Well Connected Communities

A study on community approach to mental health and well-being in five rural regions of Scotland

support in mind scotland
action for people affected by mental illness

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With community engagement and research support from SiMS Community Workers:

Argyll & Bute - Viv Hamilton

Ayrshire, Dumfries & Galloway - Crystal Hill

Western Isles - Donnie Steele

West Lothian - Louise Middleton

Based on an independent survey and conversational data collected during community engagement events, the findings of this study are not intended to be reflective of the participating areas, but rather provide a picture of mental health experience as described by the participants who chose to be part of this project.

Special thanks to all those who dedicated their time to participating in the study and providing insightful feedback and comments. In addition to the quantitative 378 survey responses, 2,192 written comments and suggestions were received from across Scotland. Without this level of detail, it would not have been possible to identify the range of supports, concerns and ideas moving forward.

We appreciate the assistance of those public & third sector organisations who helped the team to access the hard-to-reach groups, those who promoted the survey and those who provided time and input to the focus group sessions that took place across the pilot areas.

We hope that this report offers an evidence base, good practice examples and recommendations to which government, health organisations and communities can refer in order to develop better connected, more supportive and healthy places.

Report by Ros Halley
Community Development Manager, Support in Mind Scotland

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Foreword

Well Connected Communities is the latest step in our aim to embed a community development approach into improving mental health support in rural Scotland.

Emerging from our recent national survey with Scotland's Rural College exploring the experiences of people with mental health problems living in rural Scotland, Well Connected Communities explores further this survey's main findings: the importance of low-level non-clinical support; and the impact of local attitudes and awareness on people's views on how supportive their community is.

Working across 5 specific rural areas, our project sought primarily to uncover people's views on these key issues, and we are indebted to the hundreds of people who came forward to talk openly about very personal experiences, providing this rich and remarkable insight into what really matters to people on a day to day basis.

Certainly, we heard how important local services are, with one of the key priorities being to get the right help at the right time. We also heard about stigma and the need for more sustained and co-ordinated awareness campaigns. But what we also heard was the importance of simply getting together - day to day regular and ordinary community interactions that created a sense of belonging; gave a sense of purpose.

Since embarking on this work in 2015 the policy context has evolved, creating the right kind of environment in which to have this conversation. Firstly, we have seen the Government's 10-year Mental Health Strategy, which gives welcome prominence to rural mental health with a specific commitment to support the partnership approach embodied by the National Rural Mental Health Forum; and secondly, we now have a draft loneliness and Isolation strategy, "A Connected Scotland", which embeds the importance of building community connections into the heart of tackling this most entrenched of health inequalities.

Well Connected Communities was developed in this spirit of bringing organisations, communities and people together and has created a body of evidence around what is possible with a fresh approach and community engagement. The results have strengthened our commitment to view developing mental health support through the prism of strong community connections and has confirmed our direction of travel away from acting as one organisation developing bespoke 'traditional' services; towards a community development approach working in genuine partnership with local people who know what matters to them.

Frances Simpson, Chief Executive of Support in Mind Scotland

1. Executive summary

Communities around Scotland are facing some significant 21st century health challenges. To address real issues in some of our most fragile and rural regions, this study took a holistic look at the experience of mental health from the viewpoint of rural residents and explored the potential of community-based, low level and non-clinical supports to improve mental health. The report draws specific attention to the concerns of people living in five rural areas of Scotland (Argyll & Bute, Ayrshire, Dumfries & Galloway, the Western Isles and West Lothian).

In addition to assessing how mental health experience may differ linked to age, gender, geographic location and other factors, the report also provides an indication of future social, economic and environmental development opportunities linked to mental wellbeing in Scotland's rural areas.

Key findings:

Supportive Communities

- Respondents and participants identified a supportive community as being a community that 'looks out for each other'. A place where people do things together. People do not want mental health to be siloed, they want open friendly places that are accepting of everyone.

Low Level, Non-Clinical support

- People want companionship through groups, support and advice and activities which are offered at an appropriate level for ability and age and that link to a variety of interests. These activities should be locally available, regular, in the evenings and at weekends. Some friendship or 'buddy system' was also regularly proposed.

Existing Useful Support

- The most useful support was considered to be in the form of those places that were open regularly, were welcoming and free to use. A safe place to go, a meeting place where positive interactions occur.

Connections and Local Assets

- Most respondents generally felt that communications about mental health could be much better. May felt that there needed to be a one-door approach to getting information. Younger people felt that schools and colleges could be doing much more. Older people seemed to be more focussed about the locality, making civic spaces and shops more welcoming.

Change One Thing

- People want to know that they can get the services they need quickly and efficiently. More awareness of mental health in society is required to develop acceptance and change societal attitudes.

Improving Mental Health

- People want to see mental health being given the same status as physical health. They want to develop a better understanding, they want to see better local resources and they want to feel a stronger sense of community.

A few survey facts:

- 378 individuals participated in the survey generating 2,192 written responses.
- Across the pilot areas, the Community Workers managed to successfully engage a range of hard-to-reach groups including: homeless people; those with alcohol or drug dependency; people with prior convictions; people with a disability; people living in single parent households; children in care and people from Black and Minority Ethnic communities (BME).
- Overall 39.15% of respondents regarded themselves as coming from at least one of the disadvantaged groups.
- 72.85% of survey respondents stated that they had a lived experience of mental ill-health.
- The highest level of experience of mental ill-health was in the 26-49yrs category of respondent (80.92%).
- The highest level of mental ill-health was for those with a dependency on drugs (94.74%), followed by those in single parent households (93.55%) and those with a dependency on alcohol (88.24%).
- The survey did not show any distinguishable link between employment and the level of lived experience of mental ill-health.
- 27.08% of survey respondents stated that they were Service Providers. Of these, 68% stated that they also had a lived experience of mental ill-health.
- 21.89% of survey respondents felt that they were subject to inequalities. For all of the hard-to-reach groups the results were higher.
- 100% of respondents with a disability stated that they felt subject to inequalities.

In addition to the survey and focus group sessions, 39 good practice examples were gathered by the Community Workers over the period of the study. A summary is provided in Appendix 3. Full details of these good practice examples and contact details for 220 organisations identified as part of the mapping exercise are provided in the area reports. These reports are available from Support in Mind Scotland Head Office (contact details at end of report).

The suggestions made by survey respondents and focus group participants shaped the key messages and recommendations presented towards the end of this report.

