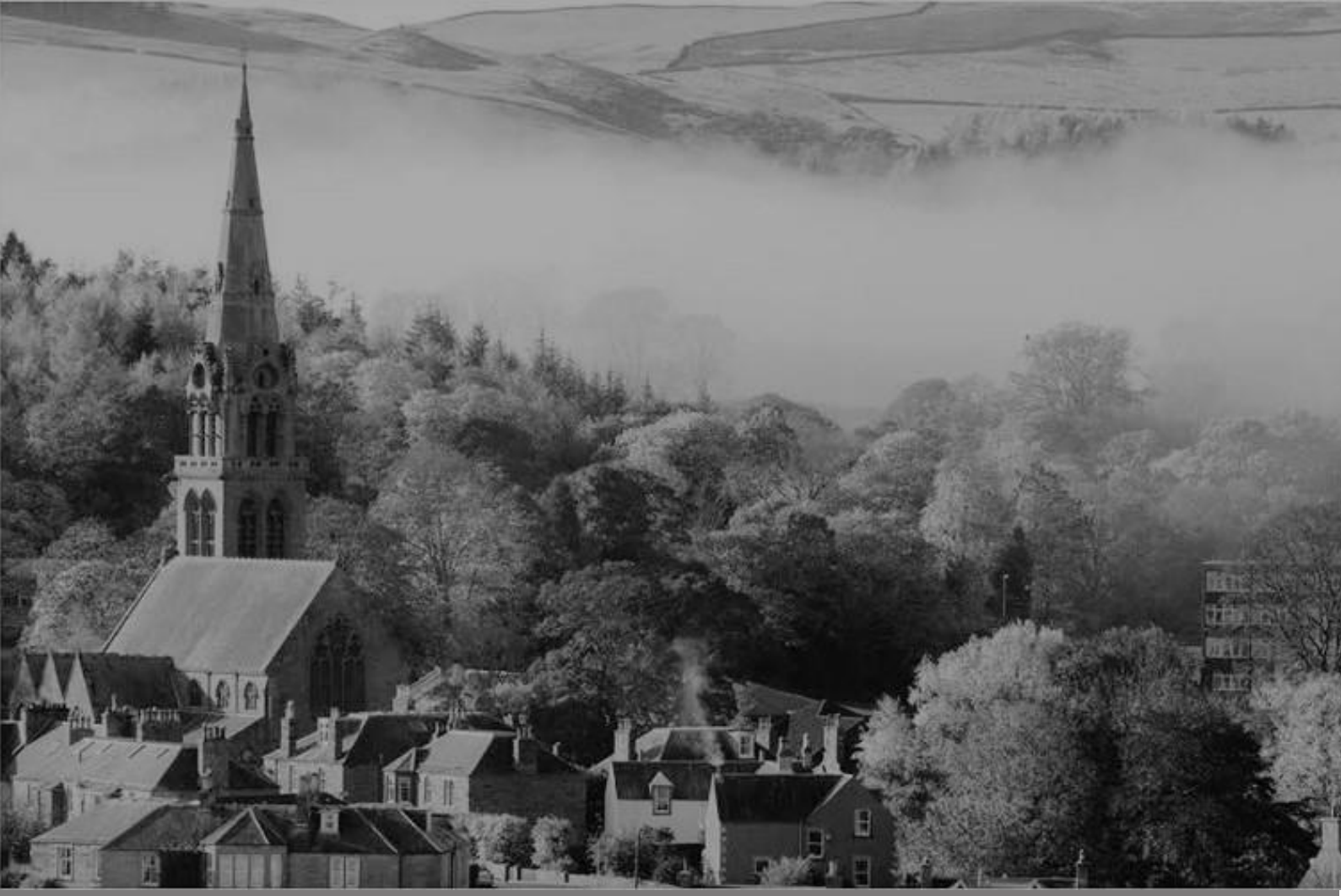

Borders Service Evaluation

Scottish Drugs Forum

November 2021

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Acknowledgements

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1. Introduction

1.1 - Background

Scottish Drugs Forum (SDF) were commissioned to undertake a service evaluation on behalf of the Borders Alcohol and Drugs Partnership (ADP) in Spring/Summer 2021. This evaluation focused on the three alcohol and drug services commissioned by the Alcohol & Drugs Partnership in the Borders: Borders Addiction Services (BAS), We Are With You (WAWY) and Action for Children (CHIMES). The evaluation was an opportunity to allow service users and staff from these services to share their experiences which will be utilised to inform recommendations for onward service delivery.

1.2 - Objectives

The aims of the evaluation were to:

- Inform alcohol and drugs services provision to best meet the needs of people who use services in the Borders
- Confirm the service experience of people using services in Borders and any barriers to access
- Identify any gaps in service provision and how these may best be met
- Understand the experience of managing the joint ES Team.

A mixed methods approach was applied to the evaluation, involving service user surveys and follow-up semi-structured interviews and focus groups with staff from services.

2. Methodology

Data collection took place between August – October 2021. 29 service users completed a survey about their use of the three services and seventeen under 18-year-olds using CHIMES completed a shorter survey about this experience. The surveys were developed by a User Involvement Development Officer (UIDO) and peer research volunteers from SDF, with input from Borders ADP and services. These were accessible via internet link, QR code or by collecting a hard copy in the service.

Six follow-up qualitative phone interviews took place with service users who had completed the general survey. These were facilitated by SDF peer researchers and the UIDO, the latter of whom also facilitated three focus groups with a total of sixteen staff participating (eight from WAWY and eight from CHIMES).BAS staff were invited to participate in the focus groups but due to workload and capacity, none were able to attend. Managers from WAWY and BAS were also asked to send written responses to feedback questions about the ES Team project to the UIDO.

