
Evaluation of Stress Centres

NHS Greater Glasgow and Clyde
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EXECUTIVE SUMMARY

1 Introduction

NHS Greater Glasgow and Clyde (NHSGGC) commissioned an evaluation of the stress centres in the city. The aim of this evaluation is to take stock of the current position of the stress centres and offer suggestions for a way forward with a view to creating a sustainable future for the stress centres and quality services for residents of disadvantaged areas across Glasgow.

The organisations involved in this evaluation deliver a range of services across Glasgow. Key funders are local Community Health and Care Partnerships (CHCP) and local Community Planning Partnerships (CPP) which, jointly, fund over two-thirds of stress centre activity.

Table 1 All Stress Centre Funding 07/08¹

Funder	£ 07/08	%
CHCP	£1,027,069	38.5%
CPP	£797,932	30%
Charitable trusts	£567,719	21%
Other income	£279,203	10.5%
Total	£2,671,923	100%

Stress centres have a collective budget of £2,671,923 for 2007/2008, and employ approximately 70 Full Time Equivalent (FTE) staff. They delivered approximately 20,725 individual treatments to 3,859 clients in 2006. Additionally, the organisations have been active in the strategic development of services in their local area and have delivered on national initiatives. They have provided services, advice and direction through groups, classes and awareness raising work. There were approximately 16,965 attendances at these group activities in 2005/6

The organisations together with their locations who participated in the evaluation outlined in the table below.

Table 2 Location of stress centres within CHCP Areas

CHCP Area	Stress Centre
East Glasgow	Alternatives Stress Centre
West Glasgow	COPE
	Dumbarton Road Corridor Stress Centre (Pilot)
North Glasgow	Maryhill and Possil Stress Centre
	Royston Stress Centre
South East Glasgow	Castlemilk Stress Centre
South West Glasgow	The South West Stress Centre (Pilot)

¹ Funding details as supplied by stress centre management as at August 31st 2007.

2 Background

The organisations taking part in this evaluation have operated for varying lengths of time, some for many years, whilst others were established more recently. The historical background of the organisations reflects how they have developed, the services they offer and how they are currently funded. This evaluation takes place against a backdrop of change. Significant changes include the development of Community Health and Care Partnerships (CHCP), Glasgow Community Planning Partnership Ltd and the re-organisation of provision of community based mental health services within the NHS.

3 Research questions

The research questions were:

- How can stress centres sustain the level of client improvement to prevent 'revolving door' clients?
- Which intervention is more effective, stress management or stress relief?
- Should centres provide both stress management and stress relief and, if so, which should come first?
- How do the stress centres work in partnership with other agencies?
- What are the linkages at strategic level?
- What are the linkages at operational level?
- What impact do partnerships make?
- How can partnership working be improved?
- How do they involve local people in their work?
- What does good practice look like?
- How do stress centres explore issues around the equalities theme in relation to solutions and support offered?
- What are the core services of a stress centre?

4 Methodology

The following methods were used:

- desk research including a review of the organisations' written documentation and a review of the relevant national and local strategies for mental health improvement
- 24 one-to one internal stakeholder interviews
- 60 one-to-one client interviews
- 46 one-to-one external stakeholder interviews

The desk research and field work were carried out between November 2006 and April 2007.

5 Key findings

Overarching findings are:

- Stress centres provide a range of quality stress management services to people who live in some of Glasgow's most disadvantaged neighbourhoods. They demonstrate an understanding of the need to proactively seek out opportunities to deliver services to people who would otherwise be excluded, through their extensive outreach programmes and their partnership working arrangements.
- The centres are highly regarded by both clients and external stakeholders alike, with many clients attributing their progress directly to the treatments received. The ethos of the centres was found to have a positive impact on clients, some of whom had not previously experienced the degree of acceptance and respect shown to them elsewhere. Stress centres played a significant role in helping people into employment, education and training. After treatment, the number of sampled clients, not in employment education or training, fell by 13%.
- 37% of sampled clients reported that they either reduced or avoided medication for depression and/or anxiety. 13% had found the combination of medication to treat anxiety, sleep disorders and depression and stress centre therapies helpful. It appeared that treatments had more impact where counselling was part of the treatment plan.
- All centres evolved from community initiatives and are managed by local people. This model has enabled public confidence in services to be quickly established. They have proven to be vehicles for innovation and have responded quickly and sensitively to community needs.
- The centres are staffed by qualified, skilled and experienced therapists who are supported by managers and administration staff. The teams in the centres have established good partnership working with other agencies in their communities including statutory services. They had achieved a good reputation for quality service provision.
- The main funders are local Community Health and Care Partnerships and Community Planning Partnerships. In addition to financial support, all centres are able to take advantage of consultancy support from Healthy Organisations, an initiative funded by NHS Greater Glasgow and Clyde, and managed by Glasgow Council for Voluntary Services.
- Some centres have levered in additional monies from charitable trusts to develop services thereby increasing provision in their local area. But future funding is an ongoing issue. This evaluation highlights the need for the key funders and the stress centres to negotiate sustainable longer term funding packages which reflect the on-going needs of the most disadvantaged residents in Glasgow.
- This evaluation has highlighted the absence of a core brief for the stress centres and has identified opportunities for the centres to work together, to share practices and to agree baseline professional standards, including minimum therapist qualifications and post qualifying development. There are opportunities to develop core services to provide equity across the city and to agree monitoring and evaluation processes that allow for data to be collected and collated across the city.

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1 Introduction

1.1 Introduction

NHS Greater Glasgow and Clyde (NHSGGC) commissioned an evaluation of the stress centres in the city. The aim of this evaluation is to take stock of the current position of the stress centres and offer suggestions for a way forward with a view to creating a sustainable future for the stress centres and quality services for residents of disadvantaged areas across Glasgow.

The organisations involved in this evaluation deliver a range of services across Glasgow. Key funders are local community health and care partnerships (CHCP) and local community planning partnerships (CPP) which, jointly, fund over two-thirds of stress centre activity. Stress centres have a collective budget of £2,671,923² for 2007/2008, and employ approximately 70 Full Time Equivalent (FTE) staff. They delivered approximately 20,725 individual treatments to 3,859 clients in 2006. Additionally, the organisations have been active in the strategic development of services in their local area and have delivered on national initiatives. They have provided services, advice and direction through groups, classes and awareness raising work. There were approximately 16,965 attendances at these group activities in 2005/6

This evaluation is not an in-depth study of the individual organisations and it is not a comparative study. It is an overview of activity across the city of the organisations listed below.

The organisations who participated in the evaluation are:

- ✚ Alternatives Stress Centre
- ✚ Castlemilk Stress Centre
- ✚ COPE
- ✚ Maryhill Stress Project
- ✚ Possil Stress Centre
- ✚ Royston Stress Centre
- ✚ The South West Stress Centre
- ✚ Dumbarton Road Corridor Stress Centre

1.2 Background

The organisations taking part in the evaluation have operated for varying lengths of time, some for many years, whilst others were established more recently. The historical background of the organisations reflects how they have developed, the services they offer and how they are currently funded.

1.2.1 Changing Landscape

This evaluation takes place against a backdrop of change. Significant changes include the development of Community Health and Care Partnerships (CHCP), Glasgow Community Planning Partnership Ltd and the re-organisation of provision of community based mental health services within the NHS.

² Funding details supplied by stress centre management as at August 31st 2007.

1.2.2 Points of clarity

During the period of this evaluation, Possil Stress Centre took over the services delivered by Maryhill Stress Project with staff from Maryhill joining the team at Possil. Possil Stress Centre is now known as Maryhill and Possil Stress Centre.

The South West and Dumbarton Road Corridor Stress Centres are both pilots managed by Royston Stress Centre. The profiles and details of these pilots are presented under Royston Stress Centre.

COPE had not been established or funded as a stress centre. It was originally funded by the Urban Aid Programme as a mental/emotional health service. It continues this work which includes stress management as they are a needs-led service. Due to limited resources COPE does not offer stand alone hands on treatments, such as massage. Stress management at COPE is solution and recovery focused.

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CHCP Area	Stress Centre
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	Royston Stress Centre
South East Glasgow	Castlemilk Stress Centre
South West Glasgow	The South West Stress Centre (Pilot)

1.3 Scope of evaluation

The evaluation was asked to address a number of research questions under the following headings:

- ✚ Reach
- ✚ Good news stories
- ✚ Partnership working
- ✚ Community involvement
- ✚ Strategic shift
- ✚ Operational excellence
- ✚ Governance
- ✚ Overall impacts
- ✚ Equalities theme

1.4 Research questions

- ✚ How can stress centres sustain the level of client improvement to prevent 'revolving door' clients?
- ✚ Which intervention is more effective, stress management or stress relief?
- ✚ Should centres provide both stress management and stress relief and, if so, which should come first?
- ✚ How do the stress centres work in partnership with other agencies?
- ✚ What are the linkages at strategic level?
- ✚ What are the linkages at operational level?
- ✚ What impact do partnerships make?
- ✚ How can partnership working be improved?
- ✚ How do they involve local people in their work?
- ✚ What does good practice look like?
- ✚ How do stress centres explore issues around the equalities theme in relation to solutions and support offered?
- ✚ What are the core services of a stress centre?

2 Methodology

2.1 Introduction

The following methods were used:

- ✚ Desk research
- ✚ One-to one internal stakeholder interviews
- ✚ One-to-one client interviews
- ✚ One-to-one external stakeholder interviews
- ✚ Case studies prepared by the project staff and the evaluation team

Desk research and field work were carried out between November 2006 and April 2007.

2.2 Desk research

This included a review of the organisations' written documentation and a review of the relevant national and local strategies for mental health improvement.

2.3 One-to-one client interviews

60 clients were interviewed. Interviews were designed to identify the impact services had on clients' health and well-being; client satisfaction with stress centre services and the client progression to other opportunities, including learning, volunteering and work.

2.4 Client Talk-Back responses

A total number of 138 clients responded from the stress centres. The intention of the Talk Back facility was to allow a wide range of clients an opportunity to contribute to the evaluation process. Clients were asked to identify three reasons for attending the stress centre.

2.5 External Stakeholder Interviews

46 stakeholders were interviewed. A broad range of external stakeholders were selected and these included key funders - NHSGGC Health Improvement Team, and Glasgow Community Planning Partnership (GCPP) and NHSGGC primary care service providers including mental health teams, and service delivery partners including local regeneration agencies, Healthy Living Centres and voluntary sector organisations. The interviews were designed to identify the impact of the stress centres locally and strategically; to explore partnership working; to identify additional opportunities for partnership working and to understand the perception of the value of the services offered by the stress centres in their communities.

2.6 Internal stakeholder interviews

A total of 34 internal stakeholders were interviewed; including managers, staff, management committee and board members and volunteers. The interviews with managers were designed to draw out information about the centre, the ethos, strengths and weaknesses, the management and governance arrangements, partnership working and ideas for future sustainability.

The information sought from staff interviews was on operational issues, benefits to clients, strengths and weaknesses of the service and ideas for future progression.

The focus of the interviews with management committee and board members was on governance, current issues and future plans.

