

Midlothian



The Men's SHARE project – an evaluation

A response in Midlothian to the Choose Life national suicide prevention strategy



Written by:

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1. The Midlothian Men's SHARE project

The Men's SHARE (**S**uicide, **H**arm, **A**wareness, **R**ecovery and **E**mpathy) project, delivered by Health in Mind (HiM) in partnership with the Citizen's Advice Bureau (CAB), is funded by the Midlothian Choose Life Steering Group. The project was informed by consultation with men living in Midlothian. These men highlighted the on-going challenge that they often face from peers, colleagues or family members in seeking help in what often is seen as a macho culture. Expressing real emotion other than aggression and indifference can leave men feeling vulnerable to potential rejection and ridicule.

2. Profile of Men's SHARE

A steering group of professionals, service providers and men (both service users with lived experience and men living within the community who do not use mental health services) was convened to oversee the development of the project

The project covers Midlothian, a small local authority area adjoining Edinburgh's

southern boundary. Most of Midlothian's population of 83,200 resides in or around the main towns of Penicuik; Bonnyrigg; Loanhead; Dalkeith; Newtongrange and Gorebridge. The southern half of the authority is predominantly rural, with a small population spread among a number of villages and farm settlements.

Some parts of Midlothian have seen increasing levels of economic deprivation with associated social and health issues. This has become worse as a result of the economic downturn. Deprivation is most acute in the communities of Gorebridge, Mayfield and Dalkeith and in all communities there are households on low incomes, often combined with other issues such as disability; mental health problems; substance misuse; lone parenting or caring responsibilities.

Whilst there is on-going oversight of the Men's SHARE project with continuous monitoring of service users' health and wellbeing, it was felt imperative to assess the overall efficacy of the project qualitatively by analysing service user narratives. This report presents the findings and lessons learned from interviews conducted with twenty-four men currently using the service.

3. Policy Context

The project has been informed, not just by the National Suicide Prevention Strategy, Choose Life but also by Lothian's Mental Health & Wellbeing Strategy, "A Sense of Belonging" and the Scottish Government's Mental Health Strategy (2012-2015).

The project was set up in 2009 to address three outcomes of the national Choose Life suicide prevention programme.

1. Early prevention, intervention and support to reduce risks that may lead to suicidal behaviour and deliberate self-harm.
2. Longer term provision of hope and support to enable individuals to develop their own recovery pathway and to be better able to deal with the issues that may contribute to suicidal behaviour.
3. Promoting greater public awareness and encouragement to seek help early.

Choose Life recognised that the target group are those who engage least with services and find it difficult to seek help when subject to emotional pressure. It considered that a focused effort could encourage a shift in this pattern. Current statistics suggest that men are three times more likely to attempt (and complete) suicide than females. In line with national trends it was noted that most suicides in Midlothian were completed by men in the 25-50 age group.

The project contributes to a number of Choose Life objectives outlined by the 2010 national suicide review group in their refreshed "National Strategy and Action Plan". These are set out in the adjacent box and demonstrate a focused, evidenced based approach targeting, in particular, high-risk groups.

- Objective 1:** Identify and intervene to reduce suicidal behaviour in high-risk groups.
- Objective 2:** Develop and implement a coordinated approach to reduce suicidal behaviour.
- Objective 3:** Ensure interventions to reduce suicidal behaviour are informed by evidence from research and evaluated appropriately.
- Objective 4:** Provide support to those affected by suicidal behaviour.
- Objective 5:** Provide education and training about suicidal behaviour and promote awareness about the help available.
- Objective 6:** Reduce availability and lethality of methods used in suicidal behaviour.

The project also contributed to the objectives of "A Sense of Belonging", the local mental health and wellbeing strategy, which set out a clear view, principles and planned ways of working in Midlothian over a five-year period, to improve mental health and wellbeing for people. Four "commitments to change" were identified:

- tackling health inequalities
- building social capital and wellbeing
- embedding recovery
- improving services.