The service users provided information about their experiences of the services, including their first impressions and assessment, interventions provided, relationships with staff and impact of the service on their life. The staff were asked to discuss the needs of their service users, their capacity and workload, experiences of joint working and their needs as a team. All the data was analysed, and key findings are described below.

3.Findings

3.1 Service user sample

Forty-six participants in total completed the surveys (29 responses to the adult survey about BAS, WAWY and CHIMES; and 17 responses to the children's survey for CHIMES use) and six adults completed follow-up interviews.

Participants in the adult survey self-described their gender:

- fifteen identified their gender as "female"
- twelve as "male"
- one as "gender dysphoric"
- one person did not answer

Table 1 shows the age and location of the participants. One participant did not disclose their location.

Table 1 - Age and location of participants (adult survey)

Age	Number
18-24	1
25-34	7
35-44	7
45-54	9
55-64	5
Area	**Number**
Galashiels	7
Earlston	1
Kelso	2
Melrose	2
Selkirk	5
Jedburgh	2
Hawick/Newcastleton	5
Eyemouth	2
Peebles	2

Of the seventeen completing the CHIMES children's survey:

- five were aged 6-10 years
- eight were aged 11-15 years and four were over 16.
- eight of these individuals got support from their parent/another family member to complete the survey
- two had support from a worker
- one from someone else

Of the twenty-nine adult participants, fourteen used BAS, twenty-two used WAWY and six used CHIMES. Over a third (35%) used two of these services.

Substance use was explored with adult participants. The substances that adult participants had originally sought support for were:

- alcohol (n=14)
- benzodiazepines (n=10)
- heroin (n=10)
- Cocaine (powder) (n=3)
- Cannabis (n=2)
- Speed (n=2)

- Crack cocaine (n=1)
- Psychedelics (n=1)
- Other (n=2) (“pregabalin/gabapentin”; “anxiety/depression” suggesting prescription medication)
- 41% of participants said they had sought support for more than one substance, indicating polysubstance use.