2. Background to the project

Between December 2017 and March 2018, Support in Mind Scotland (SiMS) embarked on a study entitled 'Well Connected Communities', a brief exploration into mental health experience in rural regions in Scotland. This report outlines the key findings of the study into how mental health is experienced in a rural location by individuals, many of whom were identified as being from hard-to-reach or disadvantaged groups.

The project was funded by the European Social Fund & Scottish Government through the Aspiring Community Fund. The project team comprised of Ros Halley of Support in Mind Scotland and four Community Workers.

In developing the study, SiMS sought to understand how communities currently support or could best support those with mental health issues in the future. The study captured the experience of mental health in the five pilot areas and to some extent highlighted differences between the different target groups. The focus for the study was however on *how* communities become better connected and more supportive places for those experiencing mental ill-health and what changes could be initiated to improve mental wellbeing for all.

Building on from the previous study 'National Rural Mental Health Survey Scotland' (Professor Sarah Skerratt et al, SRUC, 2017), this new study was set up to further investigate the key findings. The Well Connected Communities study focused on seeking insight and community-based solutions to boost health for people of all ages, incomes and locations. The consultations focused on understanding the needs of those with experience of mental ill-health and attempted to identify solutions from the inside.

This research is intended to build understanding about how individuals, groups, authorities and third-sector organisations can support and strengthen communities to improve mental wellbeing. Essentially, the study aimed to answer 'How do we change physical, environmental and cultural environments to improve people's mental health?'. It was hoped that ideas around creating a community-powered approach to creating healthier rural communities would be unpacked.

More details about the current national mental health strategy, project partners, the aims and objectives of this project and project methodology can be located in Appendix 1.

3. Our approach

The project clearly set out from the start to capture the views of hard-to-reach people within selected fragile rural communities. For this project the hard-to reach is defined as those who are experiencing mental ill-health within the European Social Fund (ESF) target populations: workless households; lone parent households; homeless people; and people experiencing other forms of disadvantage or inequality, for example: disabled people; those with alcohol/drug dependence; ex-offenders, looked after children and BME communities. In addition to targeting resources at the hard-to-reach people, the study required a focus on capturing the experience of residents living in communities experiencing weaker socio-economic performance. Based in five geographic areas identified by the Socio-Economic Performance (SEP) Index of the James Hutton Institute (JHI) (2015), the project involved mapping mental health experiences in Argyll & Bute, Ayrshire, Dumfries & Galloway, the Western Isles and West Lothian.

The project team arranged to meet with individuals and groups operating in each of the areas and undertook a consultation with stakeholders about services and supports available. A key part of the study involved creating and distributing a survey which was circulated by organisations in each area and promoted to individuals via social media. In total 378 surveys were completed and 2,192 statements received. A summary of the key survey findings can be located in Appendix 2.

The project team concluded the study by organising focus group sessions with local stakeholders, specifically targeting groups working with people falling into one or more of the ESF defined disadvantaged groups. These sessions were designed to identify future opportunities. The work undertaken by each of the Community Workers over the 4-month period of the study is presented as a separate report, one for each of the pilot areas. This detailed work and the findings of each area report has contributed to this final study report.

Our research is not primarily about the characteristics of the five regions, but rather about the overall experience of mental health in rural areas of Scotland. By looking at the results across all five regions we hope to focus minds on 'the glue' that connects us all and contributes towards making more supportive, healthier and well-connected communities.

Our key research questions were:

What does a supportive community look like to you?

What do you want low level, non-clinical support to look like?

What support and resources exist in your area?

Which connections, resources or assets do you think could provide more support?

What improvements would you like to see?

What matters most to you?

4. Mental health & communities

Communities across Scotland face pressing health challenges that are different from those experienced in the past, brought about through people living longer, changes in family structure, economic pressures, low levels of exercise, diet and environmental pollutants. As well as obvious physical health disorders, there are also tremendous mental health challenges today. The term mental health is used in many different ways. It applies to a continuum from emotional well-being like happiness and sadness, to mental disorder like the acute reaction that can happen due to stress, to mental illness like schizophrenia. Many mental health problems are preventable, and many are treatable, so people can either fully recover or manage their conditions successfully. With 1 in 4 adults experiencing at least one diagnosable mental health problem in any one year, we have all seen, and often personally felt and experienced, the impact of mental health problems. It is important to note that this statistic is based on those individuals who have come forward for support or have been formally diagnosed. Given the high number of individuals who do not, for whatever reason, ask for support this ratio is likely to be much higher.

The Scottish Government's ambition for mental health makes clear that mental health problems must be dealt with the same commitment, passion and drive as physical health problems. The inequalities that drive differences in physical health outcomes are the same inequalities that detrimentally impact on mental health. Poverty and social exclusion can increase the likelihood of mental ill-health, and mental ill-health can lead to greater social exclusion and higher levels of poverty. The strategy makes clear that all partners must act on the knowledge that failing to recognise, prioritise and treat mental health problems costs not only our economy, but harms individuals and communities, including those people in the most marginalised of situations. For each case of stress, 29 working days are lost per person per year and it is estimated that mental ill-health costs the UK economy around £99 Billion per annum[1].

The Scottish Government highlights the following factors:

- Prevention and early intervention;
- Access to treatment and joined up accessible services;
- The physical well-being of people with mental health problems;
- Rights, information use, and planning.

Inequality related to disabilities, age, sex, gender, sexual orientation, ethnicity and background can all affect mental wellbeing and incidence of mental illness. Some groups are more likely than others in our society to experience mental ill-health and poorer mental wellbeing - for example, people who have experienced trauma or adverse childhood events, people who have substance-use issues, people who are experiencing homelessness and people who are experiencing loneliness or social isolation.

The national strategy clearly identifies that success in mental wellbeing will not be determined by work undertaken by the NHS and local authorities alone, but by how the wider society thinks about mental health and in the way that communities organise themselves to be able to support the most vulnerable in society.

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[1] https://www.mind.org.uk/news-campaigns/news/stevenson-farmer-independent-review-into-workplace-mental-health-published/#.WtS_RojwaM8

It is widely understood today that prevention and early intervention are key to minimising the prevalence and incidence of poor mental health and the severity and life time impact of mental disorders and mental illnesses. It is also widely understood that there may also be specific issues around access to services and support for those living in remote and rural communities.