3 Fit between needs and services

3.1 Stress centre services

Table 2 below outlines core stress centre services across Glasgow.

Table 2: Stress centre services

		STRESS CENTRES							
		Alternat-ives***	Castlemilk	Maryhill & Possil	Royston *	South West	Dumbarton Rd Corridor	COPE**	
SERVICES OFFERED	INDIVIDUAL:								
	Counselling	✓		✓	✓	✓	✓	✓	
	Massage	✓		✓	✓	✓	✓		
	Aromatherapy	✓	✓	✓				✓**	
	Reflexology	✓	✓	✓				✓**	
	Acupuncture				✓				
	Auricular Acupuncture			✓					
	Reiki		✓	✓	✓	✓			
	Indian Head Massage	✓							
	Relaxation		✓	✓	✓	✓	✓	✓	
	Life Coaching							✓	
	Guided Self-Help							✓	
	CLASSES/GROUPWORK:								
	Yoga	✓	✓	✓	✓				
	Tai Chi	✓			✓				
	Relaxation	✓		✓	✓			✓**	
	STEPS		✓						
	Personal Development	✓		✓	✓			✓**	
	Hand, Foot and Face Massage			✓	✓				
	Aromatherapy	✓	✓	✓				✓**	
	Reflexology		✓						
	Reiki		✓		✓				
	Stress Management	✓	✓	✓	✓			✓**	
	Anger Management				✓				
	FULL DETAILS OF SERVICES IN INDIVIDUAL PROFILES								
	* Royston Stress Centre may offer additional therapies at times including: Aromatherapy, Reflexology and Indian Head Massage								
** COPE offers holistic therapies as part of a package of support – Personal Development Classes offer a range of topics									
*** Alternative Stress Centre provides a number of other courses including panic & anxiety, making the most of yourself and Indian Head Massage.									

3.2 Stress centre reach

In the 12 month reporting period, around 20,725 individual treatments were delivered to some 3,859 clients by the stress centres across NHSGGC. Around three-quarters were hands-on body treatments including taster sessions, and one quarter of these treatments was one to one counselling for stress-related problems. The number of individual treatments clients received was based on individual assessment of needs but the norm was around six treatments, although clients could receive more, depending on the severity of their condition.

There were approximately 16,965 attendances at a wide range of group-based activities including leisure classes – yoga, t'ai chi, and aromatherapy, tasters, stress management and relaxation classes and personal development. These one to one and group based interventions were in addition to initial consultations and treatment reviews carried out at the end of treatment plans, which, although the norm is six weeks, can extend to 12 weeks or longer.

3.3 Range of excluded groups

The stress centres work with a wide range of excluded groups. The centres themselves are located in disadvantaged areas that comprise the most deprived 15% postcodes or datazones in Scotland (Scottish Index of Multiple Deprivation, 2003). As a result of their location alone, the centres are accessible to a large proportion of the disadvantaged population.

Partnership working has increased the reach of centres. Across the city there was strong evidence of extensive engagement with equalities groups through their links with other organisations. The main equalities groups targeted were young people, older people, minority ethnic communities, people with disabilities and women. Two centres had developed separate projects to engage with young people to address local need. One centre targeted older people by linking into existing keep fit classes offered in the community. Other centres did not operate separate projects to target young people, but their services were open to young adults.

3.4 Proportion of clients from socially excluded groups

Below is a snapshot of some of the range of key client groups that stress centres treated in the reporting period. The results are multi-response and therefore clients can be represented in one or more groups.

- disadvantaged area residents - 96%
- gender – females, 77% and males, 33%
- lone parents – 24%
- people with disabilities (physical and learning) – 13%
- older people (56+ years) – 15%
- young people up to 25 years old – 9% (excluding Youth Stress Centres)
- black and minority ethnic communities (BME) – 9%
- asylum seekers – 6%

The above results suggest that stress centres are targeting the right client groups as the majority of their clients comprised disadvantaged population. Lone parents made up nearly one quarter and the male population, one third.

One centre's outreach programme provided therapies at a men's mental health drop-in, targeting an often under-represented group. The programme coordinator said; *"I can only go on feedback from clients. The majority of clients are older males who may have viewed alternative therapies as a load of crap. But they feel refreshed. You wouldn't have thought they'd have been interested!"*

Members of the BME community were well represented at 9% as were asylum seekers at 5%. One stress centre had a dedicated project to target asylum seekers and several stress centres had translated leaflets materials and service location maps in different languages.

Other vulnerable groups targeted were people with addiction issues and inmates from a local prison.

Deaf people are at greater risk of suicide than the hearing community. Through their involvement with Choose Life, one stress centre was instrumental in enabling members of the deaf community to deliver their first two day training sessions on suicide prevention (Applied Suicide Intervention Skills Training) and mental health awareness (Scottish Mental Health First Aid).

Stress centres adopted a pragmatic approach by engaging with locally based organisations. This suggests that if there was local lesbian, gay, bisexual or transgender (LGBT) projects and specific faith groups then centres would engage with these communities. Centres did not collect information about client sexuality or faith membership and so it is difficult to deduce if they are reaching these groups but they do not appear actively promote their services to them.

Summary

Partnership working has expanded the reach of the stress centres within and beyond their immediate communities. This has proved to be an effective strategy to reach specific disadvantaged people, many of whom are described as 'hard to reach' and would have been unlikely to approach the centres themselves. Stress centres should continue to link in with other agencies to extend the reach of their services to those most in need.

The creation of the Commission for Equalities and Human Rights and the guidelines within Communities Scotland's National Standards for Community Engagement suggest that all organisations need to look at their services to ensure that they address potential barriers that exclude equalities. A training programme developed by The Mental Health Partnership and aimed at reducing barriers for mental health care workers to make their services more accessible to the BME communities is being rolled out across the city. All stress centres, in particular those located in areas throughout Glasgow where concentrations of BME communities may be able to take part in this training.

There is a need to consider gathering LGBT and faith/religion data on clients in addition to existing equalities monitoring. Only by monitoring equalities, will stress centres be able to demonstrate that their services are accessible to these specific equality groups. Various equalities user groups, for example, Steve Retson Project, which works extensively with the LGBT community, are more likely to be based in a city centre location. The stress centres might collectively decide how to best target these and similar groups.

4 Impact of stress centre services on clients

4.1 Changes in economic activity

60 clients were surveyed for this evaluation. They presented with a wide range of stress related issues, anxiety, mild to moderate and severe mental health problems. They reported one or more of the following stressors:

- Stress due to relationship issues including marital breakdown leading to homelessness
- Work-related stress, including harassment at work, bullying and violence in the work place
- Stress due to job loss and unemployment
- Bereavement of significant family members
- Domestic abuse
- Sexual abuse
- Alcohol addiction
- Managing long term health conditions including physical disabilities, cerebral palsy, back pain, rheumatoid arthritis, osteoporosis and cancer

Respondents also reported mental health issues that they described as severe and included bipolar disorder; nervous breakdown; obsessive compulsive disorder and post traumatic stress disorder. 13% (8 respondents) reported they had been unable to leave their house for many years due to anxiety.

Clients were asked about their economic activity before and after stress centre treatments. Table 1 below shows responses from the client survey.

Table 3: Employment status before and after attending the stress centre (n=60)

	Before		After	
	No.	%	No.	%
Economic activity				
Employed	11	28	15	25
Unemployed	21	18	14	23
Part Time student	1	2	-	-
Full Time student	-	-	2	3
Incapacity Benefit	8	13	9	15
Made redundant	1	2	1	2
Sick Leave	9	15	-	-
Retired	7	12	8	13
Income Support	3	5	3	5
Volunteer	2	3	5	8
Self-employed	-	-	1	2
Disability Living Allowance	1	2	1	2
Training course	-	-	1	2

Before receiving stress centre treatment, 33 clients sampled were not in employment, education or training. After treatment, those not in employment education or training fell to 29, a reduction of 13%. Stress centre engagement (on and off) with these clients ranged from less than 6 months to 5 years.

One third of the clients who were unemployed at the start of their treatment reported that they had moved on to employment, training, self-employment or volunteering, post treatment.

15% of clients were on sick leave when they first attended the centre, and the majority of these were assisted back to work and a minority was unable to return at that time.

Although the majority of stress centres did capture this information, it was recorded on paper based records and not on a database. Some stress centres had undertaken or were in the process of undertaking an extensive review of their client database capabilities. One of the stress centres had gathered and collated client treatment outcomes in their database in 2006 and were able to report that 11% of clients recorded positive outcomes in employment and training. Another stress centre supported 10% of clients to remain in employment and 8% were supported into/returned to employment.

Clients surveyed reported that stress centres played a significant role in supporting them into and back to work. From the results it appeared that treatments had more impact where counselling was part of the treatment plan.

4.2 Client benefits

Clients were asked to indicate the extent to which they agreed or disagreed with the following statements:

1. 92% (55, clients) agreed (of those 77%, 46 clients, strongly agreed) that they were **more interested in preventative health**. Comments focused on steps client had taken; *"I eat more healthily and exercise"*.
2. 87% (52 clients) agreed (of those 38%, 23 clients, strongly agreed) that their **self-confidence had increased**. *"I take on more challenges; don't say no immediately."*
3. 85% (51 clients) agreed (of those 67%, 40 clients, strongly agreed) that they were **more motivated to do other things**. Responses ranged from being *"able to go out with the family to the shops now"*, take steps to get back to work or take up a hobby, such as swimming and photography. **Increased physical activity** was a theme throughout.
4. Nearly half of those surveyed (48%, 29 clients) agreed (of whom 22%, 13 clients, strongly agreed) that they were **more aware of other local services**. Clients would find out about other classes *"by talking to others"* or *"read(ing) the leaflets"*. Clients who attended the stress centre located in their local Health Living Centre, found out about other services such as mothers and toddlers, cookery classes and benefits advice.
5. 47% (28 clients) agreed (of whom 20%, 12 clients, strongly agreed) that they were **more aware of training and employment opportunities**. *"There's lots of leaflets lying around"* although some indicated they were *"not ready for these things yet."* Other clients expressed a desire to retrain or were working with agencies, such as the Wise Group to get back to work.

6. Over one third, 35% (21 clients) agreed (of whom 12%, 11 clients, strongly agreed) that they were **more involved with community activities**. A minority had always been involved but others expressed a desire to “*help people now*”.

Other reported benefits were:

- **improved coping skills** and increased ability to deal with difficulties and “*avoid negative thinking*”.
- for around one tenth, the ability to “*join in things (and) leave the house*” therefore **reducing social isolation**
- **improvement in significant relationships** and “*handling relationships differently*”
- **enhanced self esteem**; “*Valuing myself. More aware my own needs. Doing things for myself.*”
- **increased relaxation** that helped clients manage stress and improve sleeping patterns
- **pain relief** for long term medical conditions
- **improved mobility** were attributed to body massage and also yoga
- **taking back control of their lives**
- **a more positive outlook**
- **remaining safe** - one client reported s/he no longer felt suicidal and believed that s/he “*wouldn't be here if it wasn't for the centre*” in the reporting period.

Findings from client survey responses corroborated the post treatment evaluations and outcomes reported by the stress centres.