Included in the strategy were commitments to work on harmful stress and suicide and work with vulnerable and targeted populations. Within Midlothian, this was refined to supporting innovative community suicide prevention initiatives with initiatives targeting the following high-risk groups: men aged 25-50, adults with substance misuse and mental health issues and people affected by suicidal behaviour. Initiatives were aimed at responding to needs across Midlothian including rural communities and socially deprived communities.

The Scottish Government's National Mental Health strategy makes suicide prevention an on-going area for action. Men's SHARE tackles two of the key themes in the strategy, embedding more peer-to-peer work and increasing the support for self-management and self-help approaches.

There is evidence that the current economic recession is a contributory factor to increased risk of suicide and self harm at a personal and familial level. For those facing unemployment the experience of loss is many faceted and includes financial, personal identity, social contact and purpose. Other issues, personal or financial, which may have been manageable become unmanageable. For those who have already experienced family breakdown, whether or not in employment, the profound sense of loss, of partner and of children can be overwhelming.



4. Men's SHARE services

The project offers accessible, non-stigmatising support to men aged 25-50. Outreach services were developed in communities throughout Midlothian; these groups offer a range of supports including face to face support and access to a CAB advisor.

This partnership approach was central to the original funding application. It was considered that routinely offering the non stigmatising Citizen's Advice Service as a point of entry would allow men who would not consider accessing a mental health service to engage with support; a range of other possibilities could then be offered to them. This approach has had a significant impact on service uptake; the partnership with CAB is ongoing.

Contact offered includes:

- 1:1 support
- Group work provision, social activities with the associated positives of informal peer support
- Information and advice
- Signposting and support to access other services
- Awareness raising with regard to the specific needs of men regarding suicide
- Education, training and volunteering opportunities develop

As a means of engagement, football, the basis for many male conversations has proved successful. A "Choose Life" 5-a-side team was put together and has been playing together for more than two years. The highlights include having their

photo taken with Lorraine Kelly at the recent STV Appeal event, receiving the runners up trophy in the 2013 "Choose Life Challenge Cup" plate competition from justice secretary Kenny MacAskill and a fair play award from Street Soccer Scotland.

The real success however is the attendance of anything up to 18 members, week in week out in all weathers at the Loanhead Leisure Centre every Monday evening. The team, thanks to their sporting participation, are also asked to tournaments all over Scotland.

Identifying an activity for those that did not have an interest in football but could produce the same outcomes was addressed. A film course was developed and a short film entitled "The Mask" was made with contributions by more than a dozen members.

These group activities established a sense of belonging that men could feel comfortable with. They have built on the skills the members have but either have lost the confidence to use or feel unable to express. Having a sense of purpose empowers the individual to work on their self-esteem and allows them to recognise that by choosing life they have many options.

4.1. Funding

The Men's SHARE project receives funding from the Midlothian Choose Life Steering Group on a rolling one year contract. The annual cost of the project is £20,887. The inclusion of the Men's SHARE service in Health in Mind's overarching service level agreement with Midlothian Council provides operational and funding flexibility to ensure effective performance and Best Value for all partners.

The project is one of a range of projects delivered by Health in Mind's Orchard Centre Services; this offers additional financial support to the very modest budget and ensures its sustainability and delivery

5. Method

5.1. Subjects

Twenty-four self-selected males currently using the Men's SHARE project volunteered to take part in the evaluation. Subjects were drawn from different towns across Midlothian and were aged between 21 and 60 ($x = 41.40$ $SD = 11.17$).

5.2. Semi-structured interview

The use of a semi-structured interview provided the researcher with the best method to explore the thoughts, perceptions and experiences of current service users of the Men's SHARE project. All 24 men engaged in the same semi-structured interview with the same researcher. The length of each interview varied. The duration of the shortest interview was 4.49 minutes and the duration of the longest interview was 82.51 minutes (range = 78.02 minutes). The average length of all 24 interviews conducted was 34.19 minutes.

The interviews were transcribed and analysed for key themes.

5.3. Health questionnaire

Based on the Scottish Health Survey (2009), a brief health questionnaire was devised to capture the overall physical health and wellbeing of Men's SHARE service users. Eighteen individuals answered questions relating to their

general health, physical activity, substance consumption (cigarettes/alcohol/drugs) as well as their employment and education background. Of these eighteen, thirteen service users had also been interviewed by the project researcher.