In 2016 a partnership was formed between SRUC Rural Policy Centre and Support in Mind Scotland. This new partnership collaborated to undertake research to identify rural-specific issues and inform policy and practice. The resultant 'National Rural Mental Health Survey Scotland' identified that 'community' is experienced in many different ways, with local connections being close and strong for some, while being judgmental and parochial for others. Responses were mixed about how supported respondents felt within their community, with the majority stating that they do not feel able to be open about their mental health problems in their community.

The key findings of the National Rural Mental Health Survey can be summarised as:

- There is a need for low level, non-clinical, pre-crisis connections delivered close to the place of need and more quickly

- There is a need for greater understanding of mental health and a need to overcome social isolation and address the issue of stigma and prejudice in communities.

The Well Connected Communities study builds on the original report to unpack the complexities of experiencing mental ill-health in rural parts of Scotland and identify locally generated ideas for improvement. People are the prime focus of the study and this report attempts to weave together a community response around the challenges of mental health in rural communities. Whilst the study focussed on five areas in Scotland, the response is not about the geographic areas per se, but rather about what goes on within the rural spaces.

Equally, whilst the study attempted to engage people from hard-to-reach groups, the report is not about disadvantaged groups, nor does it attempt to create a hierarchy of mental health needs linked to these groups. The report aims to represent a community viewpoint of mental health from a rural community perspective and from the perspective of some of the most vulnerable in society.

The role of the community is central to creating healthier communities. We are reminded that there is much that we can all do to engage diverse voices and collaborate effectively with different partners. The role of community is intrinsically linked to facilitating our connectivity with others, reducing isolation and ensuring that we have access to services and supports which help us all to flourish. How we approach mental health within society and how we create supportive communities can transform communities. People coming together can have an incredible effect on how we feel and different types of engagement can have powerful social benefits that in turn connect to positive health outcomes.

The following section of this report highlights the core findings of the study and summarises the community ideas for mental health improvement.

5. Findings

Core Observations

The first thing to note in the key findings is that overall the picture was similar for all five pilot rural areas. This would indicate that the picture being presented in this report is one of *rural Scotland* and not one of individual regions. Although there were no significant differences between the regions, there were a few interesting differences between the respondents in terms of age, gender and other factors.

A few key facts:

- 378 individuals participated in the survey, providing 2,192 written responses.
- 79.62% of respondents were between 26-65 years old. The 16-25 yrs age group represented
- 10.99%, 26-49 yrs age group 46.38%, 50-65 yrs age group 33.24% and the 65+ yrs age group represented 9.38% of survey participants.
- 72.85% of survey respondents stated that they had a lived experience of mental ill-health.
- The highest level of mental ill-health was for those with a dependency on drugs (94.74%), followed by those in single parent households (93.55%) and those with a dependency on alcohol (88.24%).
- 68.45% of the survey respondents were female.
- The majority of survey respondents were in employment (60.05%).
- 39.15% of respondents regarded themselves as coming from at least one of the disadvantaged groups
- 27.08% of survey respondents stated that they were Service Providers. Of these, 68% stated that they also had a lived experience of mental ill-health.
- Female respondents were only slightly more likely to have a lived experience of mental ill-health than males.
- 21.89% of survey respondents felt that they were subject to inequalities. For all of the hard-to-reach groups the results were higher.

Two general findings to note:

- **Age Group** - Firstly, there were differences between the different age groups, both in terms of the level of responses received and the feedback and suggestions provided. Most responses were received from those between the ages of 26 and 65 years (79.62% of respondents) and most of these were from females (68.45% respondents). The age group 26-49 yrs old were most likely to state that they had a lived experience of mental health (80.92%), interestingly this was also the group with the highest level of employment (73.99%), whilst the over 65s were least likely to state they had a lived experience of mental ill-health (54.29%) and also had the lowest level of employment (11.43%).

- **Gender** - Although the sample is not meant to reflect the actual levels of mental health across the regions, it may be interesting to note that 74.12% of female respondents stated that they had a lived experience of mental health. Although there was a low level of male survey respondents, 69.9% of male respondents participating in the survey stated that they had a lived experience of mental ill-health. Crucially this allows the ideas generated from female *and* male respondents to be captured and presented in this report.

Age and gender also had a role to play in determining to some extent the ideas and suggestions made. These aspects will be presented later in the report.

Points to note regarding disadvantage:

- **Employment** - The survey has identified the complex situation of disadvantage that exists for those participating in the survey. Whilst it may have been expected that those in employment would be less likely to state a lived experience of mental ill-health, this study indicated very little difference, in fact those in employment were marginally more likely to experience mental ill-health according to this survey (73.33% compared to 72.11%). According to this survey, women were more likely to be in employment (65.23%) compared to males (51.92%).

- **Disability** - Many of the respondents had multiple and complex health issues. 18.25% of survey respondents had a disability and of those 82.6% stated that they had a lived experience of mental ill-health, compared to the survey average of 72.85% overall.

- **Layers of health issues** - To compound matters, the survey was able to unpack some of the complexities that exist, in particular where one condition may lead onto other conditions which in time lead onto others. This is seen most clearly in terms of those with a disability. Of those respondents with a disability, 26% also stated that they had a dependence on drugs or alcohol. The focus group sessions also highlighted very clearly these issues, often stating that a physical Issue had led to employment difficulties, isolation and ultimately mental health issues. The highest level of mental ill-health was for those with a dependency on drugs (94.74%), followed by those in single parent households (93.55%) and those with a dependency on alcohol (88.24%).

- **Housing & Family Support** - For those participants with a prior conviction, 57.6% of respondents stated that they had a dependence on drugs or alcohol and for those with a dependence on drugs 21% stated that they were also homeless. 16.1% of respondents from single parent households also stated that they had a dependency on drugs or alcohol, although it should be noted that the numbers of participants from these groups were low.

Points to note about inequality:

- 21.89% of respondents stated that they felt subject to inequalities.

- **Gender** - Males were more likely than females to state they felt subject to inequalities 24.75% for males compared to 19.69% for females, however for both groups this figure increases if the respondent has an experience of mental ill-health.

- **Mental Health** - People stating that they had a lived experience of mental ill-health were more than twice as likely to state that they felt the subject of inequality (11.88% of those with no mental health issue compared to 25.47% of those with a lived experience of mental health).

- **Age** - Young people were more likely to state that they felt the subject of inequality 31.71% compared to 20.59% for the over 65s.

- **Disability** - 100% of respondents with a disability stated they felt subject to inequalities.

Although the quantitative results provide a useful snapshot, it is the qualitative responses in the survey and the focus group sessions that place the spotlight firmly on what people feel about mental health and how things could be improved. The survey included six open questions. This report presents only a few of the 2,192 comments and suggestions received. More detail is available in the individual area reports.