One respondent (<1%) from the sample ceased counselling after one session as s/he felt no benefit.

Section 9.10 – *Managing appointments* explores issues around non-attendance and cancellation of appointments.

4.3 Reduction in prescribed medication

Over one third (37%, 22 respondents) reported that they either reduced or avoided medication (for depression and/or anxiety). 13% had found the combination of medication to treat anxiety, sleep disorders and depression and stress centre therapies helpful. Analysis of client databases, where it was found that nearly one quarter (23%) of clients on medication for stress-related issues had either stopped or reduced their medication, corroborated these findings. Although conclusions cannot be drawn from such small samples, medication reduction rates were higher where counselling was part of the treatment plan.

4.4 Talk-Back responses – key findings

Talk-Back offered clients an opportunity to provide anonymised feedback. Posters placed in the reception areas of each stress centre invited client feedback in writing, text or email. The purpose was to identify the main reasons why the centres were being used and to test the research questions in relation to:

- Stress management versus stress relief
- Quality of life
- Improvement in mental health and well-being

The 138 clients provided a total number of 403 responses, the findings were categorised into five areas:

Stress relief

The majority of the responses (40%, 160) focused on how stress centres helped to relieve stress, and anxiety and *to combat the stress and worry of everyday life*:

"I am getting a better sleep at night."

"Helps me feel fitter and relaxes me in body and mind."

"I can relax."

Stress management

22% (90 responses) were about the positive way in which the centres helped clients to identify and manage their own stress. Many talked about how they could apply skills learned to improve their own lives. Responses included:

"To help me understand why I'm stressed, where it comes from and how to deal with it better."

"Learn to lower my stress levels."

"I look at things in a different light now."

Staff and centre ethos

15% (61 respondents) commented on the quality of the staff and the ethos of the centres as reasons for attending.

"The staff are very professional and helpful."

"Things like this should be used, when available, as an alternative to medication."

"Expertise received from staff, for self empowerment."

Reducing isolation

13% (53 responses) indicated the stress centres were a great reason to get out of the house, to meet people and to talk to others experiencing similar issues.

"It is better to talk to someone about your problems."

"It's good meeting others in the same situation."

"I enjoy the company."

Pleasure and Enjoyment

11% (43 responses) indicated the services the centres offered were enjoyable, rewarding and made them feel good.

"It made me feel like a new person."

"A feel good factor."

"I enjoy the classes provided."

4.5 Stakeholders' viewpoints on perceived benefits to clients

Internal and external stakeholders were in no doubt that stress centre clients benefited from the services provided. Stress centre therapies provided were beneficial as part of *"an overall package of support"* from other agencies rather than as a stand alone service and offered clients *"help along the pathway to improving mental health"*, particularly when issues were more deep-rooted. Stress centres had a role in *"helping people back to work."*

Therapies were perceived to be safe; *"there are no negative effects"* and were preferable to prescribed medication. There was an observation expressed by a minority that *"people want alternatives to medication, to learn to deal with things differently."*

Stakeholders working with people who had severe and enduring mental health problems found that their clients were more relaxed, exhibited less symptoms of stress and looked forward to their weekly sessions. Stress centres also had a role to play in supporting people recover from severe mental health issues which resulted in hospitalisation: *"One of our patients found it difficult to cope after being discharged, they walked into the stress centre and got help for stress."*

4.6 Good news stories

Case Study One

A has attended the stress centre for six years. When she contacted the centre she felt desperate and was being treated for depression. She had relocated to Glasgow, lost her husband to suicide and had been made redundant. A received counselling over a two year period and three blocks of six aromatherapy treatments. She also has attended many classes to help reduce her isolation and build confidence and self-esteem. She currently attends two classes a week at the centre and with support has embarked on driving lessons and computer classes with a view to returning to work in the future. A believes that using the centre has kept her out of hospital and able to manage her day to day life.

Case Study Two

B described himself as 'hyper'. He suffered from constant headaches, sleeplessness and agitation. He wanted to deal with stress and feel more balanced. He began a programme of fortnightly personal support/counselling sessions and attended a weekly relaxation group. As the sessions progressed, he noticed that he had reduced his smoking and tea intake, his sleeping pattern had improved and the headaches were gone. He was responding more calmly and constructively in a variety of situations. He has recognised and acknowledged that the skills he has learned could support him on his release from prison. Following completion of treatment he continues to keep a stress diary as a way of helping himself.

Case Study Three

P had used drugs for fifteen years and was in a residential unit. She had a history of being abused and suffered from anxiety and depression. She felt needy and vulnerable. She found it hard to relax and sleep. P received counselling, massage and attended Yoga classes. P learned to understand her own needs and to express her feelings through the counselling process and also learned relaxation skills. On completion of treatment, P was enjoying being more independent and had an improved self-image. She was attending college, exercising regularly and feeling more confident, positive and optimistic.

Case Study Four

J is 13 years old and was referred to the Youth Stress Centre by school as he was misusing drugs and alcohol and engaging in criminal activity following a family bereavement. Through creative art techniques, visualisation and relaxation, he was able to learn to express his emotions appropriately and improved his relationships with family members. At the end of treatment J had joined several youth clubs and was playing football.

Case Study Five

H was referred to the stress centre by her health visitor. She began with one to one treatments and then took part in three classes: relaxation, personal development and Reiki. On completion of treatments and classes, H reported an increased ability to manage stress levels and increased personal motivation and ability to relax. She applied for and has been accepted on a college course for beauty therapy.

5 Examples of best practice

Each stress centre had developed individually within their community. There were a number of innovative projects and programmes of activities identified by internal stakeholders and others observed by the consultants. The box below cites at least one example from each centre.

- ✚ **Rapid response appointments** to requests for services as demonstrated by COPE, which offer appointments for an initial consultation within one week of enquiry. Services are then offered immediately following the initial consultation. Once the consultation has been completed, clients can access the relaxation room and self-help support materials. The rapid response is managed by building a number of appointments for initial assessments into the diary system. This system enables COPE to work without a waiting list and enables clients to have immediate access to services.
- ✚ **The personal development of local people**, excluded from opportunity due to personal circumstances including physical and/or mental health problems, addiction issues or issues related to low confidence and self esteem, into volunteering and other opportunities as demonstrated by the SCOPE project at Castlemilk Stress Centre and Project 42 and Building Bridges at COPE. Support and development opportunities are tailored to the needs and aspirations of individuals who receive encouragement and support to enter volunteering, employment, education and life long learning.
- ✚ **The successful development of pilot stress centre projects** as demonstrated by Royston Stress Centre. The pilots demonstrate the need for, and the positive impact of, stress centre services in these areas and the benefits of working in partnership with local agencies and statutory services to develop dedicated services. Using established, experienced managers and therapists has enabled confidence in the services to be quickly established. Through on-going community engagement, the projects continue to link in with under-represented groups via local networks eg South West Mental Health Service Providers Network and projects eg South West Men's Health Programme to provide a dedicated needs-led service.
- ✚ **The Lifelink project** provided by Royston Stress Centre which is a community based support service for people in crisis, who are at risk of suicide and/or self harming. Facilities include a drop-in for young people and adults, a telephone helpline and information website. The primary aims are to reduce the level of risk for the client and to ensure they are able to access a range of service appropriate to their needs.

- ✚ **The use of classes both for support prior to accessing individual services and as ongoing support for vulnerable clients** as demonstrated by Alternatives and Possil Stress Centres. Both Alternatives and Possil have waiting lists for individual treatments. To enable potential clients to engage with the service and to experience relief from distressing symptoms, they suggest clients attend one of the classes on offer. This enables the client to meet others, reduce isolation and begin to learn techniques which will help them manage stress in the longer term. Some vulnerable clients at Alternatives use classes as a means of ongoing support, which the clients have suggested kept them well and out of the mainstream psychiatric services.

- ✚ **The specialisation in addiction work** as demonstrated by Possil Stress Centre. The work includes supporting addicts and their families. People who are addicted to substances value the ethos of the service and often comment that it is the first time they have been treated well by service providers. Through specialisation, Possil has established robust and ongoing relationships with addiction services and other agencies and is a respected partner in the delivery of services to people and their families affected by addictions. Specialisation has enabled expertise to be developed in Possil Stress Centre which could be shared with other centres and agencies.

- ✚ **The development of services for children and young people,** as demonstrated by Castlemilk and Royston Stress Centres. As the mental health and well being of children and young people is a Scottish Executive priority which could be rolled out across the city to allow all young people living in deprived areas the opportunity to learn life skills which will enhance their well being and enable them to develop the confidence to participate in community life by working, learning and volunteering.

6 Impact of stress centres

6.1 How do stress centres work in partnership with other agencies?

Just over half of external stakeholders worked in partnership with the stress centres. Partnership working took various forms and ranged from informal referrals between agencies to formal arrangements and joint delivery of services. The most commonly reported partnership activity was outreach, Examples of outreach work were:

- ✚ Relaxation at Ruchill Family Centre for marginalised families
- ✚ One to one treatments in the Mental Health “Drop In” for men attending the Positive Lifestyle Club, St. Martins Church, Castlemilk
- ✚ Relaxation and Yoga at Dennistoun Support Services, a dementia day care centre
- ✚ One to one treatments and group work for acute psychiatric patients at Leverndale Hospital
- ✚ One to one treatments and crisis intervention for local residents at the North Glasgow Housing Association Offices
- ✚ One to one treatments and counselling and relaxation group work for men at Barlinnie Prison
- ✚ One to one treatments at Addaction service in Pollok for people with addiction issues

One to one ‘tasters’ and information and advice sessions groups formed part of stress centres’ awareness raising activity:

- ✚ Information on depression and disability at Antonine Court, a day centre in Drumchapel for adults with disabilities
- ✚ Taster sessions for parents at Milton Community Nursery
- ✚ Information and advice for asylum seekers at Rosemount Life Long Learning in Royston
- ✚ Information and advice for young people at Sighthill Youth Centre

The delivery of services to clients of other agencies also helped to deliver partner agency goals. For example, the delivery of stress relief and one to one treatments to North Glasgow tenants helped to support them to remain in their homes thus preventing homelessness caused by mental ill health. The Lifelink project in the north of the city also delivered a range of services from tasters to stress relief body work courses and this was designed to “*draw people into the housing office support network as well as make links to (stress centre) crisis and stress services.*”

There was a consensus among stakeholders that stress centre staff and therapists had always exhibited a high degree of professionalism.

6.2 Links with local mental health services

There is evidence of increasing referral activity between stress centres and their local primary care mental health teams, although this did vary across the city and appeared to be dependant on the receptiveness of individual staff to the stress centre model. Even in parts of the city where relationships were at the early stages there was a will to improve working relationships with the stress centres. Some mental health professionals commented how the stress centres alleviated the pressure on waiting lists by being able to see referrals, in some cases immediately.

Partnership working involving the organisations in statutory and voluntary sectors was highly developed in one of the CHCPs. Mental health care providers, including stress centres, were thought to be “*changing the way mental health services look(ed)*”. The stress centres were very active in the Primary Care Mental Health Partnership which was looking at how they could address common mental health issues and work more on a shared caseload basis. They met fortnightly to discuss how to work better together; to reduce barriers for the client; offer a greater range of services; to offer a better journey for the client and to support one another and avoid duplication.

