



TOWARDS A MENTALLY FLOURISHING SCOTLAND : THE FUTURE OF MENTAL HEALTH IMPROVEMENT IN SCOTLAND 2008-11

RESPONSE BY SCOTTISH SOCIAL NETWORKS

1. Introduction

The Scottish Social Networks was created in response to recommendations in the Homelessness Task Force Final Report to raise awareness of the need for positive social networks and to support the development and integration of befriending, mentoring and mediation services for people affected by homelessness or at risk of homelessness and to assisting the local authorities and homelessness projects who are required to develop assessments and provision to support social networks.

The correlation of poor social networks and homelessness is direct but positive social networks are the foundation for strong, supportive, sustainable, healthy communities and a route to preventing not only homelessness but also inequality of access to services and exclusion generally.

This was recognised by Malcolm Chisholm MSP when he was Minister for Communities and was reflected in his Ministerial Statement on Abolition of Priority Need by 2012. Significantly it has been reinforced by Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing, who said:

“Strong social networks can play a key part in preventing homelessness and breaking the cycle of repeat homelessness. “Feeling valued as part of a social network is essential for everyone’s wellbeing – and especially for people feeling isolated because of homelessness.”

The isolation, loneliness and vulnerability experienced by individuals with weak social networks is damaging to their health and well being. Indeed there is a direct link between strong positive social networks and everything from prevention of homelessness - through increased resilience - to recovery from open heart surgery! The lack of strong, positive social networks is particularly damaging to those already socially excluded from society through unemployment, disability, race, experience of being looked after in local authority care, veterans or other institution leavers but can have an adverse affect on any of us. All these factors in turn impact on homelessness.

2. Links to "Towards a mentally flourishing Scotland"

Positive social networks are key to increasing protective factors and reducing risk factors for mental health and mental wellbeing at:

- structural level by increasing access to employment, education and economic security;
- social level by offering supportive and caring social and family relationships and community involvement;
- individual level by engendering a positive sense of self, developing social skills, good coping skills, and family attachments and indeed there is even evidence of the direct correlation between physical health and social networks.

Positive social networks are key to the resilience which is so crucial to maintaining wellbeing – helping to maintain mental health and reducing the impact and aiding recovery of people who experience mental illness.

3. The consultation process

The Scottish Government asked Scottish Social Networks (SSN) to host events amongst their networks where front line staff working with people affected by homelessness (and other socially excluded sectors of the population) could give their views on the proposals contained in "*Towards a Mentally Flourishing Scotland : The Future of Mental Health Improvement in Scotland 2008-11*".

SSN organised half day events in Glasgow (on 10 March, jointly organised with the Glasgow Homelessness Network) and in Edinburgh (on 14 March, jointly organised with Edinburgh City Council).

More than 80 participants attended the events. Most were front line staff, Edinburgh or Glasgow based, working with people affected by homelessness or at risk of homelessness. However, there were also representatives from Dundee, Clackmannanshire, Fife, Ayrshire and other areas; and from across the inclusion agenda, not just homelessness.

The events followed a similar pattern. Speakers provided information on the "*Towards a Mentally Flourishing Scotland*" paper and on local service developments. Following the information section of the event, participants were asked to address some key issues in breakout groups. These issues were

- a. In relation to (1) **mental wellbeing** and (2) **mental health**, what areas of unmet need can you identify?
- b. What should be done to tackle these areas of unmet need (1) locally, (2) nationally, and (3) by those supporting individuals outwith the clinical setting – i.e. by us here today?

- c. If these areas of unmet need are tackled, what would success look like?
(This is with a view to identifying how we can track and measure progress).

4. General principles

A number of general comments can be made before turning to more specific proposals and actions.

- Participants in the workshops welcomed the overall approach of the paper, with its emphases on mental health **and** mental wellbeing.
- Participants also agreed with the paper's view that many other policies and programmes contributed to the social environment which was a primary factor in determining mental health and mental wellbeing.
- The workshop participants' experience confirmed that mental illness, mental health problems, and poor mental wellbeing are common amongst people affected by homelessness.
- It was clear from the presentations that there has been substantial progress (in Edinburgh and Glasgow at least) towards joining up services and making mental health services more accessible to people affected by homelessness.
- The workshops recognised that joining up services and making them accessible was work in progress, and that there was substantial work still to be done.
- Participants strongly advocated a holistic approach based on the needs of the individual (including their mental health needs).
- Participants argued strongly that true partnership and trust across the statutory and voluntary sectors would deliver positive outcomes for individuals without necessarily creating the stigma of a "medicalised" mental health problem.
- Participants acknowledged that they all had a responsibility and a role to play in promoting mental health and mental wellbeing.

5. Issues to be worked on

The workshops identified a number of issues where work was required to improve responses to mental illness or to promote mental wellbeing. These are listed below, and, where possible, they are cross referenced to paras 9.1 – 10.3 of the consultation paper.