Over half (59%) of the twenty-nine adult participants stated they were currently using substances:

- alcohol (n=11)
- benzodiazepines (n=9)
- cannabis (n=6)
- Heroin (n=3)
- Cocaine (powder) (n=2)
- Speed (n=2)
- Other (n=3) (“pregabalin”; “ecstasy”; “methadone”)

3.2 Service user findings

Attendance at services

- Over half of service users had been engaging with the service(s) for at least a year.
- Most people have face to face support and only one person stated they did not have face to face contact.
- The frequency of attendance at services varied for each one, most participants seeing their workers at least once a month.

What services are doing well

Participants identified a range of elements within services that were working well. These included:

- Assessment processes
- Accessibility of service
- Variety of interventions offered
- Involvement in their care and support
- Positive relationships with staff
- Positives impacts on their life

Assessment

Most participants described the assessment process positively and most common descriptors were:

- “right length” (n=22)
- “positive” (n=16)
- “helpful” (n=13).

Only two participants respectively chose negative descriptors of “stressful” and “too long” in reference to the assessment they received from services.

All six interview participants said the wait between the assessment and starting treatment/support was either non-existent or short and reasonable, as described by one:

"No, I went in one day and it was basically the following week I had an appointment."

Accessibility

Overall, most participants were satisfied with the accessibility of services they used and examples of some supports to overcome this being implemented by services included:

- Free bus passes (n=16)
- Access to technology (n=7)
- Other financial support (n=6)

Variety of interventions offered

Most participants reported that they had utilised more than one type of intervention from the service(s) engaged with

- 92% of BAS users
- 90% of WAWY users
- 100% of adults using CHIMES
- 88% of children using CHIMES

This indicates a wide variety of support being available to service users, which was appreciated by individuals:

"Aye, I go to a MAP group on a Thursday…I'm no quite sure what MAP stands for but it's just a sort of talking group. So, I go there on a Thursday and then a Tuesday they have a walking group, so I do that and a Thursday night they have a music group. And then on Saturday just past they organised for people to go to the Recovery Walk in Perth."

A CHIMES service user also explained different ways this service had helped them and their family:

"So much emotional support. Kids have enjoyed all the crafts and baking support by AFC to aid me to work and my teenager to have more time in school. Eased pressures re finances to be able to look after my girls."

Involvement in their care and support

There was evidence provided by some service users of feeling involved in their own treatment, which was viewed positively and led to feelings of empowerments as described by one participant:

"Yep, and just, she made me feel empowered cause I'm making the decisions…she was offering the advice but it's me that's making the decisions and the plans. We're both kind of making the plans but the plan can only work if I stick to it, eh?"

Positive relationships with staff

Participants all described service staff positively. Some key aspects of good relationships were identified as staff who were:

- Supportive
- Non-judgemental
- Trustworthy
- Consistent
- Good listeners

"I mean, I couldn't have got a better person. She's absolutely fab. Just made me feel very relaxed and no judgemental at all. But I found them very useful. And they're very respectful…they understand what I'm going through. I know sometimes I don't make an effort and people judge you [indecipherable], you don't get that at the project I use."

Several participants spoke of strong relationships with service staff and how this contributed to their overall engagement and satisfaction with the service:

"We've got a good relationship because…and it's an open kind of relationship where I can tell her anything…where there was some things I was holding back but…just with her, just getting to know her that wee bit better…I was able to share some other things with her."

Positives impacts on their life

All participants felt their use of services had had a positive impact on them.

Children using CHIMES spoke of the service:

- Helping their confidence
- Improving their relationships with family
- Gaining enjoyment from the activities offered by the service

"My worker [name] has helped me overcome a lot of things. My confidence is building up like it should be and my emotional well-being is better now I have [name] as my support worker."