6. Supportive communities

One of the key aspects of the study was to explore further what people felt would make a supportive community. In the National Rural Mental Health Survey Scotland 2017, respondents were found to be experiencing their community in different ways, with local connections being close and strong for some, while being judgmental and parochial for others.

In the Well Connected Communities survey and during the focus group sessions, the idea of a supportive community was explored further.

What does a 'supportive community' look like, feel like, act like or mean to you?

Respondents of all ages and gender stated that they wanted a supportive community to 'look out for each other' and to care (41.4%). The idea of doing things together featured highly with 18.02% of respondents specifically stating they felt that local groups are important. To take time to understand differences and to build relationships (16.93%).

Younger people were more likely to state that a supportive community requires greater understanding and less prejudice, whilst older respondents tended to mention neighbours and trust.

Male and female responses were broadly similar.

A supportive community means support for the person, family, carers without stigma. The patient should feel part of the community, regardless of having a mental illness. Other categories of patients who have suffered a heart attack or stroke are not stigmatised so why are we? Remove the stigma and live the life! Male, 65+

"No-one knocks on your door or stops in their car, neighbours don't look out for each other. I stay indoors with my door locked. I am very depressed. I have become a recluse. Nobody helps you. I suffer lots of problems and have done most of my life" Female, 50-65

7. Low level, non-clinical support

A key aspect of the study was to explore further what kind of low-level, non-clinical support people would like to have in their local area. In the National Rural Mental Health Survey Scotland, respondents were clear that they wanted more pre-crisis support, delivered locally. They wanted 'low-level' and 'non-clinical' connections. In the Well Connected Communities survey and during the focus group sessions, the idea of a low-level, non-clinical support was explored further.

What do you want low-level, non-clinical support to look like in your area?

Respondents of all ages placed 'groups, support and activities' as being top of the list (68.18% overall) There was no noticeable difference for different genders. Suggestions for the type of activities included: sport related activities; hobbies; interest groups; walking; cafés with chat and cake; lunch clubs and safe places to talk. Younger respondents stated that they wanted a better variety of clubs and activities that were more suited to youth. Older respondents were more likely to mention transport barriers, particularly in the more remote places where evening and weekend services were often extremely limited. In focus group sessions, participants regularly stated that they did not want to go to 'mental health groups' but wanted to mix with different sorts of people. People also noted that they felt that confidence had to built-up gradually, perhaps with 'support buddies'.

"Outdoor activities: allotments to provide outdoor pursuits which can be linked to healthy eating and cooking. Walking groups, perhaps linking with (Ramblers Scotland) medal routes in local areas. Cycling groups. Gardening Zones in local areas, to grow plants to improve the aesthetic of the place and to give away fruit and veg" Male, 26-49

"My local art group is good but there is a climate of small groups competing for money and therefore not so united… ideally, I would like groups to know more about each other and integrate more" Female, 50-65

8. Existing useful support

A key aspect of the study was to explore what kind of supports already exist in the pilot areas. In the National Rural Mental Health Survey Scotland, respondents were clear that transport, cost and travel time were barriers to accessing support and that respondents wanted more support delivered locally. In the Well Connected Communities survey and during the focus group sessions, the provision of local support was explored further.

What support do you find beneficial in your area?

Respondents of all ages stated that they found local community support and group activities of most value (69.64% overall). There was no noticeable difference for different genders. Older people mentioned the church as a valued place of support. In the focus group sessions many participants mentioned having good clubs, but that they needed to have clubs and organisations open at the weekend and in the evenings. Some people felt that they needed somewhere to go regularly, more than just one hour or one day per week. Linked to the format of clubs, support or learning programmes, many participants with experience of mental ill-health also stated that they felt incapable of 'signing up' or committing to a programme. There was also a resistance to the idea of completing a support programme and then being viewed as 'being fixed'.

"It's all very well having clubs but in my own experience with mental health, it is very difficult to make yourself get out of the house and attend these clubs due to the nature of how your mental health makes you feel ie. Anxious, paranoid, withdrawn. It would be good for an individual to take you to these things for a certain agreed number of times, until you are in a position mentally to go yourself or that you have met someone at the club that you can go with" Female, 26-49

"I have never needed a lot of support in the past, so I'm not too sure what I would benefit from, a 'men's shed' might be beneficial" Male, 26-49

9. Connections and local assets

A key aspect of the study was to explore what kind of existing resources could be utilised more effectively. A significant part of this work was captured by the Community Workers during the area mapping exercise. Further details of resources and supports available are listed in the area reports. In the Well Connected Communities survey and during the focus group sessions, the use of existing facilities was explored further.

Do you think there are people, connections, resources and assets in your community that could provide *more* support?

Respondents of all ages stated that they found information on local mental health support difficult to access. Better support could be given by GPs, local authorities and social services. There is a clear sense that people are not knowledgeable enough about what is available and that it is easy for people to be passed along through a network of local contacts. There is also a strong awareness that resources are being stretched too far and that gaps are being left to widen. There was no noticeable difference in the answers for the different genders.

Younger respondents stated that they felt that the schools and colleges could do more to promote mental well-being and support those with a lived experience of mental ill-health. Older respondents were more likely to mention transport barriers and were keener to volunteer in the community. In the focus group sessions many participants mentioned needing informal spaces in the community just to sit and talk and the importance of nice civic spaces and friendly local shops.

"I work in the local Co-op. I know that some of our shoppers only visit twice a month and that's the only contact they will have with people. I understand that the Co-op has to rush to make profits, but to be able to give a customer all the time they need would be lovely. I know the Co-op is very much working for their community, perhaps they could be asked to get involved?" Female, 26-49

"It's all driven by money. The further away you are from the centre, the harder it is to get support. There are some groups and individuals to help, but not in the evenings or at the weekends!" Male, 16-25

10. Changing one thing

A key aspect of the study was to identify one thing that respondents would change. In the National Rural Mental Health Survey Scotland 2017, respondents were clear they would like to connect to services before personal crisis and receive low-level, non-clinical connections close to the place of need. In the Well Connected Communities survey and during the focus group sessions, this question was explored further.

If you could change one thing about mental health and well-being in your area, what would it be?

The majority of respondents, regardless of age or gender, felt that getting the support when you need it was the most critical aspect to change. Stigma was cited as something needing to change by 21.05% of 16-25yrs and by 11.76 % of those 65+ yrs. Male and female respondents were equally likely to want stigma to be addressed. In the focus group sessions many people mentioned that societal change had to be guided by national level leadership but also created through local campaigns.

