to:

- 'Being Mortal' by Atul Gawande (2015)
- MIK Health wellness app