Adult survey respondents reported being most satisfied with the following areas of their lives as a result of engaging in services:

- Emotional health
- Meaningful use of time
- Physical health

"That I...it's just an absolutely...godsend for me. To be able to get the advice and just somebody that understands how I was feeling at the time. And to offer the advice rather than saying...cause family were just like oh, get a grip and it's not quite as easy and then...I mean [worker] put us in touch with other agencies to help out with some other things that were causing stresses as well, so I just think it's an amazing service."

Testimonies from some participants showed there had also been positive impacts on confidence and substance use, with some stating service use had saved their lives.

"...Well, basically I think they've saved my life. Without them, I don't know where I'd be...I'd still be on the drink, I mean I wasn't taking drugs when I went to Addaction, I was off the heroin but my drinking was pretty bad and without their support, I...ken, and even now, I've stopped drinking, ken, I can still go there every day if I wanted to, which I thinks really good, like. Ken, they've no said, now that you've stopped drinking you can't come here anymore. Ken, you can still go down there every day if you need to, like. I like that."

Most participants would recommend the service(s) they used to someone else:

- eleven (79%) using BAS
- twenty-one (95%) using WAWY
- five (83%) using CHIMES

Areas for development

Some areas for improvement and development within services were highlighted by service user participants, including:

- Consistency with information
- Barriers to attendance
- Consistency of Treatment Plans
- Phone line opening times
- Joint working between services

Information/expectations

Whether service users had received information about a service prior to starting support varied:

- 83% of those using CHIMES
- 50% of those using WAWY
- 36% using BAS

There was some evidence of inaccurate expectations of services:

"To be honest, I wasn't too sure and I thought that I'd get put into a detox right away so it was a wee bit…scary but once I'd contacted [other service] for advice and they said I had to go through them first so they spoke me through what they would offer at a first instance, if you like. So, it was just…being able to talk to somebody was the main thing."

Attendance

Six of the twenty-nine survey participants said they had experienced barriers to service attendance, mostly relating to travel and opening times. Some participants also stated they would benefit from further supports to attend, including technology provision and financial help.

"Financial help to travel due to where I live in a rural area."

"I would really benefit from a tablet as there are online groups I'd like to go to."

Treatment Plans

Whether service users were aware of having a Treatment/Support/Recovery Plan and how involved they were in creation of their plan varied across services:

- 71% of those using BAS had a Plan; 90% of these stated they were "fully" involved in the development of this plan;10% said they were involved "a lot" in this.
- 59% (n=13) of those using WAWY have a Plan; nine of these individuals were "fully" involved in the development of this plan; remaining four were involved "a lot".
- Half of those (n=3) using CHIMES had a Plan and one of the three said they were "fully" involved in developing this plan; one was not sure, and the other did not answer this question.
- There were varied experiences of how often these plans were reviewed and whether individuals sign the plans.

"Absolutely, every meeting we've had we discuss how the last week went and what the plan is for the next week or two weeks to...to continue with the reduction of the alcohol...and coping mechanisms when I'm feeling a bit more stressed. So, we'll put that all down then we'll discuss how the plan went at the next again meeting."

Specific substances

One participant explained their support from BAS had ceased once they had stopped taking methadone, which they were not pleased about as felt they had been dropped by the service.

"Em, no I thought it wasn't very good for them to do that, ken? Since I'd stopped taking my methadone, you're...ken, your support pretty much stops then. That's why I went to Addaction."

Further, other individual participants stated they would benefit from further support from services to do with specific substances (cannabis, pregabalin and benzodiazepines were mentioned).

"Well, I don't know if there is anything they can offer you to come off of benzos. I think it's just a case of willpower."

Telephone hours

Two participants described issues they had experienced with trying to phone BAS and that times to do this were very limited and not getting through could negatively impact their appointments and treatment:

"Ken, like, if I'm running late or…or if my prescription's kept – cause if you didn't go to certain, if you didn't go to appointments, ken, week after week or whatever, you get your script froze until you go to your appointment. If you were trying to phone to say that I'm running late – you can't."