6. Findings

6.1. Health questionnaire

6.1.1. Patient demographics – Respondents were aged between 20 and 60 years of age ($x = 40$, $SD = 11.96$) and all were of white, British ethnicity. Within the Midlothian catchment area, seven individuals lived in Dalkeith, two in Gorebridge, two in Penicuik and two in Newtongrange. Danderhall, Loanhead and Mayfield each housed one service user. One respondent was homeless at the time.

6.1.2. Education level – Most respondents (83%) left school at the age of 16 or less with either no formal qualifications or only a few school exam qualifications e.g. O-Grades/Standard Grades. Fifty percent of respondents considered themselves to have literacy and/or numeracy difficulties.

6.1.3. Employment history – All respondents had, at some point, been in paid employment (including self-employment). Cited previous jobs included care worker, chef, janitor and manual labourer. One respondent is still in paid work whilst two individuals are looking for paid work or a Government training scheme. One individual is retired from paid work and the remaining 14 respondents (78%) are currently unable to work either due to temporary sickness/injury or are permanently unable to work because of long-term sickness/disability.

6.1.4. Physical and mental health – When asked to describe their general health, seven respondents considered themselves to be in either 'bad' or 'very bad' health, 11 respondents considered themselves to

have 'fair' to 'good' health. Overall, 67% of respondents considered themselves to be physically active and the remaining 33% were either 'not very' physically active or 'not at all' physically active.

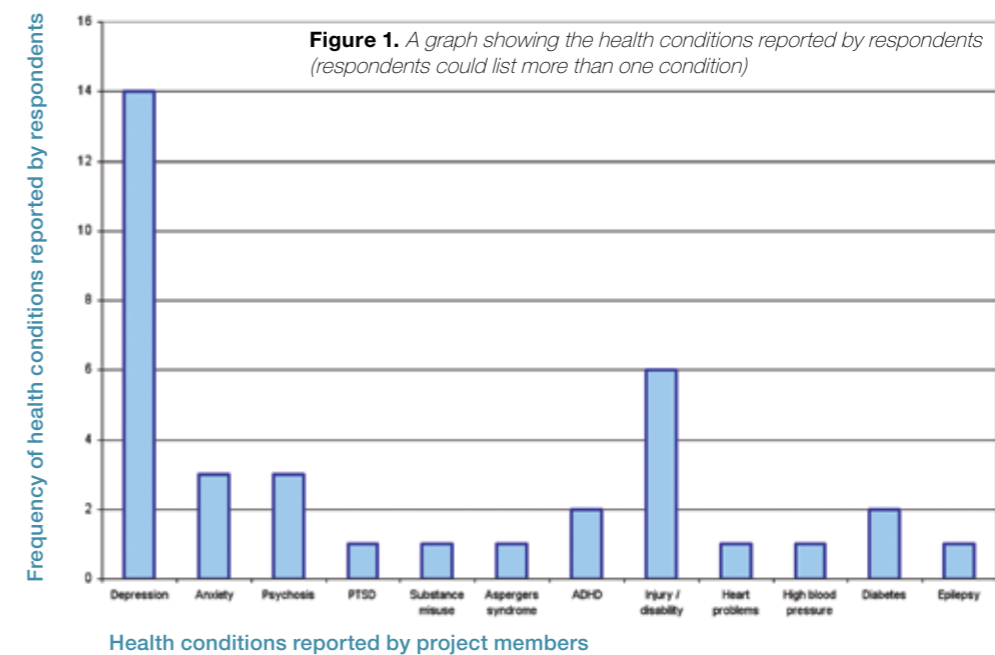
Each respondent's body mass index (BMI) was calculated – 39% of respondents' BMIs fell within the 'normal' range, 22% were 'overweight' whilst 39% were classified as 'obese'. Overall, this meant that 11/18 (61%) of respondents were outwith the normal BMI for their height and weight. Seventy two percent of respondents were either current smokers or had previously smoked and 7/18 individuals had, at some point in time, tried drugs. Only one responder had recently used drugs, namely Marijuana, in the previous six months.