The general feelings expressed in the survey and through the focus group sessions clearly identified that more needed to be done to raise awareness of mental health. Beyond just knowledge, promotional activities are required to develop acceptance and change attitudes in society.

There was also a strong sense of reductions in services, support groups closing down and waiting times for mental health assessment and treatment extending. Anecdotal evidence also suggested that participants felt that the delays in receiving treatment meant that their condition had deteriorated significantly, some stating they had to reach breaking point before any action would be taken.

The isolation people described in the focus group sessions clearly highlighted the additional challenges respondents face when undergoing mainland treatment and dealing with enforced periods of separation from family and loved ones.

"To know that your community knows you are there and who you are!" Female, 65+

"Easier access to mental health services, more mental health support in schools, tackling bullying properly (like actually having a ZERO tolerance policy) would improve mental health in schools greatly" Male, 16-25

11. Improving mental health

A key aspect of the study was to collate suggestions to improve mental health. In the National Rural Mental Health Survey Scotland, respondents were asked what their key message would be to policy makers. Respondents put forward a number of suggestions: making the illness more visible; to listen and respect; understand mental health is a serious issue; shorter waiting times and support for low-level, local contact.

In the Well Connected Communities survey and during the focus group sessions, a very similar question enabled this subject to be explored further.

What single thing do you want to tell others that would improve your mental heath and well being and help you to feel more connected in your community?

Participants at the focus group sessions reported that mental health is not treated as seriously as physical health. Across all genders and age groups, respondents agreed that:

- An appropriate level of mental health support is required.
- A better level of understanding in society is required.
- A stronger sense of community is required.

"I am not crazy or mad. I have a problem that has left me feeling inadequate and this has caused me severe depression. The problem is that as I walk on the street, I get the feeling that people looking at me seem to sense I have a problem and look down at me" Male, 65+

"I was able to improve my own mental health, though I believe it took a lot longer than it would have if I got the right support. Last year I attempted suicide. Writing a depressed teen off as 'just moody' or hormonal' is what takes lives" Male, 16-25

12. Key messages and recommendations

This study indicates that communities can and, in many cases, are already taking a leading role in creating more supportive, healthier, well-connected places. Building on shared values, a clear understanding of context and need, well supported and well-coordinated local groups can create a variety of low-level, non-clinical activities which are and would be beneficial to those with a lived experience of mental health. It is also clear that the sort of low-level, non-clinical, community-based interventions proposed by participants are of benefit to the wider population and contribute to physical well-being too.

Drawing on the findings detailed in this report it is recommended that consideration be given to implementing the following developments:

Nationally

- Reduce the waiting time for psychological services.
- Explore options for 7-day services and out of hours support, extending financial assistance to existing groups if necessary.
- Review mental health services available across Scotland (availability, accessibility and fairness).
- Develop a mainstream mental health awareness campaign to help create more supportive communities and work with schools and colleges to ensure better communication.
- Ensure better national level signposting to services and supports and ensure online services up to speed.
- Develop a measurement for 'improvement to health' into all government supported initiatives.
- Explore options to create a 'Mental Health Friendly' initiative for corporate business and roll out a scaled-down version for shops, community centres and cafés.
- Review options for supporting access to health and fitness facilities to enable people to keep fit and mentally healthy.
- Ensure some town and village spaces are protected as public civic meeting spaces and cultivate these areas so that they are attractive for all age groups and for use all year round.

Regionally

- Use community development approach to empower groups to develop and deliver whole-place approaches to mental well-being.
- Review services and supports locally and ensure better signposting.
- Support locally-led initiatives, especially those reaching out beyond the 9-5 working week.
- Build local knowledge teams and exchange good practice.
- Roll out a programme of Mental Health First-Aiders.
- Develop a regional or local health forum, so that everyone with an interest in mental health can come together an exchange knowledge.
- Review local transport options, including services to rural areas during evenings and at weekends.
- Work with businesses to identify opportunities to make Scottish businesses more understanding about mental health.

Locally

- Develop peer support programmes and create a 'buddy system' to address isolation.
- Create health and wellbeing hubs for everyone.
- Explore options for 'call a friend' helplines.
- Tackle stigma and raise awareness through group participation, education and training.
- Identify, support and grow capacity in local groups to more successfully incorporate mental health knowledge into their activities.
- Provide on-going training to council employees and children at schools, young people in higher education.
- Provide more 'whole family' support.
- Explore opportunities to create simple and improved enhancements to public spaces, shops and workplaces to encourage people to chat and engage.
- Create videos about local mental health support which can be shown in GP surgeries and other local venues.

Concluding Remarks

By implementing even some of the recommendations above, national, regional and community partners can make a positive difference to mental well-being here in Scotland. The ideas brought forward by the communities clearly illustrate that creating well connected, healthy communities are about smarter thinking, better coordination and a real willingness to change. Furthermore, there is a desire to see mental health provided with the same attention as physical health and to build more community-based, joined-up and pre-crisis services which can be of benefit to all. Weaving a stronger and better coordinated community response, strengthens national steps to improve the overall wellbeing of *all* Scots.

There is a real need to change the way that people view mental health and to organise services in ways that avoid stigmatising people even more. Services provided need to fit with what is needed for health and not just what fits with the standard rota sheet. With clearer strategic coordination at national, regional and local level, outcomes for those affected by mental ill-health can be greatly improved.

Finally, the project was called *Well Connected Communities* because there was a sense that stronger social connections needed to be recognised, supported and encouraged across Scotland. Throughout this short study, example after example has been provided to reinforce the importance of human contact, togetherness and care. It is clear that good health is created first and foremost outside the walls of care facilities and that *everyone* has a contribution to make towards creating healthy places.

13. References

National Mental Health Strategy - http://www.gov.scot/Publications/2017/03/1750

Support in Mind Scotland - https://www.supportinmindscotland.org.uk/

National Rural Mental Health Survey Scotland (SRUC, 2017) - https://www.sruc.ac.uk/downloads/file/3332/national_rural_mental_health_survey_scotland_report_of_key_findings

National Rural Mental Health Forum - https://www.ruralwellbeing.org/

MIND - https://www.mind.org.uk/

14. Appendix 1: A closer look at the context

National Mental Health Strategy

The Scottish Government published the new ten-year National Mental Health Strategy on 30 March 2017, the centrepiece for the Government's focus on improving Mental Health. The National Mental Health Strategy is rights-based, and recovery-oriented giving people tools for self-management, delivering to the Scottish Government's ambition for a "sustainable health and social care system which helps to build resilient communities". The policy direction-of-travel comprises a shift towards prevention/early intervention, with services enabling individuals to remain at home, the "reshaping care agenda", Integration Joint Boards and Self-Directed Support.