Joint working and additional support

Some participants felt that services should work together jointly when they were all supporting one person. Specific support from mental health professionals and GPs was mentioned by other individuals when asked what they could further benefit from.

"Not at the moment, it's a bit disjointed, but...the teams going to get together with the doctor..."

Covid-19

Nineteen (66%) of the adult participants had experienced the services before and during Covid and thus were asked further questions about this.

- When asked if their amount of contact with the service(s) had changed since Covid-19 began (March 2020), two (11%) said it had remained the same, eight (42%) stated it was less often and seven (37%) mentioned support and contact being over the phone more regularly than before.
- Most participants (88% from BAS, 75% from WAWY and 67% from CHIMES) stated they did not feel the support itself had changed, despite methods of contact often being adjusted.
- WAWY was the only service with any participants (17%) saying the support had gotten "worse" during COVID-19.
- Most participants using BAS and WAWY had experienced "no change" in level of support received (67% and 75% respectively).
- 67% of those using CHIMES had experienced a "better" level of support during pandemic than other times.
- Participants had received practical support from service during the pandemic and staff had offered different methods of meeting, such as doorstep visits and local walks.
- Some participants had experienced increased isolation due to Covid-19 restrictions and missed the drop-in and other face-to-face support from services:

"I mean, there was like the MAP groups, the recovery groups, it was online but…although I'm quite a personality, I get quite conscious speaking on my phone or like on a computer. There's barriers because you don't feel the physical contact if you know what I mean?"

3.3 Staff findings

Three staff focus group sessions took place, with sixteen participants in total (eight from WAWY and eight from CHIMES).

Service user needs

- Service users have many different needs, and it is very common for people to have multiple, complex needs
- Flexibility in provision is required where there are multiple ways to engage with the service and this had been more important since the COVID-19 pandemic
- Some evidence of this flexible approach having positive impact on waiting lists and did not attend figures

"I think we are...very good at sort of being flexible and making sure that people can access at a time that suits them. That we go out, rather than them having to come to us, I think that makes a big difference."

Crisis-led support

- Staff reported the support they were able to offer was often crisis-led
- Staff described crisis-level referrals were often people who had engaged with the service before
- Staff felt there would be benefits to being able to work in more of a prevention-based way or with greater ability to provide early intervention supports

"And it's often when there are child protection concerns... and, and they're often crisis driven. And I would like us to get the referrals in at an earlier stage where, you know, there's a preventative focus, before things get to the crisis stage where people are often forced to work with you, and they don't want to. It's not a choice."

Specific substance support

- Staff felt there could be better support available for issues around specific substances, such as benzodiazepines, alcohol, and cocaine
- Some felt there was insufficient support offered to those experiencing problematic alcohol use
- Staff reported there had been attempts to engage cocaine users in group work, but this presented some challenges, e.g., in terms of self-stigma or risking leading to people using more as they were mixing with others who used the substance

"I know that when I have worked with cocaine users in the past have been... They've not really wanted to go to groups because... It's not exclusively younger people but it's... the majority is younger people in their 20s or early 30s, and they know that they will probably know other people that are going in. And, and they don't want... I think they just don't want people to in the wider cocaine using scene to know that it's a problem for them."

Mental health

- Staff identified that mental health was a significant need for many service users, and this had often been exacerbated by the Covid-19 pandemic
- Some staff discussed a low-level mental health service they could refer service users to but did not feel this support was enough
- The link between mental health and problematic substance use was described as difficult to untangle and must be treated concurrently:

"...that's I think a big problem for us that there is this need for people to then get the, you know, the more specific supports around their mental health and I think as well, one of the big barriers has always been somebody's got to be abstinent before...and actually it just doesn't work like that. Chicken and egg, you know? Who cares? You know, they need both sort of kind of working alongside each other."