When asked whether they had any long-standing physical or mental health condition or disability that had troubled them for at least 12 months and that will likely affect them for at least 12 months, only one individual answered 'no'. Of the 17 individuals to have answered 'yes', 82% cited depression as the primary condition. Furthermore, 47% of these have a secondary co-morbid mental health problem such as anxiety, psychosis and post-traumatic

stress disorder (PTSD) or substance misuse. A few individuals reported having substance misuse and/or alcohol misuse issues more than five years previous or in their youth and six out of eighteen respondents now no longer drink due to past alcohol dependency.

Regarding suicide ideation and self-harm, 10/18 (56%) individuals answered that they had deliberately self-harmed in some way but without the intention of killing themselves. Fourteen of the eighteen questionnaire respondents (78%) had answered that they had made a serious attempt to end their life by either taking an overdose of tablets or in some other way. Of those interviewed, 16 individuals consumed a mixture of drugs and alcohol, three individuals had attempted suicide by cutting their wrists, two of which had also tried to overdose and two individuals considered jumping from a bridge. One individual had attempted to hang himself.

Finally, when asked how satisfied they currently are with their life as a whole nowadays on a scale of 0 (extremely dissatisfied) to 10 (extremely satisfied), the most frequently selected answers were '4' and '6'.



6.2. Themes from the semi-structured questionnaire

A total of 113 men from across Midlothian have participated in the Men's SHARE project since its commencement in 2009. The 24 men who were interviewed for the purpose of evaluating the project were assured complete anonymity and confidentiality. Their honest thoughts, perceptions and experiences were treated with the greatest respect by the researcher. However, despite this, many of the men interviewed expressed a desire to publicly acknowledge and pay tribute to the Men's SHARE project.

“I would climb the highest tree I could get a ladder up to shout the praises of the people that are helping me right now because they are the people that are keeping me alive”

6.2.1. Background – before Men's SHARE

A broad range of agencies across Midlothian have referred men to the Men's SHARE project, primarily Citizen's Advice Bureau (CAB), the Joint Mental Health Team (JMHT) and Job Centre Plus. Other referrers include GPs, Social Work and the voluntary sector. One individual referred himself, having “scoured the Internet for

hours” and finally finding details of the project online.

When asked to recount what their lives were like before joining the project, all 24 respondents reported feeling the lowest they had ever felt, using terminology such as “I couldn't go on” and being in a “really dark place I didn't even know existed”. Cited reasons that led to a period of depression included [long-term] unemployment, financial crisis, relationship discord, illness/injury and disability.

Interestingly, 41% of service users reported pre-morbid emotional difficulties dating back to their childhood years. Many of those interviewed described histories of bullying both at school and/or at home. Moreover, many individuals disclosed pre-existing mental health problems secondary to physical, emotional, sexual and psychological abuse [commonly in childhood]. Complex trauma such as this can often result in individuals finding difficulties in regulating affective impulses such as anger and self-destructiveness (e.g. substance abuse and self-harm), difficulty in trusting people, hopelessness or despair and various other somatic medical problems. Presentations such as these are indicative of the types of problems current service users reported as having commonly experienced before joining the Men's SHARE project.

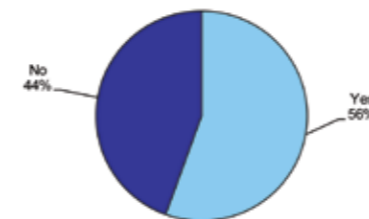
The quality of life for many of the men before joining the project was found to be extremely low. Analysed service user narratives around this issue shared many common themes, such as social isolation and impoverished social networks. In many cases, maladaptive coping mechanisms such as substance dependency, self-harm and suicidal ideation were developed as a response to current external stressors such as unemployment, grief, homelessness and mental health problems such as depression and anxiety.