The Strategy contains 40 specific actions to better join up services, to refocus these and to deliver them when they are needed. Each action is intended to tackle a specific issue and, in this way, the Strategy aims make a positive and meaningful difference to people with mental health issues.

The guiding ambition for mental health means working to improve:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems;
- Rights, information use, and planning.

Through the strategy, the Government sets out its vision for a Scotland where all stigma and discrimination related to mental health is challenged, and the collective understanding of how to prevent and treat mental health problems is increased. There is clear recognition that failing to recognise, prioritise and treat mental health problems costs not only the Scottish economy, but harms individuals and communities.

The strategy recognises that isolation challenges are being "keenly felt by many in our rural communities" with the need for appropriate services and support. The strategy also recognises the need for efforts to deliver on a human rights-based approach, so that people in the most marginalised of situations are provided with adequate support to help achieve a higher level of well-being.

Support in Mind Scotland (SiMS)

SiMS has been delivering services to people with mental health problems and mental illness since 1972, mostly in rural areas including Sutherland, Inverness, Lochaber, Dumfries and Galloway, Fife and Tayside. SiMS has one urban service in Edinburgh. They provide recovery-focused services including emotional and social support, practical help, signposting to health services and crisis intervention as well as providing support to family members and carers.

The organisation has specific expertise in understanding and supporting people with serious illness such as schizophrenia and psychosis, bipolar disorder, personality disorder and severe depression and anxiety. SiMS works particularly closely with health services, aiming to prevent unnecessary emergency admissions to hospital, but also ensuring that people are referred quickly for treatment if needed.

SiMS employs 90 staff across Scotland, supporting around 1500 people a year and its funding currently comes mainly from local service level agreements with statutory partners, with a small Scottish Government grant for national core work.

Rural Policy Centre of Scotland's Rural College (SRUC)

Established in 2007, the Rural Policy Centre is unique in the UK. The Centre operates as a focus for research and knowledge exchange work in rural policy, informing and contributing to policy debates through:

- Conducting research projects
- Issuing regular briefings based on recent research and policy developments
- Organising high profile events
- Through its work, SRUC aims to improve understandings of rural Scotland and to raise its profile nationally and internationally.

National Rural Mental Health Survey Scotland (2017)

In 2016 a partnership was formed between SRUC Rural Policy Centre and Support in Mind Scotland, bringing together complementary skills and knowledge of rural Scotland and mental health respectively. Recognising that experiences of mental ill health in rural Scotland is largely anecdotal, this new partnership collaborated to undertake research to identify rural-specific issues and inform policy and practice. The initial outcome of this partnership was the National Rural Mental Health Survey Scotland (2017).

343 responses were received from those experiencing mental ill health across rural Scotland, covering 94 postcode areas. Respondents were 273 females, 70 males, the majority in the 45-54 age cohort. The majority were in paid employment, self-employed or on government training.

The survey clearly identified "community" is experienced in many different ways by survey respondents, with local connections being close and strong for some, while being judgemental and parochial for others. Responses were mixed about how supported respondents felt within their community, with the majority stating that they do not feel able to be open about their mental health problems in their community.

<u>The key findings of the research can be summarised as:</u>

- Those in employment also experience mental ill health
- Percentages of those self-reporting mental ill-heath were similar for males and females and were also spread across ages, contrary to some stereotypical expectations
- The majority of respondents stated that public transport acts as a barrier to them receiving proper care
- The majority of respondents do not feel they can be open about their mental health problems
- There is a need for low level, non-clinical, pre-crisis connections delivered close to the place of need and more quickly
- There is a need for greater understanding and less stigma in communities

National Rural Mental Health Forum (NRMHF)

A new partnership created in November 2016, the National Rural Mental Health Forum aims to bring together rural and mental health organisations at a national level, to raise awareness of mental ill health in rural Scotland and identify means to address social isolation and related issues. The Government has identified the Rural Mental Health Forum as being central to moving the agenda forward.

Aspiring Communities Fund (ACF)

The Aspiring Communities Fund, which is supported by the European Social Fund (ESF) and Scottish Government (Social Justice and Regeneration Division) exists to enable community bodies and third sector organisations in the most deprived and fragile communities to develop and deliver long-term local solutions that address local priorities and needs, increase active inclusion and build on the assets of local communities to reduce poverty and to enable inclusive growth.

The aim of the Aspiring Communities Fund is to strengthen and empower communities, increase levels of economic activity, stimulate inclusive growth, local service provision and inclusion. Projects supported have community empowerment, capacity building and enhanced capability at a local level at the heart of proposals to tackle poverty and reducing inequalities.

Funding is targeted at the most deprived and fragile communities in Scotland and interventions should reflect local circumstances and needs, aimed at target groups identified by the ESF Programme and local priorities.

On the 24th of October 2017, The Aspiring Communities Fund approved funding for a Stage One Project called *Well Connected Communities,* which would scope the potential for a community development approach to enhance harder-to-reach people's mental wellbeing in fragile rural communities. Initiated by Support in Mind Scotland in partnership with the National Rural Mental Health Forum, the project would form the preparatory phase of a Stage Two project that would focus on co-delivery by communities and multiple partners. Five posts were created at Support in Mind Scotland to carry out the project.

Building on the evidence from the National Rural Mental Health Survey Scotland, which targeted people experiencing mental ill-health across rural Scotland (2016), the core focus of this Stage One project was to:

- Build on the evidence of the Scotland's Rural College (SRUC) / SiMS survey
- Be a catalyst for community-led ideas
- Co-construct priorities and next-steps

Well Connected Communities

AIM The overall aim of the project was to scope the potential for a community development approach to enhance harder-to-reach people's mental wellbeing in fragile rural communities.

The starting point for the Well Connected Communities Project was that a strong and engaged community is seen as central to prevention and early intervention in addressing mental ill-health. In addition to mapping mental health services, activities and support in rural parts of Scotland, the Well Connected Communities project set out to capture rural community voices, identify challenges for hard-to-reach groups and identify priorities for establishing a Stage Two project.