Stress centre therapists worked closely with Barlinnie Prison mental health teams to offer one to one and group therapies on a part-time basis. One stakeholder pointed out that around one tenth of prisoners at any given time were from Royston, and establishing a link with the stress centres when they were imprisoned, helped them to settle back into the community on their release.

6.3 Links with local statutory and voluntary agencies

All stress centres were very active in referring clients on to other services as well as receiving referrals from other agencies including GPs, primary care health providers, social work and local projects in the voluntary sector that offered a variety of support services to local people. All stress centres were actively engaged in working with primary health care partners.

GPs surveyed for this evaluation were very active referrers but stress centres did report that some GP's were less receptive to the stress centre model. One of the stress centre pilots had begun to revise their marketing materials as part of an overall marketing strategy to include therapists' counselling qualifications, to target non-referring general practices. Stress centre databases (from five centres only so may over-estimate referral rate) indicated that referrals from GPs for counselling and therapies ranged from 5% to 58% with a mean referral rate of 27%.³

³ A GP referral is when a General Practice is the original source of referral: when a GP supplies marketing material or information for the patient to self-refer and when a GP seeks out stress centre treatment on behalf of a patient by telephone or in writing.

6.4 Contribution of stress centres to local and national strategies

Stress centres contribute extensively to the National Programme for Improving Mental Health and Well-Being. Stress centre activity raises awareness and promotes mental health and well-being and the stress centre model supports recovery. The community ownership model of stress centres and their “*down to earth*” approach helps to eliminate stigma and reduce discrimination.

The stress centres deliver on the priority areas of community mental health and well-being:

- mental health of children and young people through their dedicated youth stress centres
- older people through outreach and leisure classes
- supporting people to stay in employment and get back to work
- supporting public services to promote mental health and well-being through partnership working

Overall, stress centres contribute to health and wellbeing priorities of local CHCP Health Improvement Plans across Glasgow by focusing and developing services with local community input and with a view to making these services accessible to people who might be disinclined to access mainstream services in addition to targeting priority groups through their outreach programmes. They also contribute to the Glasgow CCP’s Healthy Glasgow and Working Glasgow themes through their work with people on Incapacity Benefit and people with addiction issues. For example the addiction services in Possil and the work support programmes in Castlemilk and Cope.

Three of the stress centres contributed directly to Choose Life’s National Action Plan (2002) – a comprehensive ten year strategy to address the then rising rates of suicide in Scotland, involving an inter-agency approach including health and social care and voluntary organisations – through their dedicated programmes targeting ‘at risk’ groups, such as the LifeLink Project, Royston, a crisis intervention service for vulnerable people who self harm and are ‘at risk’ of suicide. There is also the delivery of suicide prevention training (e.g. ASIST) which creates greater community awareness of mental health issues in general and suicide prevention in particular.

6.5 Links to strategic planning

There was evidence that partnership working in some areas of the city was better developed, and this was partly a function of the length of time that stress centres had been in operation and partly due to their high staff retention rates. There is evidence that stress centre managers actively sought out opportunities that would mean that more excluded groups could access their services at no or low cost, creating a wider impact across the city. It appears that the success in partnership working was in part attributable to extensive relationship-building and networking activity carried out by the stress centres and also working alongside partners who were receptive to the stress centre concept.

Stress centres worked in partnership with their local Healthy Living Centres to deliver bespoke programmes designed to tackle health inequalities in deprived communities. In one CHCP, the local stress centre was instrumental in attracting Choose Life funding to deliver local suicide prevention services, including a crisis intervention, leveraging in other monies including CHCP, Glasgow City Council, and Communities Scotland. Delivering on Choose Life suicide prevention formed a key part of additional services for other stress centres.

There was also evidence of good partnership working around the stress centre pilots. There was a strong will expressed by partners in both statutory and voluntary sectors to be involved in the longer term to shape services to meet local need in both parts of the city where they are located. Development work is underway to consult with the local community, including mental health user groups, and to identify potential funding sources.

Stress centres were key stakeholders in local mental health networks across the city of Glasgow.

6.6 How stress centres contribute to the local health improvement agenda

Stress centres engage with communities in a number of meaningful ways and this adds value to their work and influences ways of working for other agencies. The thrust of new national and local mental health policies is in engaging with service users; these organisations provide a good role model for meaningful relationship development, based on respect and trust.

Internal stakeholders identified their contribution to the health improvement agenda in a variety of ways including being involved in specific initiatives, but also in the way they worked with individual clients and groups using a holistic approach to health and well-being. One of the impacts of the centres was to highlight mental health and this now had a higher profile on other agencies' agendas.

Although the creation of the CHCPs has meant that new structures are now in place, there is strong evidence to suggest that robust working relationships have already been developed in some areas of the city. In other areas, partly due to the changes of key people, the relationships are less well developed. There is evidence to suggest that there is a need for some mental health services to have a greater understanding of work of the stress centres. There is also evidence to suggest that in some areas, closer working relationships would enhance client access to a wider range of services. Our

findings suggest that Health Improvement Teams are supportive and see the benefit to clients of the stress centre model of client engagement and service delivery.

In the last 16 years since the inception of the stress centres there has been a shift in the external environment in which they operate. Public perception of holistic therapies and their role in addressing mental health issues has changed. Therapies are now on the prospectus at local colleges; exercise and reading self help books are prescribed by GPs. This helps to validate stress centre activity in that the social model of mental health had gained widespread acceptance. The recovery model of mental health is a central part of the Scottish Executive's National Programme for Improving Mental Health and Wellbeing and the stress centre approach, which embodies a holistic approach, fits well with this model.

The findings on partnership working activity strongly suggest that stress centres are making a significant impact on how local agencies approach mental health issues. Working in partnership with housing associations, for example, has raised the issue of mental health on their agenda. They help to promote preventative mental health care through their work through the training they offer to local agencies.

7 Learning points from partnership working

Across the city the general consensus was that stress centres worked well in partnership with other agencies. Partnership working was very well developed for the majority of stress centres; there was a minority of stress centres where both internal and external stakeholders recognised a need for improvement. In these cases, partnership working had been hampered by, among other things, changes in personnel and roles, both internally and externally.

In parts of the city where counselling was not one of the core services offered, stress centres could continue to explore working more closely with the primary care mental health team who offer counselling, and have expressed an interest in working more closely with local organisations.

8 Learning points for delivery of mental health services

Our research indicates that there was no operational standard for a stress centre. There is no standard against which to benchmark good practice and develop best practice. There is an opportunity therefore for stress centres to develop this.

There are national standards that the stress centres use. These include Investors in People, Sainsbury Quality Standards guidelines and standards on counselling and therapies which satisfy the governing bodies regulations. One stress centre and associated pilots was operating at, and working towards, the NHS BACP guidelines on counselling and their acupuncturist works under very strict professional guidelines.

There are competencies described in the Skills for Health Competency Framework for complementary therapies. The research did not indicate that the centres used these standards.

Practices which sit comfortably with the emerging mental health agendas and provide a good role model for other agencies are:

- encouragement of self referral from all centres and partnering of clients in their progress through treatment
- providing a comfortable and relaxing environment for clients as demonstrated by all organisations
- the holistic approach to clients and the ethos of respect
- engaging with local communities and providing opportunities for people to be involved in the planning and development of services
- service user involvement as demonstrated by all centres and the particularly high level of user involvement

9 Learning points for stress centres

9.1 Essential elements of a stress centre

Clients surveyed were asked what they believed were the key elements of a stress centre. Core activities of a stress centre were both a way of working with people and services they offered. The ethos of valuing clients and treating them with respect was a common theme as was the provision of a range of therapies and counselling.

Nearly one third perceived the variety and mix of alternative therapies and classes on offer, including relaxation, yoga, Steps, aromatherapy and counselling were inseparable from the way therapists delivered these.

The personal qualities of the staff was the next most frequently cited element. Staff were friendly, accommodating, professional, empathetic and trained therapists. Clients praised their “*down to earth*” approach and the client-therapist relationship in counselling; therapists’ ability to help the clients pinpoint issues; their person-centred approach and their ability to help clients talk openly without being judged were common themes.

The length of the consultation time was contrasted with the typically short time with a GP.

The atmosphere of the stress centre was relaxing, calm, welcoming. The atmosphere was not clinical or like a health club and this helped to reduce stigma around mental health. These were the essential components from a client perspective and were also the essential components from the majority of stakeholders too.

Overall findings suggest that stress centre core services should include “a menu of options – counselling and other therapies”. Client survey findings did suggest that the clients found the combination of counselling and therapies, together with the GP and primary care mental health services in some cases, the most effective treatment for mild to moderate mental health problems.

9.2 Strategies stress centres employ for preventing ‘revolving door clients’

The definition of a ‘revolving door’ client is one who returns regularly to the stress centre to access services when “*life becomes difficult*”, either due to external circumstances or due to the recurring nature of their health condition. Within this group, there was a small proportion without any identifiable, immediate therapeutic need who accessed services because they enjoyed them. **Centres identified a very small number of clients as ‘revolving door’ clients.** Many of these clients had complex issues in their lives and they found stress centre services an invaluable support mechanism. **Stress centres accepted that a proportion of clients would return for ‘top-up’ treatments.**

Stress centres adopted a variety of strategies to address this:

- **Some stress centres offered six week treatment blocks after which clients were placed back on the waiting list. Clients were given an initial consultation and treated in the same way as if they had presented for the first time.**
- **All staff and board members sought out opportunities to develop local clients through volunteering. Several stress centres had separate projects specifically for this purpose – SCOPE, Project 42 and Building Bridges.**
- **Some stress centres directed clients who only wanted therapies to local colleges that ran courses in holistic therapies and were always looking for ‘clients’ for students.**

There appears to be conflicting interests. On one hand, service level agreements are written by the local CHCP to discourage long-term interventions and encourage open door referral among agencies. One of the key aims of community regeneration funding is to move people on to employment, education and training. However, stress centre services alleviate pressure on statutory services by treating these clients as well as promoting mental health and an improved quality of life for clients whose health problems were not going to be resolved by a limited number of treatments. It is evident from client and stakeholder interviews that some clients had complex issues and that longer term support was necessary to have an effective impact on the clients’ well being and life chances.

On the other hand stress centres are community led. This makes it difficult for them to deny treatment to members of the local community who may have come to rely on their services. Although stress centres cannot be complacent about this issue, they have no option but to take a softly-softly approach. They need to balance the needs of clients and communities against the requirements of funders.

9.3 Stress management versus stress relief

The most often cited reason by clients attending the centres was stress - nearly three-quarters presented with symptoms of stress, followed by anxiety, by nearly half. Some form of relief was required at the initial stages as some clients were “*not well enough*” to access stress management services. All stakeholders believed that stress centres should provide both stress relief and stress management. There was a wide recognition that massage and other hands-on therapies helped to break down barriers. The therapies provided a short term solution whereas stress management offered a set of tools with which to improve coping skills. Relief was immediate and clients could see and feel the difference within the treatment session.