Physical health

- Several staff had experienced problems trying to get medical support for service users, especially emergency services

"We're really hitting a brick wall at the moment, and I've had to escalate that...because we're, we're

stuck with complex people with not just you know complex physical health, mental health, and you know, and acute medical needs. And we can't get the response we need."

Joint working and referral challenges

- Staff shared issues around referring service users to specialised services, including mental health support, psychological services, and drug rehabilitation services
- Staff reported this caused people to be held in their services for a long time, often in a cycle of waiting to receive more specialist support but then losing the opportunity to move on as they had deteriorated whilst waiting
- Staff related that communication around referral waiting times and service criteria require development, along with partnership working and provision to improve pathways for referrals.

"Yeah, it gets to the point like, what else can we take on if we're still sitting with cases that we can't move on when there's actually...you know where they should be moved on to, but the waiting list is so massive."

Information sharing

- Staff stated that there was some good practice of information being shared between services, and that this could help with referrals
- Drug and alcohol service staff described offering support to each other as far as possible, such as when another had staff shortages
- Some staff felt up-to-date information about services was not shared consistently across teams or to service users which could cause problems such as expectation setting
- Some staff described issues with sharing information and challenges with communication between service providers contributed to the difficulties with getting more specialised support for service users

"I think the biggest barriers I face is, does GPs actually know that this service exists? Does the mental health team know that this service exists? Because it just feels frustrating when you're trying to support a person that's...especially when they're on a reducing, like, medication and they haven't got the capacity to phone up, to enquire why their medication has changed or they're accessing their medication. It's just all quite disjointed and frustrating...So, I don't know if GP's, mental health teams...and the...addiction services, could all like meet?"

ES Team

Feedback on the ES Team project was provided by the two managers from BAS and WAWY and, their view was that overall, this has been successful.

Suggestions to further develop the service included:

- Having a prescribing nurse involved
- Having fewer clinic-based appointments
- Utilising drop-ins, groups and community-based support as an alternative to traditional appointments

"There's always room for improvement, I think we have learned a lot in regards to the approach we take when people use drugs, I think the team need to expand and have a prescribing nurse, awareness raising with other services, so that they can refer people who don't engage or they are concerned about, educating family members, and making sure they have access to Naloxone and someone to talk to, when their loved one is in treatment or working with ES Team."

Staff needs

Workload

- Staff reported current workloads are very high, with some staff giving examples of people working beyond contracted hours and often with very complex and at times stressful cases
- Staff were concerned about support they offer to service users being "diluted" due to not having time or capacity to meet all complex needs and with more of their time dedicated to crisis management
- Staff described feelings of being burnt out and shared experiences of vicarious trauma amongst staff teams

"But they are just they're just getting on with it so it might be that you're contracted for X number of hours, but in actual fact you're doing Y number of hours. Because you have to do...you have to do your paperwork. And if you haven't got time to do your paperwork, you do your paperwork in your own time and that happens. But that's, it's almost like you have a...you have a paid job to do so it's not a paid job that is over a certain period of hours. You have a paid job and your job is your job because you care, you care for the people you're working with, you care for the team you're with as well."

Practical challenges and service development

- Staff reported geographical challenges and providing support to multiple family members could also add to workload and pressure on staff
- Some staff felt there was a need for teams to be expanded as service demands and subsequent expectations of them were felt to be too high at times.
- Staff that had this experience felt helpful staff developments would be to include in-service specialists such as dedicated mental health and youth work staff

"I think that there should be a specific post for a youth worker in the service. As well as the mental health and specialists as well, and somebody that can go around the high schools. And because we're the service is 16 plus but I don't think we really see anybody who's under 18. So, and I know that there are other services for specific things in the Borders, but there's not a specific one for young people anymore."