The focus for this project was:

- Firstly, capturing the views of hard-to-reach people within selected fragile rural communities. For this project the hard-to reach is defined as those who are experiencing mental ill-health within the European Social Fund (ESF) target populations.
- Secondly, the project wanted to capture the experience of residents living in communities experiencing weaker socio-economic performance: these are the LEADER areas of: Ayrshire, Dumfries & Galloway, Western Isles, West Lothian and Argyll & Bute.

The Well Connected Communities Project had 3 objectives.

OBJECTIVE 1: Exploration of four key themes:

(Identified in the National Rural Mental Health Survey Scotland)

- Understanding what makes a community "supportive”
- The importance of low-level, pre-crisis connections
- The complex inter-relationship between economic status and mental well-being
- Addressing loneliness, isolation and social exclusion

OBJECTIVE 2: Act as a catalyst in community engagement:

- Community-led ideas for scoping local solutions and their evaluation
- ”Mapping" place-based networks including existing and potential links between communities and strategic players
- Identifying potential roles which could be tested in Stage 2

OBJECTIVE 3: *Co-construct priorities and next steps for Stage 2 application:*

- Focus on pathways to inclusion for the hard-to-reach who are also experiencing mental ill health within the selected communities
- Integrate capacity-building approaches for community members including those experiencing mental ill health
- Unpack the links between mental ill health, economic status and meaningful activity, and role of in-community support

Methodology

Starting on the 4th of December 2017, the team consisting of one Communities Manager and four Community Development Workers embarked on an intense period of exploration into the range of mental health related activities and supports that exist in each of the five pilot areas.

Each Community Development Worker planned their own area activities, making best use of the resources available to plan and action tasks linked to the 3 Key Objectives. Adopting a community development approach, the team reached out to a range of existing groups, services and organisations that were already working in each of the pilot areas and already engaged with a range of disadvantaged groups.

The first step undertaken in the project was to identify a range of questions that would build on the evidence of the Scotland's Rural College (SRUC) / SiMS survey. An online (Survey Monkey) and offline (paper) version of the Well Connected Communities Survey was prepared and targeted at those experiencing mental ill-health in the 5 pilot areas, publicised through the SiMS website, National Rural Mental Health Forum, the Well Connected Communities Team, other organisations across rural Scotland and via social media (Twitter and Facebook). The survey remained open for a period of 6 weeks between the 2nd of February 2018 and 16th of March 2018.

The questions were open and closed, covering personal characteristics including information relating to disadvantage, rural living, importance of community, desired changes in support and suggestions for development. There were 24 questions and the average time spent completing the survey was ten minutes. Given the challenges faced by some of the target audience, a few respondents had to be provided with face-to-face assistance to complete the surveys.

In addition to the survey and mapping resources in each area, the Community Development Workers would also build relationships with local partnerships and encourage open dialogue through various community engagement events. As well as gathering ideas for future development, these events often provided an additional opportunity to add to the mapping information gathered for each of the pilot areas.

378 people participated in the survey and 2,129 written responses from across Scotland were received - 77.7% coming from the pilot areas. 92 from Argyll & Bute, 50 from West Lothian, 50 from Dumfries & Galloway, 66 from the Western Isles, 36 from Ayrshire and 81 from other parts of Scotland. 3 responses did not state location. 72.85% of respondents stated that they were a person with a lived experience of mental ill-health.

The analysis involved both quantitative and qualitative approaches. By bringing together the local level information collated by the Community Development Workers and assessing the overall results of the survey, it was possible to develop a clearer picture of the current situation across all pilot areas, contributing to understanding the wider rural picture of mental health in Scotland.

The analysis focussed on identifying overall patterns of mental health experience in rural Scotland.
The project also identified potential roles and initiatives that could be tested out in the future.

The Well Connected Communities Stage 1 Project ended on the 31st of March 2018.

15: Appendix 2: A closer look at the survey

Characteristics of the survey sample

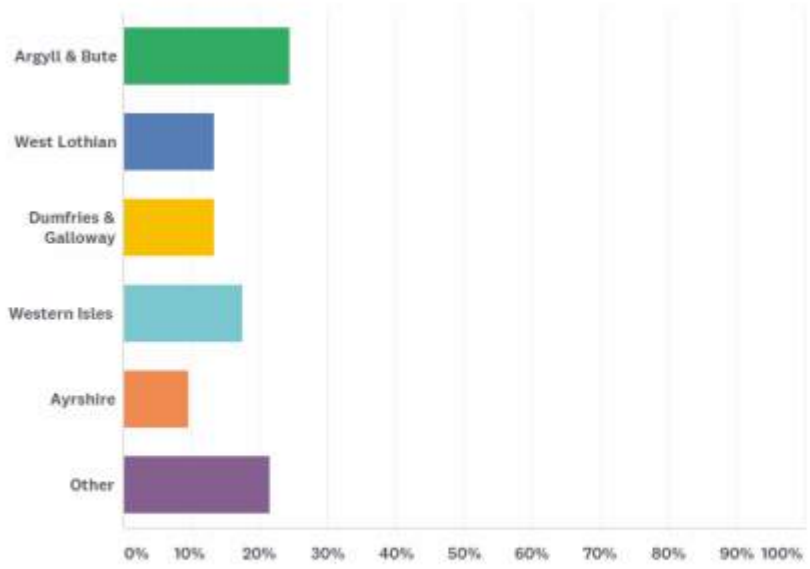
Geographic representation of survey respondents

The survey generated 378 responses from people across Scotland. 77.7% coming from the pilot areas of Argyll & Bute, Ayrshire, Dumfries & Galloway, Western Isles and West Lothian. Respondents selected their region from the drop-down menu, plus had the option of providing the first part of their postcode. Only 3 respondents chose not to identify their location.

ANSWER CHOICES	RESPONSES	
Argyll & Bute	24.53%	92
West Lothian	13.33%	50
Dumfries & Galloway	13.33%	50
Western Isles	17.60%	66
Ayrshire	9.60%	36
Other	21.60%	81
TOTAL		375

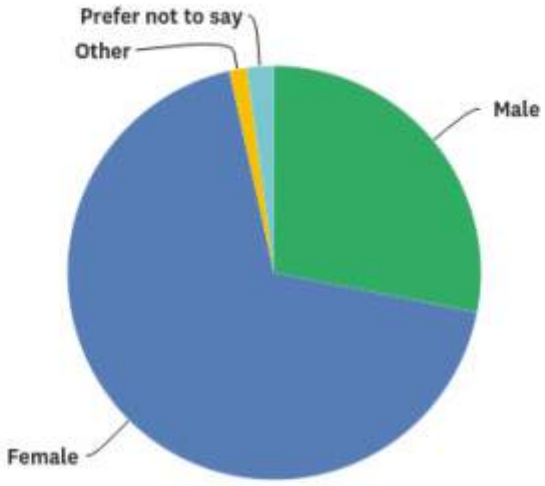
Due to the nature of social media, the survey also attracted wider interest. Beyond the 5 rural pilot areas, 81 respondents also came from 9 other mainly rural postcode areas - Dunblane, Haddington, Kelso, Acharacle, Perth-Dunkeld, Cupar, Loch Lomond, Lanark and Dunfermline.