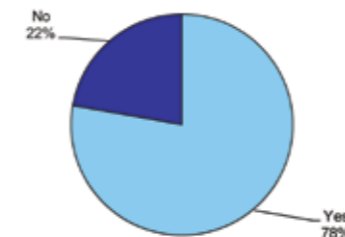
Of those interviewed five were currently involved with children and families social work services regarding access and/or custody of their children. Eleven had been involved with the criminal justice service of which two had spent time in prison, and three were serving community service orders.

All twenty-four interviewees reflected on a catastrophic breakdown of confidence and self-esteem describing feelings of associated hopelessness, helplessness and lack of self-worth.

Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?



Have you ever made an attempt to take your life by taking an overdose of tablets or in some other way?



6.2.2. Evaluations

Many of the interviewees positively evaluated the project in the same regard. Several common themes emerged, which seemed to be shared amongst service users.

First and foremost, service users identified having a safe environment to regularly attend as being extremely beneficial. Moreover, it was felt that having a degree of anonymity amongst friendly, non-judgemental peers combined with the easily accessible nature of the service made it easier for individuals to return following their first contact with the project worker. Despite it being called the 'SHARE' project, service users felt that there was no obligation to openly disclose their current issues and/or mental health problems to others.

Providing more than emotional support, the Men's SHARE project also offers increased access to information about other resources, support to access services and extends the range of activities and supports available to men. Clear signposting to other services and agencies helps men to feel that they are better able to seek, and obtain the help and the advice they require regarding issues such as housing and benefits. Service users have, to date, been supported in accessing a range of follow on supports including substance misuse support, environmental projects, social enterprise, local mental health support services and further education.

Given that before joining the project, many service users felt extremely socially isolated and lonely, the majority of individuals interviewed reflected on how valuable it was to have regular social contact with their immediate peers. Whether it's



through various activities such as 5-a-side football, a film club, snooker competitions or through the weekly group support sessions, Men's SHARE encourages social engagement amongst its service users as well as providing a true sense of belonging within their local community.

Perhaps even more vital to the project's success, however, is that staff and peers alike are able to listen to those wishing to share. All 24 men highlighted the importance in being able to speak to someone who will listen diligently whilst reserving judgment. It was apparent that men feel safe and cared for in the project's outreach group and in one-to-one settings. As has been identified by many of the service users who were interviewed, being listened to and feeling valued within these environments has significantly improved their self-esteem and confidence, to share emotional issues with others around them, whenever they are ready to do so.

Many of the interviewees attributed their increased confidence levels directly to the personal qualities of the project worker who has built up the project to provide prejudice-free, informal, non-stigmatising 1:1 and group support. Service users have described the project worker as being a great listener who is particularly easy to talk to. Service users find him approachable and personable, good-hearted, trustworthy, caring, patient, reassuring and supportive.

“ I was sceptical about it but that [project worker] down there over the last six or seven or eight months has been fantastic and supportive to a fault. I don't know what I would've done without him but I know that I would not have been here ”

“ [The project worker] is always there... and is always going to be there for me and the rest of the guys that are on this programme ”

It would appear that collectively, the Men's SHARE project service users believe that the project offers people a safe environment in which to talk about their emotional issues to the right person and most importantly, at the time that is right for them. Each and every individual who was interviewed admitted that if it hadn't been for joining the project, they would probably not be alive. So far, the project has kept 113 men safe and well. Here is the voice of just one of them...

My Story

“...Having been through a living hell that has involved relationship breakdowns, financial hardship, drugs, alcohol issues and a period of time spent in prison, I had been left depressed, emotionally drained, isolated and totally without hope.

My involvement with other SHARE group members has allowed me to draw a line under my difficulties, build up my confidence and self-esteem and made me feel I am worth something and part of something worthwhile.

Through the process of 1:1 work I eventually took the plunge to become part of one of the groups. I am glad I did because I learned to trust again. We have found that we can open up to some degree to each other, which for most, if not all of us was really very hard to even contemplate. Talking about our emotions may be particularly hard for men as it can leave us feeling open, vulnerable and be seen as potential weaknesses.