Suggestions for improvement

- Staff described service developments which would improve provision and issues around capacity, including mobile services, recovery hubs, more inclusion of lived experience peers and more opportunities for joint working.
- Staff identified partnership working should include recovery hubs with multiple services and joint meetings when an individual is working with more than one service.
- Staff reported the COVID-19 pandemic brought many challenges to providing services and, in many cases, had added additional stresses and staff capacity issues to offering

support.

- Staff related that the pandemic had also brought changes to working and more flexible approaches in some cases which would be of benefit to continue, such as the opportunity for staff to work from home for part of the week.

"I think I've got a foot in each camp; you know, I like working from home, but also equally like getting back into the office and separating my work from my home life. And, and again, I've got half the staff that feel the same. Half the staff want to work from home and half the staff want to get back into the office. And I don't know where we're about with that."

Team and management support

- Staff did feel their teams and managers were supportive of them and each other which was valued highly.

"I think, I think we've all felt responsible for each member of our team as well if we felt like being off because we know that, then the load would then pass to others, so it has been, it has been a really tough 18 months for people but [name's] right -we have not, none of us have, have not done any more than our best, but have been supported by, by both our, our leader and our manager because, and that's really important to feel that you have that support..."

4.Conclusions

The data collected from service users indicates that, generally, they are pleased with and often grateful for the services they receive, with more than one going so far as to say it's been lifesaving for them. There are, however, aspects of service provision that could be improved and data from the staff teams indicate some clear needs not being met and difficulties they experience in their roles.

Service users were asked which substances led them to seeking support and which, if any, substances they were currently using. Polysubstance use was common in both, but alcohol, benzodiazepines and heroin were the most frequent substances cited as originally needing support for. There was less difference in the amount of people currently using alcohol and benzodiazepines than heroin compared to the numbers that had originally sought support for their use of these. This perhaps suggests service engagement impacted these less. This is reflected in staff feelings that these two substances, along with cocaine, require better, more specific support and harm reduction interventions.

Accessibility of services was mainly positive, with most service users being satisfied regarding opening hours, location, travel, and safety. There were some barriers experienced, though, relating to these features and it was also mentioned that there are difficulties with contacting certain services via the phone. Staff seem aware of limitations with being available only within traditional office hours and further attempts, such as current group provision in the evenings, should be further developed to counteract this. Discussion around geographical challenges also took place, with some suggestions from staff as to how to improve this – such as with a mobile service.

Despite many service users receiving information before starting with a service, it would be useful to further develop pre-referral information for service users, ensuring consistent, accurate information is provided to ensure realistic expectations are set. This relates to feeling of some staff around misinformation and misunderstandings about their service provision being held and even circulated by referrers and other services. Staff expressed that this could set their relationship up with service users in a difficult way that they then have to work to overcome and may be contributing to the different expectations experienced by some service users.

Encouragingly, most service users described their assessment process favourably and there was no evidence of anyone waiting for a length of time they deemed unreasonable to start treatment/support. Many stated they did not wait any time. This reflects the proactive approach and dedication from staff that was described by several service users throughout. It is commendable that there were overwhelmingly positive comments and testimonies about staff made by service users. Trusting relationships, non-judgemental attitudes and supportive, family-like atmospheres were amongst the experiences service users had of staff.

The use of multiple service interventions by service users and testimonies from staff show service users are experiencing multiple complex needs. Staff report this is limiting staff capacity and these issues are often exacerbated by difficulties in accessing specific support, such as medical and mental health services and assisting with practical needs of their clients. Indeed, staff described a cycle of difficulties trying to gain access to more specialised services, especially mental health, yet during waiting time for referrals, service users were becoming more unwell or less stable within their substance use, which could then mean they would no longer meet the service criteria.

It is important that the overall systems and processes relating to these challenges are considered. Communication between the third sector services trying to refer people on and those services they are trying to access is key. It would be useful to explore what makes someone “ready” for a specialised service, what is a realistic waiting time and what supports can be offered within this time by current or additional services to effectively hold people. Services understanding and communicating with each other about these things would make these processes smoother and ultimately benefit the service users’ recovery.