Some people would benefit from relief, some sought tools and techniques to manage stress and others benefited from both simultaneously. Stress relief was a gateway to other services and all treatments had an element of both stress relief and management. But meeting client needs was central to the stress centre approach.

Clients accessed services in order to learn stress management techniques and enter into counselling when they were ready to begin working on issues. Internal stakeholders

suggested that there were some clients with long held issues, including sexual abuse, who would only enter counselling or stress management after they had developed a trust in stress centre therapists.

Clients who present frequently with the same symptoms of stress should be strongly encouraged to take up stress management classes.

9.4 What are the strengths and weaknesses of the stress centre approach?

Each stress centre had different strengths and weaknesses but common strengths were the ability to be flexible and responsive in the ways that they engaged with people. They were independent and this allowed them to adapt quickly to local needs. They were well established in an environment where funding can be precarious or at the very least 'stop and start'. Due to their consistent professional approach and the quality of service provided, they were highly regarded in their local communities and this is partly attributable to being seen to be community led. It is also partly attributable to the services offered making both an immediate impact on how the client feels and the longer term impact on the clients' life skills and opportunities.

Stress centres demonstrated a client-centred holistic approach. The ambience in the stress centres was seen as significantly different to a health centre by some clients who preferred going to the stress centre rather than their GP as they '*felt listened to*'. A recurring theme was that clients felt valued and respected. There was an unconditional acceptance of clients regardless of their situation, culture, ethnicity or presenting problem

Common weaknesses related to funding issues and the multiple expectations of a variety for funders. Many internal stakeholders in management posts or on the board/committee commented on the pressure of workload, exacerbated by the complexity of funding, on-going developments, increased expectations from funders for example to provide monitoring information and compliance issues.

9.5 Stress centre added value

Individual stress centres were developed as community-based solutions to the high levels of stress experienced by people residing in deprived areas. There is no other service funded by the NHSGGC that is dedicated to the treatment of stress alone. Stress centres have delivered on their original remit but the additional benefits realised by clients and surrounding organisations have been far reaching.

All stress centres have been successful in helping people both remain in and get back to employment. One stress centre now employs a work development co-coordinator for the CHCP area to maximise employment opportunities for people with mental health needs within Greater Glasgow.

Some stress centres have created 'additional' services i.e. services that they did not have the in-house capability to deliver, without 'buying in' resources. An example of this was where one stress centre formed a partnership with their local regeneration agency to deliver Individual Learning Accounts. The regeneration agency was a registered provider and the stress centre provided the training. This partnership enhanced the capability of the stress centre, and it expanded its reach outwith its core funding remit.

This type of service delivery was clearly additional to the original remit of the centres and provides added value.

Stress centres were the ‘host agency’ for other projects’ outreach. One example is where client engagement officers from one of the city’s regeneration agencies ran a drop in information session one afternoon a week at a local stress centre enabling them to target clients in receipt of incapacity benefit. This widened the reach of the regeneration agency and supported clients back to work.

Stress centres have generated income by providing training to other organisations that deliver services to similar client groups as in the case of one stress centre that offered a four day programme on “Working with Emotional Literacy and Young People.” The stress centres delivering on the Choose Life strategy have become registered training providers for Applied Suicide Intervention Skills Training (ASIST) aimed at enhancing the skills of professionals, volunteers and members of the community in suicide first aid.

9.6 Gaps in services

Stress centres were asked to supply details of the areas that their core funding served. Diagram 1 below outlines postcode units and/or neighbourhoods served.

Diagram 1: Stress centre core provision across NHSGGC

<u>North Glasgow CHCP</u>	
<p>North Glasgow Stress Centres: Royston Stress Centre - G21.1 G21.2. G21.3 G21 4 – incl. Balornock, Barmulloch, Carntyne, Cowlares, Gartcraig, Germiston, part of Keppochhill, Petershill, Provanmill, Robroyston, Royston, Sighthill, part of Springburn and Wallacewell</p> <p>Possil Stress Centre – incl. Maryhill, Possilpark, Milton, Firhill, Ruchill, Lambhill, Parkhouse, Cadder, Summerston Acre, North Kelvin, Kelvindale and part of Springburn.</p>	
<p><u>West Glasgow CHCP</u></p> <p>COPE – G15, Drumchapel</p> <p>Dumbarton Road Corridor Pilot - Whiteinch Scotstoun, North and South Yoker</p>	<p><u>East Glasgow CHCP</u></p> <p>Alternatives Stress Centre – The whole of East Glasgow CHCP</p>
<p><u>South West Glasgow CHCP</u></p> <p>Royston South West Pilot –to date G52, G53, G51, G43, G46. Pollok, Govan and Penilee</p>	<p><u>South East Glasgow CHCP</u></p> <p>Castlemilk Stress Centre – G45, predominantly Castlemilk.</p>

Within each of the CHCP areas, there may be datazones or disadvantaged areas and people that are currently not served: it is difficult to assess these as there are different eligibility criteria set by each funder.

Furthermore, there are other agencies who are funded to provide community health services. These include:

North CHCP

- ✚ North Glasgow Healthy Living Community

East CHCP

- ✚ East End Healthy Living Project (in partnership with Alternatives Stress Centre)
- ✚ The Community Health Shop Limited

South East Glasgow CHCP

- ✚ Gorbals Healthy Living Network
- ✚ Cambuslang and Rutherglen Community Health Initiative
- ✚ SEAL

West Glasgow CHCP.

- ✚ Drumchapel L.I.F.E.
- ✚ The Annexe Healthy Living Centre

Across NHSGGC

- ✚ Glasgow Chinese Healthy Living Centre
- ✚ Healthy Living for Deafblind People
- ✚ Phoenix Stress Centre (receives no funding, depends on volunteers and own fundraising)

The above list is not exhaustive. A mapping exercise could provide clarification on what stress-related services are currently delivered across NHSGGC and which residents meet the criteria for treatment.

9.7 Opening hours

Feedback from clients and a minority of stakeholders raised the issue of weekend and evening opening hours. Only one stress centre opened all day Saturday and Sunday. All stress centres were open for at least one evening per week and one was open for four evenings. This does raise the issue of equitable service provision across the city in relation to making services available to people in work.

There was an uneven distribution of stress centre core services across the city. One stress centre did not offer counselling and, although Dumbarton Road Corridor pilot has recently been set up, there is no stress centre that operates in a similar way to the others in the West of the city.

9.8 Pay

It was recognised by the internal stakeholders that it is the responsibility and the decision of boards/committees to appoint staff and offer pay and conditions of service. However, across the city many internal stakeholders, both staff members and board members expressed concern at the disparity in staff pay.

9.9 Monitoring and Evaluation

External

Monitoring varied depending on which agency funded services. Local community planning partnerships had in place quarterly monitoring procedures. The various charitable trusts required stress centres to comply with their guidelines. There are guidelines from central legal office regarding service level agreements and these cover the CHCP contribution.

Internal

The recording and analysis of client data was predominantly carried out using ACCESS database tailored to specific project requirements, and had been developed to meet the needs of individual funders. Some stress centres had well-developed systems of gathering and using paper-based information for reporting purposes and others were in the process of reviewing this and developing databases. One stress centre had a minimalist but effective paperwork system developed to identify client treatment goals and outcomes as well as a method of detecting enquiries that did not follow through to an appointment.

Although individual work with clients and group work was evaluated at the end of a treatment programme, not all stress centres gathered data in a format that could be collated city-wide.

At the time of this evaluation, all information collected from client evaluation consultations and end of treatment reviews were not uploaded onto database due to the volume of work that this would entail. And so not all stress centres recorded client treatment outcomes in a format that was readily accessible for evaluation at project level. For example, client treatment outcomes were not always measured against treatment expectations, and the information gathered was not always collated in a way that could be used to improve services.

9.10 Managing appointments

It was found that on average, between 10% and 15% of appointments did not attend (DNA rate is non-attenders expressed as a proportion of total one to one treatments offered in the sample 12 month period). DNA rates ranged 6% to 32%, which was an average of 15%. If we exclude 32%, an outlier statistic, from the range, the average declines to 10%.

Cancellations represented 14% of total one to one treatments. If cancelled appointments remained unfilled, this suggests that on average, 24%, nearly one quarter, of all one to one treatment places offered went unused.

In addition, a proportion of all stress centre clients did not return (DNR) after their initial consultation. Centres did not have sufficient resources to follow up all DNAs, DNRs and cancellations. To follow up 'no shows' in a systematic way, record and analyse the results, might offer useful feedback to help improve and develop services although this places a greater burden on administrative resources and must be countered with anecdotal evidence that suggests that some clients do not return as '*services were not*

for them or *they were not prepared to do the work* (addressing emotional issues, changing life-style etc).

Although DNA rates are comparable with primary care health service rates, where it does become an issue is where there are reported waiting lists of up to six months. If people have to wait for extended periods of time before assessment then they are more likely to deselect themselves. Stress centre staff did filter all calls to try to ensure that those most in need are seen more quickly but some people will inevitably fall through the net.

Managing appointments effectively for stress centres does require further study.

9.11 Client fees

Only one of the stress centres charged clients for their services. It was a nominal fee and did not appear to deter local people; clients did not pay if they could not afford to do so. It was part of their income generation strategy. In 05/06, together with selling training services, they generated nearly £15,000.

10 Impact of governance arrangements

10.1 Involving local people

Local people were involved at a number of levels including governance, service provision as paid employees or volunteers, and participation in stress centre events held in the community. The majority of the people who were local volunteers had been service users in the past.

All the centres had local people on their board or management committee with the exception of the pilot projects. The directors/committee members were responsible for providing the direction of the centre and it was noted that they “*bring local intelligence to the centre*” so that services can be responsive to local need. The development plans for the pilots included opportunities for consultation with local communities.

Centres encouraged and involved volunteer participation in a number of activities. These activities include:

- ✚ managing facilities
- ✚ providing reception cover on a regular basis
- ✚ providing reception services on an ad hoc basis
- ✚ helping at community conferences and events
- ✚ community research
- ✚ providing services and support to clients.

One centre had a higher level of service-user involvement than others and reported up to sixty hours input from volunteers each week. This stress centre’s policy was that services are shaped by service users and was committed to empowering and offering opportunities to local people. Activities included research and service provision. Service provision ranged from reception duties to mentoring other service users in a dedicated employability pilot. Volunteering led to training and employment opportunities in the majority of cases.

10.2 Development of governance arrangements

Stress centres had a variety of arrangements for governance. With the exception of the two pilot centres, all centres were governed by local people. There were both boards of directors and management committees. These management arrangements were valued by local people, despite the pressures of the responsibilities, and also by most staff members. Day to day management of the centres was the responsibility of managers and assistant managers.

All centres were members of GCVS Healthy Organisations VSO Contract which was funded by the NHSGGC. There was a variety of support on offer and some centres had worked closely with consultants to develop business plans, improve IT systems and address issues around client data collection. Project managers and chairpersons had taken up mentoring.

The involvement and support offered by the board/committee varied across the city. Some centres enjoyed robust management. In one of the centres, some members of the board/committee were on the original steering group which helped to conceive the project and many have been active member for nearly 16 years. They had the advantage of local knowledge, interest and links with their communities.