Thanks to the other members of the support group we have started putting together a film called the “Mask” we have even made our own CD with music that will be the backing track of the film. The film looks to outline some of the underlying difficulties that contribute to someone's mental health or wellbeing. These problems can be hidden some or most of the time and individuals like me can be so wrapped up in life's struggles that we do not recognize them ourselves.

Most folks use a mask of some kind in their daily lives to hide behind some of the time and others do not take them off at all. It can be a way of protecting us and maintaining an identity but it can also suffocate us and not allow our issues to be heard when we need help.

The Mask is an important tool but can also bring pain. Pain is the key word and can be experienced in many forms. I have used each letter to describe how I have felt -

P is for prisoner. Often trapped by your sense of who you are or when you cannot face the world how you feel in your own home.

A is for anger and awareness. We should not let the anger build up. There are people that we can talk to no matter the problem as I have found out. Individuals need to be aware that help is out there.

I stand's for identity. Some of us struggle to maintain a perception of who we are or disguise who we have become behind a mask. We should not be blind to our problems and come to terms with what we can be.

N is for needs, we all have them. I feel that if it weren't for the Orchard Centre I possibly would not be here today. They recognized my situation, I needed to talk. I needed someone to listen. We all need to talk, share and listen to each other's stories.

Behind our masks there are people and we all probably know a person who is waiting for that help who can be helped and who may, further down the line, be able help others.

I have a new set of problems now but having weekend access to my son and starting a new college course allows me to view them more as an adventure than with the previous fear and despair I regularly encountered...”

Postscript

Since writing this the project member has been advised that his benefits will be affected by his attendance at the college course.

6.2.3. Even better if...

Service users were asked to reflect on any drawbacks of the project and on areas on which the project could improve. Although many found this difficult to do, their comments are described below.

The Men's SHARE project offers weekly outreach support sessions held in the afternoon and evenings in Dalkeith and Penicuik. There is also a drop in session on Monday mornings in Newbattle. A significant number of service users highlighted the difficulty in travelling between these locations, bus routes were said to be unsuitable and expensive without a bus pass. With many of the project's service users currently experiencing financial difficulties and seeking the help of Citizen's Advice Bureau regarding benefit entitlement, an average cost of £3.00 per return journey is an unwelcome expense.

Interestingly, some individuals noted that there was no permanent, designated space from which to run the project. The project offers its services between various locations across Midlothian to increase its catchment area however it was felt by a considerable number of interviewees that having a base from which to operate and to call their own would be beneficial.

6.2.4. Unexpected outcomes

A significant outcome of the evaluation is the extent abuse and bullying has impacted on many of their lives. Project members expressed the devastating effect resulting from having experienced it often in childhood or adolescence. Further work needs to be done to develop these findings

to consider if there is any significance or connection with suicidal ideology and how we should respond.

6.3. Practice Issues

Currently there is no requirement for service users to complete questionnaires regarding their mental health. In order to assess the ongoing efficacy of the Men's SHARE project, there will be a need to capture quantitative data from its service users. A compulsory minimum data set of outcome measures (e.g. CORE) obtained at different time points along the service user's journey (e.g. at initial contact, at 3 month intervals and at exit) will quantitatively validate the effectiveness of the project and demonstrate the worth in sustaining it's funding for future years.

7. Limitations of evaluation

The Men's SHARE evaluation has two limitations. Firstly, subjects were self-selecting and volunteered themselves to take part in the semi-structured interview with the project researcher. This brings into question the thoughts, perceptions and experiences of individuals who did not volunteer their participation. We can only hypothesize the reasons why it was felt inappropriate for them to do so at the time. Evidently, this results in obvious selection bias. Although a more methodologically rigorous procedure would have been to randomly select subjects to participate in the service evaluation, this would have acted against the project's ethos of giving service users the time and space they require to disclose sensitive information at their own pace.

The second limitation is that only those who were currently engaged in the service were interviewed by the project researcher. The evaluation didn't interview service users who disengaged or those who used to attend but no longer regularly do so. The thoughts, perceptions and experiences of these individuals were therefore not included in the present evaluation. Despite the above limitations, current findings can be considered representative of other service users' views and as a result, can be generalised accordingly.