The experiences of staff indicate areas which could impact on wellbeing and service quality including their capacity/workload, the impact of dealing with complex cases and joint working and communication between services. For some, this has led to feelings of burnout and vicarious trauma within staff teams. More consistent partnership working and robust support, such as clinical supervisions and access to Employee Assistance Programmes, would help to meet some of these challenges. Good practice examples of successful joint working, such as ES Team project, offer a useful model which can be further built on.

COVID-19 has not had a hugely damaging effect on service users’ experiences and care. There were descriptions around contact frequency and means changing but with little to no effect on the quality of support, with some experiencing more a positive, flexible service. Continuing to provide digital access support, through provision of technology and varying contact methods, is likely to be of benefit for service users, even beyond times of restrictions. Most staff also appreciated new patterns of working which included a mix between working from home and office-based work The pandemic has, however, further impacted on mental health needs of some service users which has further impacted on service capacity and taken

an overall toll on staff well-being and workload. Such aspects need addressed in order to protect the frontline workforce and the quality-of-service provision that can therefore be offered.

5.Considerations for service development

Whilst overall services were operating well within current resource limitations with largely positive feedback received from service clients, a number of points were identified in order to further enhance service provision within the Borders. It is therefore recommended that the following points are considered:

1. **Communication and information:** It would be useful to ensure there is a consistent approach to sharing accurate and up to date information about service provision, service criteria, approximate waiting times and referral pathways across services, referrer networks and service users to allow expectations to be set appropriately and ensure those in need receive this information.

2. **Joined up support:** Joint meetings between multiple services supporting an individual should be routinely and consistently scheduled to ensure all are working towards the individual's goals and in a person-centred way. To help achieve this, it is important all service users have a Treatment/Care/Recovery Plan that they are fully involved with developing and where there is opportunity to review regularly.

3. **Expanding and improving general service provision:** Services should review with ADP commissioners existing service specifications and areas for potential improvement as funding allows to increase capacity and make workloads more manageable. Potential areas useful for consideration by ADP are:

- Mobile services and Recovery Hubs in different areas of Borders to minimise impact of geographical challenges
- Build on peer/lived experience involvement to reflect service user population and help support current trends
- Youth worker(s) and/or volunteer(s) recruited to support this group and expand preventative/early intervention work in schools/services
- Expansion of service opening hours to include evenings and weekends and ensure all services are accessible via phone from early in the morning and throughout the day.
- Family support options across all services

4. Expanding and improving mental health provision: Enhancing mental health support across services by the addition of employed specialists such as, psychiatric nurses, or psychologists within third sector services would be useful to explore. Provision of aspects such as waiting list support should be considered where there are long waiting lists to avoid missed windows of opportunity and to prevent people falling into crisis. As described

previously, greater collaborative working between third sector and statutory services would help to address the specific challenges that exist for mental health pathways, particularly regarding waiting lists and the requirement for stability within substance use if accessing these services.

5. **Supporting staff:** Specific support should be put in place for teams, including managers, within the services to monitor burnout and vicarious trauma and manage stress and capacity/workload. This could be done via clinical or external supervision sessions that are separate to core supervision with line managers and allows greater opportunity to discuss clients and explore reflective practice. Such sessions could be facilitated by an external professional or be offered via peer/group supervision. Staff should also be given access to robust self-care resources and should be signposted to additional supports such as Employee Assistance Programmes (EAP) where experiencing issues such as vicarious trauma.

6. **Digital access support:** Services continue to provide digital and technological support for those who require it in order to support them to remain connected and able to access online services. This should be prioritised for those in remote areas of Borders.

7. **More specific substance support:** More in-depth investigation is required regarding how service use impacts on reduction of substance use. Service developments such as more easily accessible alcohol detox and extending medication assisted treatment options to include benzodiazepine stabilisation/detox options should be considered.

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