Advantages were seen as the ability to respond rapidly to identified needs in the community. Having past and current service users on the committee or board was seen as fundamental to the ethos, well-being and development of the organisation. Centres retained their local identity thus remaining true to their original remit by promoting mental health to disadvantaged communities, less likely to attend primary care mental health services.

Some disadvantages were that board members were not always skilled up to deal with the issues that arose. Some felt left out of training opportunities and unsupported in their role, commenting; *"It takes years to learn to manage"*.

11 Impact of funding arrangements

Funding and sustainability are issues for the stress centres. Stress centres are funded by a range of organisations. The table below outlines the funding committed to the stress centres for the financial year 07/08.

Table 4 All Stress Centre Funding 07/08

Funder	£ 07/08	%
CHCP	£1,027,069	38.5%
CPP	£797,932	30%
Charitable trusts	£567,719	21%
Other income	£279,203	10.5%
Total	£2,671,923	100%

The two main funders are local Community Planning Partnerships and local Community Health and Care Partnerships. Local CHCPs contribute nearly two-fifths, over £1m (07/08), and local CPPs contribute nearly one third, over £3/4m (07/08). Together, their contribution makes up over two-thirds (68.5%) of the collective budget for stress centres.

The longest established centres, Royston and Castlemilk are the least dependent on these funders with 45% and 51% of their income being generated from other sources, respectively (see individual centre profiles). The remainder of the centres are either wholly or largely dependent on community regeneration funding and/or CHCP monies. The distribution of monies, however, is uneven throughout the city, with one centre receiving 90% of their external funding from their local community planning partnership and 10% from the associated CHCP.

Royston and Castlemilk use the main funding streams to lever additional monies into deprived areas for service development and bespoke activities. This ability to lever in charitable or trust funding adds value to stress centre activities it is bringing additional monies in a deprived area and supports their core activity. Examples of this in the north and the south east of the city are the development of services for children and young people as well as the development of services for people at risk of suicide. In contrast, it could be argued that some income generation activity i.e. selling services, diverts stress centre resources away from core activities.

There was a consensus among internal and external stakeholders that year to year funding was unsatisfactory. The uncertainty of funding made it difficult to plan and some stress centres had lost key staff to the statutory services which offered more security, better conditions of service and better rates of pay. There was a mixed response to the ideal way forward. Some internal stakeholders thought that stress centres would be best funded as part of the NHSGGC whilst others valued their independence; being directed by and responsive to the needs of local communities.

Some external stakeholders welcomed the idea of Service Level Agreements whilst others were more cautious. Three-quarters of them believed that stress centres should receive mainstream funding to cover their core activity but at the same time retain their independent, community led status to deliver projects addressing local need. An

emerging theme was that this type of organisational structure could react rapidly to a changing environment and take risks in a way that statutory bodies could not. To be able to attract other sources of funding was generally viewed as positive. However one stakeholder remarked that “*funders brought a level of interference (and that) contracts and agreements might not fit with the project values*”.

Stress centres were expected to address issues around sustainability in the longer term as funding was short to medium term and that stress centres should not become reliant on it. Glasgow Community Planning Partnerships Ltd (GCPPL) is currently in the process of evaluating around 500 projects across the city, some of which were ‘inherited’ from the Social Inclusion Partnership (SIP) Boards. Due to the change from SIP to CHCP boundaries, there may be duplication of services in some geographical areas. GCPPL is moving towards a programme funding approach, rather than a contribution to individual projects, and plans to adopt this approach for 2008/2009. Stress centres across the city are part of a community health review, which will bring about rationalisation of projects across the city and will see the number of smaller projects merge with other projects or cease trading. How this will affect stress centre will not be known until the review process is complete.

12 Key opportunities for future development

The aforementioned points raise the issue that there is no stress centre 'brief' and there may be an opportunity to develop basic guidelines on the services of a stress centre.

All established centres had adopted the organisational structure of company limited by guarantee with charitable status or were in the process of doing so. With this structure, the board of management had limited liability as opposed to a voluntary management committee who were personally liable for any costs or litigation raised against the centres. A company limited by guarantee is viewed as more professional and less risky by funders and may attract funding from other sources. With this structure, they are able to deliver Service Level Agreements for local CHCPs and at the same time apply for additional funds such as community regeneration funding, CHOOSE LIFE, Children in Need and The Robertson Trust, to address local needs.

The centres do generate their own income (see centre profiles). One centre recently employed a full-time development post to seek out opportunities to generate income in the private sector. This is still at the early stages and has yet to bring in income. Another stress centre had set up a wholly owned subsidiary with the aim of developing a residential facility rather than supplement shortfall in stress centre funding.

13 Conclusion

Some stress centres have been providing services in Glasgow for around 16 years. The centres developed in response to local needs independently of each other and of any overarching strategy. This has resulted in patchy provision of service across the city and as there is no core brief the services offered vary from centre to centre.

The community roots of the centres and the involvement of local people in their management, development and service provision has resulted in a high level of trust and respect amongst clients as evidence in individual interviews and talk back results.

Clients and stakeholders were overwhelmingly positive about the services offered by stress centres. Clients who participated in the evaluation were highly satisfied with the services and concluded that the stress centres had positively impacted on their health and well-being.

The majority of stakeholders across the city viewed the stress centre services as an essential contribution to the overall mental health strategy and service provision for clients. Concerns about equity across the city arose and these are addressed alongside other issues in the next section.

14 Suggested next steps

Equity

1. To address the lack of equity across the city we suggest that a steering group consisting of key funders and stress centre managers and directors is established with a view to developing services and resources strategically across the city.
2. We suggest that discussions focus on agreeing a core model with local variations to take account of specific needs of individual neighbourhoods.
3. To remove possible barriers to services and lack of equity in the city we suggest that discussions focus on current and proposed charging policies.
4. We suggest discussing and agreeing core services which may include counselling and a range of hands-on therapies to meet individual needs and preferences of the client. Therapies might include, as these appear to be the most commonly accessed, Massage, Aromatherapy, Reflexology and Reiki.

Ways of working

5. We suggest that the current ethos of a person centred approach is continued and shared with other agencies to positively influence ways of working with clients.
6. We suggest that a stress centre networking mechanism is developed amongst the centres to share ideas, experiences, expertise and best practice for the purpose of enhancing client care and supporting staff learning and development. There may be opportunities to develop collectively agreed programmes of staff development to enhance skills city wide and to discuss ways of minimising unused appointments.

Funding issues

7. We suggest that the key funding partners come together with the stress centres to discuss and agree the funding of services with a view to creating future sustainability.
8. We suggest that funding is agreed over a three year rolling programme, with withdrawal of funding written into the contract should an area or the needs of an area significantly change or the centre fail to deliver.
9. As Service Level Agreements are not grants, they generate income from the provision of services which are necessary (according to the external stakeholders and local and national policy) to meet the objectives of health improvement, we suggest that funders and stress centres consider that full cost of service provision is recovered.
10. Glasgow Community Planning Partnership Ltd is developing a programme funding approach rather than a contribution to service. We suggest that centres negotiate full cost recovery for these contractual arrangements.
11. Income generation activities have developed out of necessity. We suggest that if the services are necessary, and the evidence suggests that they are, that the focus of stress centres activity is on their charitable activities of service provision and development and not income generation. As service providers to the statutory

services we suggest that centres are funded to do the work specified under contractual arrangements.

12. In response to the pressure of work and sustainability issues identified by internal stakeholders, we suggest that continued support, from Healthy Organisations Contract for example, is given from the key funding partners to facilitate the centres to be able to have the infrastructure, including resources in place to deliver services and support developments.

Research questions

Stress management versus stress relief

13. The evidence strongly suggests that centres should provide both stress management and stress relief services to meet the identified needs of individual clients and we suggest that the Royston Stress Centre three level model of intervention is adopted where appropriate across the city, giving equity of service, ease of monitoring and clarity to areas where this has become an issue.

Revolving door clients

Where there are issues with returning clients we suggest:

14. Ongoing classes are delivered as a maintenance tool and that stress management classes and personal development courses are delivered in response to need. We suggest active encouragement to get people to engage in these services which give them opportunities for learning tools and techniques.
15. Where appropriate we suggest that stress centres consider developing self-help groups throughout the city, with a view to creating independence from the centre and empowering people to actively engage in designing services that support their health needs.
16. We suggest that following assessment and where there is no identified mental health or stress relief need, clients who want therapies for enjoyment only are directed to local colleges that run course on holistic therapies and need clients for students. The clients can then access therapies at a low cost.

Reach

17. Results suggest that crisis intervention work is not core to the services of a stress centre. This could be developed as a multi-agency project as part of the remit of the stress centres if resourced with suitably qualified and supported staff e.g. LifeLink.
18. We suggest that outreach work continues to target the most vulnerable clients and is resourced and expanded in areas where it is currently under-developed.

Gaps in services

19. We suggest that there are opportunities to develop dedicated services for children and young people in areas where these services are under-developed.

20. We suggest that permanent stress centres are resourced and developed or expanded in areas of the city where there is currently under development.
21. To address the gap in counselling services in Castlemilk we suggest that a counselling service or access to counselling services in Castlemilk are discussed and addressed with relevant local partners.
22. We suggest that a dialogue is opened up with COPE and relevant partners in the west of the city to agree a review of services and to discuss a way forward for the benefit of the local residents.

Partnership working

23. To address the lack of understanding amongst some professionals in mental health services about the skills level of therapists, we suggest providing information about skills, training and insurance cover.
24. We suggest that partnership working with statutory mental health care providers is further developed in areas where it is currently recognised by potential partners to be under-developed.

Monitoring and evaluation

25. We suggest that stress centres agree with key funding partners robust performance indicators e.g. databases and statistical information. We suggest a minimum level of data for all centres could include:
 - ✚ numbers of enquiries for services
 - ✚ number of people attended for assessment
 - ✚ treatments - how many and what type
 - ✚ classes and workshops- how many and what they were
 - ✚ linking client data across services so that the full package of care was identifiable
 - ✚ equalities data
 - ✚ before and after measures
26. Agreement could be reached on a standard scale that is understood across disciplines eg the Warwick-Edinburgh Mental Well Being Scale. In addition, results of a national study are expected later this year to establish a set of indicators for Mental Health and Wellbeing, we suggest that stress centres are aware of these and adopt suggestions where appropriate.
27. We suggest that stress centres endeavour to routinely collect 'before' and 'after' information on clients' economic status (i.e. unemployed, in receipt of Incapacity Benefit etc) as this would help to create systematic evidence of improvement.

Development and quality Issues

28. We suggest that there is a roll-out of programmes of mental health education including mental health first aid to therapists. We further suggest that a city wide approach to professional development could be developed to further enhance skills and knowledge.
29. Where it does not already exist we suggest that each stress centre has a facility for clients to offer feedback where they can simultaneously retain anonymity, should they wish.