Of those who did not come forward for interview some considered that whilst in a better place there was no perceived need to have any further involvement. For some, the possibility that dark thoughts may return through association or having to relive aspects of their troubles precluded them from participating. It may be, as is the case with several existing members that they will use the project as and when required. For some, a safe space at a time of need is enough to see a case for life.

8. Conclusions

Men's Share started as a pilot project, funded by through the Choose Life suicide prevention initiative. After a slow start it has now become established and is beginning to achieve the outcomes set.

Attempting to change culturally developed behaviours is going to require time to deliver positive results. Already the evidence demonstrates a need in Midlothian that could be replicated throughout Scotland. Many "at risk" men have been supported through the project's existence with the emphasis being on guiding to appropriate services at an early stage. It is clear that individuals within the



groups are growing in confidence and are feeling more comfortable about sharing their emotional issues. The groups have seen men who have previously been extremely isolated get involved in both general and targeted conversations.

It has proved itself to be a cost effective project. It fits well with the current agendas for recovery, peer support, co-production and capacity building. Numbers have grown and the project is working at full capacity. Successful networking has raised awareness of the project, with a range of service providers providing referrals to the project.

Previously without this new level of support men could conceivably have been led to despair and hopelessness and may have entertained thoughts of self harm or even suicide. The project can therefore contribute to reduced hospitalisation as a result of its ability to respond to individuals in a person centred way ensuring that they receive appropriate support.

A decision needs to be taken within Midlothian on not just moving the project to mainstream funding but expanding the project to cater for more vulnerable men.

The personal stories and the statistical data combine to provide compelling proof that this is a model which could be transferred to other areas of Scotland.

9. Recommendations

9.1. Raising awareness

"I think the biggest problem is that the support is there-it's just finding it and coming across it. The biggest problem is that men don't like admitting they need support"

What we know to be true about Choose Life's target population is that adult men engage very little with services and find it difficult to seek help. The same was reflected in this interview population; only eight of the twenty-four individuals (33%) had had prior contact with services before joining the project. Regrettably, of the twenty-four service users to be interviewed, only six of them (25%) were aware that the Men's SHARE project existed.

This population can at times fall through the gap within the health care system and it seems imperative to raise public awareness to encourage at risk populations to come forward and seek help more readily. When asked how this could be done, service users recommended advertising the project using leaflets and posters across health centres such as GP surgeries, criminal courts/prisons and other services where this population might present.

Moreover, work should be undertaken in order to improve the awareness of the project across various referring agencies such as local GPs, joint mental health teams and substance misuse services. Primary care services are often the front line gatekeepers to mental health services so it is vital to work alongside these to help clinician's recognise high risk individuals and advocate early interventions by increasing referral rates to the Men's SHARE project.

9.2. Potential for growth

Many of those interviewed felt that the project had steadily grown over time. Since its conception in 2009, the project has received a total of 113 referrals. There had been 61 referrals by 31st March 2012; an additional 32 by 31st March 2013 and these numbers continue to grow.

Given that there is currently only one project worker to cover group outreach and one-to-one sessions, service users felt it would be helpful to expand the project by employing a second project worker. In this way, the project could grow given ongoing increases in referral numbers without compromising on the quality of care. It was felt, however, that any potential future project workers should display the same core competencies and personality traits as the existing Men's SHARE project worker. All twenty-four individuals interviewed reflected on the qualities of the project worker being vital to the project's excellent service provision.

"What I've experienced from talking to quite a few different people is that Men's SHARE is brilliant on a certain level but [project worker] goes beyond that and says 'I can help you in a very specific way' and he'll listen to you and he'll say 'right, what more do you need and what more can I offer you? "

"It's important that it's somebody like [project worker] that's actually doing it. It's his personality that matters "

"If it wasn't for people like [project worker], I would not have lived through the last six months "

9.3 Acknowledgements

The authors would like to thank the men of the Men's Share Project particularly those that were prepared to give up their time to share their own experiences. We would also like to thank the staff of the Midlothian Citizen's Advice Bureau, the project steering group, NHS Lothian and all the agencies who have contributed to the project.



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