Culture Change

Most participants were concerned that there was a tendency to medicalise mild to moderate mental health issues. While some GPs were willing to refer patients to non-medical organisations and approaches (such as stress centres, holistic approaches and exercise); others saw prescriptions as the main or only approach.

- GPs should be encouraged to consider alternative community-based holistic approaches for many patients with mild to moderate mental health problems. (consultation paper, para 9.2)
- GPs, and other medical professionals, should better understand the roles of support staff working with people affected by homelessness, and the knowledge they have of the patient. GPs, and other medical staff, should see support staff as partners in the care of the person affected by homelessness. (consultation paper, para 9.2)
- Referral to specialist services should be more open and the GP's role in accessing services should be a facilitating role and not a barrier to be overcome or circumvented.
- In some parts of the country, people experiencing homelessness still have difficulties accessing GP services and clinical services. This needs to be addressed. Where specific GP and clinical services exist for people who are homeless the transition from these specialist services to mainstream services is not always smooth, holistic or person centred.
- Front line support staff should have better access to training on mental health issues. Most support staff are employed by voluntary organisations, so it is important that training is free. (consultation paper, paras 9.1, 10.1.2)
- There should be training on mental health issues for other staff working in front line roles in the community (librarians, housing officers, reception staff etc). (consultation paper, para 9.1)
- Local authorities, in discharging their obligations to individuals presenting as homeless, need to be aware of the impact on mental health and mental wellbeing, and that they have a "duty of care" to promote mental wellbeing.
- All staff working in the field (including medical staff) should be equipped to promote resilience and self-confidence and be able to identify those at risk. (consultation paper, para 9.4)

Social Networks

Participants in the workshops confirmed that strong social networks are a key element in good mental health, mental wellbeing and routes out of homelessness.

- There should be support for befriending and mentoring projects for people affected by homelessness. There needs to be recognition that befriending and mentoring in itself does not answer the problems but is an invaluable resource within a holistic approach. As part of that approach all workers should aim to support positive social networks. (consultation paper, para 9.4)
- There is a need to support and develop community-based resources and projects. These projects could in turn be used by health professionals to offer support within a holistic non medical setting. (consultation paper, para 9.4)
- Volunteering opportunities and social enterprises should be used to offer supported routes back into employment or learning. (consultation paper, para 9.4)

Joint working

While progress has been made in recent years on joint working, joint training and referral protocols, much work remains to be done on these issues, and workshop participants gave many examples of people affected by homelessness slipping through the cracks in the systems. There is much general work to be done here. Some specific examples were

- Assessment procedures which require a person affected by homelessness to give the same information to all the agencies involved. Joint assessment processes should be encouraged. (consultation paper, para 9.5)
- Hospital discharge procedures are often inadequate, and, where they exist, they are not uniformly or consistently implemented. (consultation paper, para 9.5)
- People affected by homelessness losing contact with services because they are in prison for a short time (either on conviction or on remand). (consultation paper, para 9.5)

Voluntary Sector Funding

The voluntary sector is an important provider of services and plays a key role in developing social networks. This is especially true for homelessness services. This important work is undermined by short term funding and funding cutbacks which are often imposed on the voluntary sector rather than the statutory sectors.

- Local and national government, and the Health Service, should move towards longer term funding arrangements with voluntary sector organisations.

Out of Hours Services

Support staff often work shifts and provide a round the clock service. They are very aware that Monday to Friday, 9 to 5, services don't meet the needs of the people they support.

- Health and social services should review the operating hours of their services. The principle should be that operating hours should reflect the needs of service users. How these services are provided must also be addressed – being centre based with the expectation that service users will attend makes it difficult for a) service users and b) staff to juggle competing demands from several service users.

Service User Involvement

Service users have valuable experience of accessing and using services. Their views are important.

- Service users should be involved in service planning and review, and work with service users needs to be resourced to make sure that service user involvement is not tokenistic.

Stigma

While a lot of work has been done on stigma issues in Scotland in recent years, much remains to be done.

- National and local campaigns to combat stigma should be promoted and financed. (consultation paper, para 10.1.3)

Links with schools

There should be a stronger focus on early intervention both to promote good mental health and wellbeing and to detect problems

- Good mental health and mental wellbeing should be promoted in schools. (consultation paper, para 9.1)
- There should be stronger links between schools and mental health professionals. (consultation paper, para 9.1)
- Anti-stigma campaigns should also be developed in schools.

6. Measures of success

Measures of success would include

- Reducing prescriptions for anti-depressants
- Shorter waiting times for some appointments and treatments
- Improvements in self-confidence and self-esteem.
- Joint working. (This cross references cross the board to the legislation and strategies within the social care sector on joint working and service user involvement.)

7. Conclusion

Participants in the consultation process greatly appreciated the opportunity to express their views and on the future direction for mental health and improvement and population mental health for 2008-11. Many expressed the view that they had found the process useful to them and there was overall support for the holistic approach adopted in the paper.

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