15 Stress Centre summaries

15.1 Alternatives Stress Centre

Reach

Alternatives Stress Centre is located within East Glasgow CHCP within the Healthy Living Centre at 183, Crownpoint Road, Glasgow, G40 2AL. Alternatives Stress Centre was open to adults living in East Glasgow CHCP. Additionally if a person has a GP in the East CHCP area they are also eligible to access services.

Estimated throughput in 12 month reporting period

Number of clients	284
Number of one to one treatments	2,264
Number of attendances at classes and workshops	4,872

Number of staff 7.5 Full Time Equivalents

Funders	£ details		%
East Glasgow CHCP	£128,582	to end March 08	64%
Keep Well	£15,000	to end January 08	
East Glasgow CPP	£80,582	to end March 08	36%
Total	£224,164		100%

Core services

Individual work includes:

- ✚ Counselling
- ✚ Aromatherapy
- ✚ Reflexology
- ✚ Massage
- ✚ Indian Head Massage.

Classes and workshops include:

- ✚ Yoga
- ✚ Tai Chi
- ✚ Personal Development
- ✚ Aromatherapy
- ✚ Stress Management
- ✚ Coping with Panic & Anxiety
- ✚ Making the most of yourself
- ✚ Assertiveness Training
- ✚ Indian Head Massage

Services were delivered in the stress centre and on an outreach basis. Outreach work included raising awareness of stress and provision of therapies and classes.

Additional projects

Keep Well Initiative

Alternatives Stress Centre had recently received notification that it has successfully attracted funding to deliver the Keep Well Initiative in a collaborative piece of work with The Health Shop in Barlanark.

GP Referral Pilot Project

Alternatives Stress Centre has recently piloted a referral project with one local GP with the aim of improving the communication process between services.

Strengths

- ✚ Commitment of long standing staff and management committee members
- ✚ Well established and respected by local people
- ✚ Internal reviews of systems, procedures and processes with a view to future development, capacity building and sustainability
- ✚ Strategy to further develop partnership working

Weaknesses

- ✚ Lack of new funding streams for the development of the stress centre
- ✚ Under-developed partnership working with statutory and voluntary sector agencies

Opportunities

- ✚ To seek resources to expand reach to the wider geographic area and to specific targeted client groups
- ✚ To further develop partnership working with both statutory and voluntary agencies
- ✚ To develop new and existing board members and help them, through the opportunities available within the Healthy Organisations contract, to foster enterprise and promote strong leadership

Threats

- ✚ Funding uncertainties

15.2 Castlemilk Stress Centre

Reach

Castlemilk Stress Centre is located within South East Glasgow CHCP. It offers services to Castlemilk (G45) residents and to people with addiction issues and mental health problems who are members of identified at risk groups in South East Glasgow CHCP. Castlemilk Youth Stress Centre offers services to children and young people in G45 and to identified groups across south east Glasgow.

Estimated throughput in 12 month reporting period

Number of clients (core service only) 230
 Number of one to one treatments 3447
 Number of attendances at groups and classes 5621

Number of staff 11.5 Full Time Equivalent

Funders	£ details		%
Charitable trusts:			
Big Lottery	£121,000	Youth SC committed until 2011	51%
Communities Scotland	20,926	to end December 07	
Robertson Trust	£7278	to end October 07	
Big Lottery	£9242	SCOPE project	
South East Glasgow CHCP:	£80,000	to end March 08	36%
	£10,000	to end March 08 (Youth SC)	
	£20,000	to end October 07 (Choose Life)	
South East Glasgow CPP	£40,482	to end March 08	13%
Total	£308,928		100%

Castlemilk Stress Centre also generates income through levying charges for treatment and training and selling services.

Core Services

Individual therapies included:

- ✚ Aromatherapy
- ✚ Reflexology
- ✚ Reiki
- ✚ Relaxation.

Classes and workshops include:

- ✚ Stress management
- ✚ Aromatherapy and reflexology workshops
- ✚ Personal development
- ✚ Yoga.
- ✚ Steps to Excellence for Personal Success.

Castlemilk Stress Centre has developed a range of projects which attracts dedicated funding and has evolved to meet the needs of the local community and reflect national and local priorities.

Castlemilk Youth Stress Centre (CYSC)

CYSC provides a range of services for children and young people. Services include pre-school and P6 yoga, Massage in Schools, individual therapies, emotional literacy, stress awareness and stress management, school liaison work and 'Breakthrough' - a personal development programme developed by The Pacific Institute. CYSC has 3.25 staff. Over 1,000 young people are supported each year.

SCOPE (Stress Centre Opportunities Project)

SCOPE provides training, development and support to people who want to participate in volunteering, further learning and work. SCOPE employs one worker and supported 12 new clients in 2005/6 in addition to supporting clients who are already engaged with the service.

Choose Life Project

This project evolved from pilot projects and works in partnership with other agencies. It provides support to clients with mental ill health and/or addiction issues. This project has 1.5 FTE staff and supported 168 people in 2005/6

Sustainability Project

The project's remit is to progress the marketing and selling of services outwith the current funding remit to increase income generation and decrease dependency on grant funding. The project has one member of staff and is funded by Communities Scotland Seed Corn fund until December 2007.

Work Team Coordinator

This post provides support for people in South East Glasgow CHCP with mental health problems who wish to progress towards employment. The post is part of a city-wide initiative and the co-ordinator post is hosted and managed by Castlemilk Stress Centre.

Strengths

- ✚ Ability to adapt and develop services which support national and local strategy
- ✚ Dedicated services for children and young people
- ✚ Newly customised premises, securely leased which provide opportunities for future developments in developing the social economy activity
- ✚ Well established and respected by local people and partners
- ✚ Well maintained and informative website
- ✚ Regularly up-dated client monitoring and evaluation systems
- ✚ Ability to lever in additional monies from charitable trusts and other funding streams, thus spreading risk

Weaknesses

- ✚ Multiple streams of funding, leading to complex processes of recording, accounting and reporting
- ✚ Requirement to generate own income, detracts from core and funded activities

Opportunities

- ✚ To develop partnership working with the South East Psychological Services Team
- ✚ To provide services, with additional resources, over a wider geographic area to cover the South East Glasgow CHCP

Threats

- ✚ Funding uncertainties

17.3 COPE

COPE is not a stress centre. It was included in the evaluation as it had received CHCP monies to provide a GP counselling service.

“COPE is described as a community based mental/emotional health service offering a professional, confidential effective package of support to individuals experiencing mental/emotional ill health”. (Hilda Davis, COPE Manager, February 2007)

Reach

COPE is located in West Glasgow CHCP and is based in Drumchapel. Services are open to adults in the Drumchapel and surrounding area. The 2005 Annual Report indicated that approximately one third of clients come from the surrounding area. Data collected for the evaluation indicated that 87% of clients come from the most deprived 15% datazones.

Throughput January 2006- December 2006

Number of clients	1,334
(includes clients from previous year still on books and people attending training)	
Number of counselling sessions	2,751
Number of life coaching / stress management sessions	1,721
Number of relaxation room usages	700
Number of clients who received guided self help	637
Number of sessions supporting clients into training, education, employment or Life Long Learning	1,350
Number of attendances at classes and workshops	531
Volunteer Development	37

Staff 5.8 Full Time Equivalents

Funders	£ details	%
West Glasgow CPP	£201,223 to end March 08	90%
West Glasgow CHCP	£22,000 to end March 08	10%
Total	£223,223	100%

COPE also generates money from the sale of services and training from TLC2COPE.

Core Services

- ✚ Initial assessment
- ✚ Individual counselling
- ✚ Life coaching
- ✚ Holistic therapies/stress management
- ✚ Relaxation Room
- ✚ Workshops
- ✚ Lifelong Learning
- ✚ Training

Project 42

Local volunteers were trained to interview people to identify barriers to getting into work, for people with mental/emotional health issues. 500 local people were surveyed and the results were to be published in April 2007.

Building Bridges Pilot

Nine local people were trained to mentor people with mental/emotional health problems to help them back to work. This included accompanying someone to an Adult Literacy Class or to access services in the wider community. The target throughput was 40 clients. The pilot is funded through Drumchapel L.I.F.E. (Local Health Living Centre) for three months.

Strengths

- ✚ Rapid response times to requests for services
- ✚ Quality of services
- ✚ Use of LEAN management principles to maximise use of resources
- ✚ Well-established and respected by local people and partners
- ✚ High level of user involvement in all aspects of the organisation

Weaknesses

- ✚ Expectations of COPE and others to meet demands within current resources
- ✚ Current funding arrangements

Opportunities

- ✚ Develop income generation arm
- ✚ Develop services to attract funding under service level agreements with statutory agencies

Threats

- ✚ 90% of grant revenue from CCP
- ✚ Minimal contribution to the funding package from CHCP

17.4 Maryhill Stress Project

Reach

The service operated from Maryhill Women's Centre and provided services in the Maryhill area within the North Glasgow CHCP. During the course of the evaluation the delivery and management of services of Maryhill Stress Project were taken over by Possil Stress Centre.

Throughput in 12 month reporting period

Number of Clients	75
Number of one to one treatments	456

Number of staff	1.1 Full Time Equivalents
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Annual costs

Funding until the end of March	£12,000
Contribution from CHCP and staff now transferred to Possil Stress Centre	

Core services

-  Counselling
-  Massage
-  Relaxation
-  Reiki

Project strengths

-  Use of volunteers
-  Providing student placements
-  Database with client reports and evaluations
-  Establishing the need for and benefits of the service in Maryhill

Project weaknesses

-  Capacity
-  Sustainability

Opportunities

-  Wider range of service and support under new operational arrangements
-  Development opportunities for management committee and staff

Threats

-  Lack of funding, which impacted on service delivery

15.5 Possil Stress Centre

Reach

Possil Stress Centre is based in Ardoch House. Together with Royston Stress Centre, Possil Stress Centre serve the whole of North Glasgow.

Estimated throughput in reporting period

Number of clients	344
Number of 1-1 treatments	1,780
Number of attendances at group work and classes	2,276

Number of staff

Estimated number of staff 13.8 Full Time Equivalents

Funders	£ details	%
N Glasgow CHCP:	£156,500 to end March 08	52%
	£32,000 to end March 08 (12 months of £40,000 provided to support services in Maryhill area of city)	
	£33,300 to end January 08 Keep Well money	
North Glasgow CPP	£189,742 to end March 08	45%
Charitable trusts:		3%
Lloyds TSB	£6700 to end December 07	
Robertson Trust	£6000 to end December 07	
Total	£424,242	100%

Core services

1-1 treatments included

- ✚ Counselling
- ✚ Relaxation
- ✚ Massage
- ✚ Reflexology,
- ✚ Reiki,
- ✚ Auricular Acupuncture
- ✚ Aromatherapy

Group work and classes included

- ✚ Stress Management
- ✚ Face, Hand and Foot Massage
- ✚ Introduction to Aromatherapy and Essential Oils
- ✚ Understanding Stress
- ✚ I Can Do It and I can Do It Well (self esteem and confidence building workshops)
- ✚ Yoga
- ✚ Stretch and Relax classes.

Additional Services

Possil Stress Centre has developed specialised services working with clients with addiction issues. It has developed an extensive outreach service providing stress management services to local community groups and organisations.

Strengths

- ✚ Possil Stress Centre has developed in partnership with other agencies in the area an extensive outreach programme of activity targeting vulnerable clients
- ✚ It has developed specialised services for people whose lives are affected by addictions
- ✚ High levels of client satisfaction with the services
- ✚ Staff and management commitment to the development of the centre

Weaknesses

- ✚ Current systems for gathering and recording information
- ✚ Structure to support all the needs of the organisation

Opportunities

- ✚ To further develop services in the Maryhill area building on the work previously undertaken by Maryhill Stress Project
- ✚ To adapt and adopt the database used in Maryhill Stress Project for Maryhill and Possil Stress Centre
- ✚ To further develop partnership working and continue to develop future services

Threats

- ✚ Uncertainty and funding issues

15.6 Royston Stress Centre

Reach

Royston Stress Centre is based in customised premises in Royston. Royston Stress Centre projects and pilots have additional accommodation in various locations in the city. Royston Stress Centre delivered services to children and young people and adults. Together with Possil stress centre, Royston Stress Centre serve the whole of North Glasgow.

Estimated throughput in 12 month reporting period

Number of clients (including pilots)	1,672
Number of clients (excluding pilots)	1,440
Number of one to one treatments (including pilots)	5,452
Number of one to one treatments (excluding pilots)	3,833
Number of attendances at group work/classes	3,358

Number of staff

Estimated total (including all projects and pilots) 32.2 FTE

Funders	£ details	%
Charitable Trusts	£310,535	21%
North Glasgow CHCP	£336,500 to end March 08	23%
All other income	£365,241 to end Dec 07	24%
North Glasgow CPPs & GCPL	£270,903 to end March 08	18%
South-West CHCP	£193,187 to end March 08	13%
South-West CPP	£15,000	1%
Total	£1,491,366	100

Royston Stress Centre also generates own income including selling for training.

Core services

There are three levels of treatment programmes; stress relief, stress management and life development programmes.

Individual work includes

- ✚ Counselling
- ✚ Relaxation
- ✚ Therapeutic massage
- ✚ Acupuncture
- ✚ Reiki

Group-work and classes included

- ✚ “Taking Control” (focus on anger management)
- ✚ “Life Skills” (focus on personal development)
- ✚ Yoga
- ✚ Tai Chi
- ✚ Stress Management,
- ✚ Face Hand and Foot Massage,
- ✚ Relaxation
- ✚ Reiki.

Additional Activity

Outreach Programme

The outreach programme in 05/06 serviced the needs of 31 statutory and voluntary sector organisations benefiting 1,029 people. Royston Stress Centre participated in conferences, seminars and other events and have listed 124 user organisations that accessed services on an occasional basis.

Stop Smoking Befriending Project

In 05/06, the Stop Smoking Befriending Project services and had supported over 50 smokers. Smokers were supported by 13 volunteers and one member of staff.

Sing Up Sing Loud

This is a community choir with 21 members. Membership was from the local community, which includes asylum seekers and refugees. The average attendance was nine people.

Work with asylum seekers and refugees

Royston Stress Centre offers dedicated stress management and personal development services to people seeking asylum and to refugees. Ongoing work is delivered at Rosemount Life Long Learning and Sighthill Youth Centre.

Stress management services at Barlinnie Prison

Stress management services were delivered by three therapists working four days a week in partnership with prison health staff. Services included group work in relaxations skills and stress awareness. Individual work provided therapeutic included massage and personal support sessions. In the 12 month reporting period, Barlinnie inmates accessed a total of 389 individual treatments and attended 1,156 group session.

Youth Stress Centre

It was established in August 2000 in response to an unprecedented rise in stress related problems among young people and children. RSC worked within local secondary schools and the community to develop an innovative Youth Stress Service providing structured Emotional Literacy (EL) programmes focusing on developing life and stress management skills, opportunities for focussed small group work and intensive one to one support/counselling. The Youth Stress Centre also deliver a four day training programme on Emotional Literacy for people working with young people.

Lifelink

Lifelink was initially funded through Choose Life and established in July 2005. The project is a crisis intervention service for vulnerable people who self harm and are 'at risk' of suicide. Crisis is defined as "*when an individual feels that, due to the break down of personal and social situations, circumstances are outwith their manageable emotional coping range*". (Business Plan 2006-2008)

The key areas of work are risk assessment; a 12 week intervention programme to develop self-esteem, problem solving and healthy ways of coping and information on limiting harm; onward referral to access additional and appropriate services; short term counselling and massage and aftercare service which identifies and signposts clients to other services.

In addition there was a closed women's support group and a men's outward bound activity group. Both these groups were for people who had completed the 12 week intervention programme. There were dedicated services for young people and LifeLink works closely with the Youth Stress Centre.

As part of the project, an Early Intervention & Prevention Outreach Service has been established, in partnership with Royston Adult Stress Centre and Possil Stress Centre and local housing associations. In 05/06 it provided input to 106 tenants, who have received 490 therapeutic/support sessions.

Royston pilot stress centres

There are currently two pilot stress centres. One is in the south west of the city. It delivers services in Govan, Pollok and Penilee. The other pilot is in the West of the city, Dumbarton Road Corridor, serving Whiteinch, Yoker and Scotstoun. Both these pilot stress centres are profiled separately.

Strengths

- ✚ The growth and development of the centre in response to both local and city wide needs, delivering services which fit with national and local strategies.
- ✚ The strength of partnership working with statutory and voluntary sector organisations, which had resulted in a reputation for quality services throughout the city
- ✚ The commitment of management and staff to continuous development of services, processes and procedures and the commitment to staff as evidenced in a variety of support and training opportunities
- ✚ The capacity to manage a diverse range of quality activities across the local area and beyond
- ✚ The commitment to providing sustainability through income generation activities including Service Level Agreements
- ✚ Ability to lever in additional monies from charitable trusts and other funding streams, thus spreading risk

Weaknesses

- ✚ Underdeveloped systems to support the growth of the organisation, which were being addressed
- ✚ The impact of the complexity of managing multiple projects and streams of funding and meeting the monitoring needs of the funders

Opportunities

- ✚ To further develop services with equalities groups in the city, using the successful pilot model
- ✚ To use their expertise to support the development of services in less developed centres or areas of the city

Threats

- ✚ Funding issues

Royston Stress Centre Funding to end March 08*

Royston Stress Centre	Funder	Ends	£
Core	Key Fund GCPP		29,823
	NHS CHCP North Glasgow	March 08	53,000
	Internal Management Charges (o)	March 08	76,578
Adult Stress Centre	NHS CHCP North Glasgow	March 08	155,000
	North Glasgow CPP	March 08	89,500
	Integration Resources GCPP		28,144
	Keep Well Grant CHCP		40,000
	Scottish Prison Service Fee (o)	March 08	40,000
	NOF Grant (ct)		51,285
	Other income (o)		43,400
Lifelink	NHS CHCP North Glasgow	March 08	20,000
	Choose Life (o)		50,000
	BBC Children in Need (ct)		11,038
	Big Lottery Fund (ct)		229,000
	Big Lottery Fund (ct)		19,212
	Balmore Housing Association (o)		17,576
	HLC Balmore Project (o)		6,875
Youth Stress Centre	NHS CHCP North Glasgow	March 08	68,500
	North Glasgow CPP	March 08	96,384
	Integration Resources GCCP		27,052
	Other income (o)		57,320
Pilot Projects	NHS CHCP South West	March 08	193,187
	South West Glasgow CPP	March 08	15,000
	Fairshare SCF (o)		36,038
	Other Income (o)		37,454
Total			£1,491,366

*Figures based on the annual budget prepared by Brett Nicolls GSVK Consultant July 2007. Projected Income generation from outreach included in figures.

(o) catergorised as other income in summary table

(ct) catergorised as charitable trust in summary table

15.7 The South West Stress Centre

Reach

The South West Stress Centre was established in September 2003 as a demonstration 'pilot project adult stress centre' operating a part-time service, under a Service Level Agreement between the South West Health improvement Team and Royston Stress Centre. Services are targeted at residents of the South West CHCP who were suffering from the negative effects of stress in their lives. Services were delivered to adults in Govan, Pollok and from January 2007, in Penilee.

Throughput January 2006 - December 2006

Number of clients	196
Number of one to one treatments	1,414

Number of staff

Included in overall profile for Royston Stress Centre, and approximates to 4.8 FTE

Annual costs

These are estimated at £208,187 (Contribution from NHS CHCP South West is 93% and South West Glasgow Regeneration Agency, 7%)

Core services

The South West Stress Centre provided individual stress management and stress relief services which included:

- ✚ Counselling
- ✚ Therapeutic massage
- ✚ Reiki
- ✚ Relaxation

Additional service activity

Pollok Stress Centre Addiction Service is a customised service for clients with addiction issues. The service operated one day a week from the Pollok base. Clients are referred by the Greater Pollok Community Addictions Service and Addactions.

Community activities had taken place; these included therapy taster sessions; involvement with pupils and staff in schools and stress awareness days.

Strengths

- ✚ Using the Royston Stress Centre model for the pilot stress centre
- ✚ Development of partnerships with statutory agencies and community groups with a view to establishing a permanent dedicated stress centre in the area
- ✚ Data gathering to demonstrate need for and benefit of the service
- ✚ Securing a location and funding for premises for a permanent stress centre

Weakness

- ✚ Limitations of pilot service in terms of capacity and scope

Opportunities

- ✚ To develop services around the needs of the community with the advantage of experience and expertise in setting up and managing stress centres
- ✚ To source funding to develop services across South West Glasgow CHCP

Threats

- ✚ Uncertainties around future funding

15.8 Dumbarton Road Corridor Stress Centre

Reach

Dumbarton Road Corridor Stress Centre is a pilot stress centre established and managed by Royston Stress Centre. It is located in Dumbarton Road Corridor and operating one day a week from three community venues in the area; *The Kingsway Court Health and Well-Being Centre* in Scotstoun, *Whiteinch Centre* and the *Yoker Community Campus*.

Throughput January 2006 - December 2006

Number of clients	50
Number of individual treatments	325
Number of clients in tasters and workshops	79

Staffing

Provided and managed by Royston Stress Centre approximates to 1.2 FTE

Annual Costs

These are estimated as £33,038 which comes from Fairshare SCF. No West Glasgow CHCP contribution

Core Services

The stress centre offers individual work on two core therapeutic programmes of stress relief and stress management. An initial consultation to agree a treatment plan followed by 6 treatments which may include one of, or a combination of:

- ✚ Counselling
- ✚ Therapeutic Massage
- ✚ Relaxation

Treatment is concluded with a client review to assess the treatment plan and acknowledge client progress.

Strengths

- ✚ Using the Royston Stress Centre Model for the pilot stress centre
- ✚ Networking and joint working for future sustainability
- ✚ Community consultations and service development activity
- ✚ Data gathering to demonstrate need for and benefit of the service

Weakness

- ✚ Capacity
- ✚ Lack of dedicated premises

Opportunities

- ✚ To develop services around the needs of the community with the advantage of experience and expertise in setting up and managing stress centres
- ✚ To source funding and premises for a permanent stress centre

Threats

- ✚ Future funding