The response rate and distribution of responses across all 5 pilot areas has provided a useful insight into mental ill health in rural Scotland.



Gender and age of survey respondents

257 of survey respondents were female. 105 males responded and 13 respondents did not wish to say or identified as "other". 4 respondents chose not to answer this question.

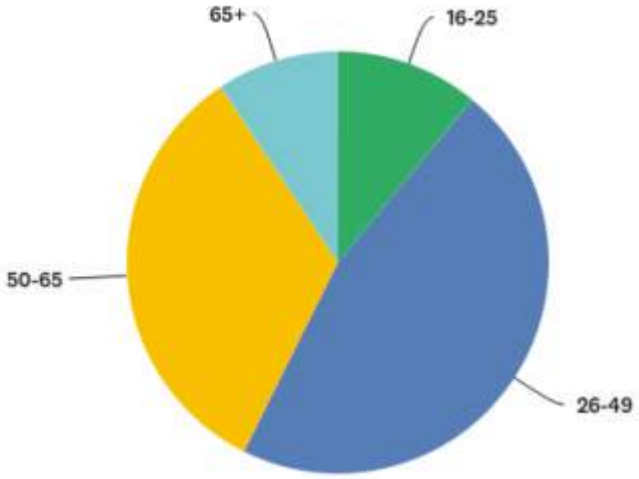


ANSWER CHOICES	RESPONSES	
Male	28.07%	105
Female	68.45%	256
Other	1.34%	5
Prefer not to say	2.14%	8
TOTAL		374

	Argyll & Bute	West Lothian	Dumfries & Galloway	Western Isles,	Ayrshire
Male	19.78%	36%	48.98%	33.33%	16.67%
Female	76.92%	60%	51.02%	63.64%	80.56%
Other / Prefer not to say	3.30%	4%	0%	3.04%	2.78%

Male participation was significantly lower that female participation. Males are typically under-represented in surveys which deal with sensitive or emotional issues. All pilot areas attracted more female respondents, Ayrshire at 80.56% was the highest level. Dumfries & Galloway however managed almost equal levels of male and female respondents.

The age spread of responses was similar across all 5 pilot areas, with 79.62% of all respondents being aged between 25 years and 65 years.



ANSWER CHOICES	RESPONSES	
16-25	10.99%	41
26-49	46.38%	173
50-65	33.24%	124
65+	9.38%	35
TOTAL		373

	Argyll & Bute	West Lothian	Dumfries & Galloway	Western Isles,	Ayrshire
16-25 years	7.61%	8%	4.17%	7.58%	11.43%
26-49 years	38.04%	60%	41.67%	54.55%	42.86%
50-65 years	44.5%	30%	39.58%	30.3%	34.29%
65+	9.78%	2%	14.58%	7.58%	11.43%

The age of responses was similar within both male and female categories. No young males participated in Argyll & Bute, West Lothian, Dumfries & Galloway or Ayrshire, only the Western Isles managed to attract some male respondents in the younger age bracket. No males in the 65+ yrs age bracket participated in either West Lothian nor the Ayrshire survey.

Overall the level of responses from those 65+ was quite low representing less than 10% of respondents. This is surprising given the rurality of the pilot areas. It is difficult to speculate as to the reasons for this, however it may have something to do with the targeted nature of the collaborations with existing groups working with hard-to-reach audiences or it could be to do with the fact that the survey was primarily promoted online

Employment Status

The majority of the survey respondents were in employment (60.05%). Of the survey respondents the highest level of employment was in the Western Isles at 81.82%, followed by Ayrshire (63.89%), West Lothian (56%), Dumfries & Galloway (51.02%) & finally Argyll & Bute where respondents were least likely to be in employment (47.83%).

Overall females (65.23%) were slightly more likely to be in employment than male respondents and this was true for all of the pilot areas, except in the Western Isles where female respondents were slightly less likely to be in employment than males, yet still significantly more likely to be in employment than in the other pilot areas (80.95%).

Similar to the findings of the National Mental Health Survey Report 2017, the profile of respondents may seem surprising as the impression of someone suffering from mental ill-health may be that they are unable to work. These results are even more surprising given the specific target audience of this Stage 1 Project was disadvantaged groups.

In addition to exploring gender and links to employment, the survey was also able to identify that less than half of the 16-25-year-old respondents were employed (48.78%) compared to 73.99% of 26-49-year olds and 59.68% of 50-65-year olds. Perhaps reflecting the changing economic climate 11.43% of respondents over 65 years old stated that they were in employment.

Lived experience of mental ill health

The survey sample is not intended to be statistically representative of the regions. Of those who chose to respond to the survey 72.85% of the respondents stated that they had a lived experience of mental ill-health. Of those choosing to participate, this figure is highest at 81.32% in Argyll & Bute followed by 77.14% of respondents in Ayrshire, 72% in West Lothian, 69.70% in Western Isles and finally 54.17% in Dumfries & Galloway. Interestingly, Argyll & Bute had the lowest level of employment and highest level of experience of mental ill-health.

In addition to generating information about employment and mental health, the survey also allowed a comparison of the levels of lived experience of mental ill-health across age groups, gender and aspects of disadvantage.

The following are key findings from the survey:

68.29% of 16-25-year-old respondents stated they had a lived experience of mental ill health.

80.92% of 26-49-year-old respondents stated they had a lived experience of mental ill health.

68.85% of 50-65-year-old respondents stated that they had a lived experience of mental ill health.

54.29% of respondents over 65 years of age stated that they had a lived experience of mental ill health.

74.12% of female respondents stated they had a lived experience of mental ill health, compared to

69.9% of male survey respondents.

There was a slightly higher level of lived experience of mental ill health in respondents in employment (73.33%), compared to respondents who were not in employment (72.11%).

27.08% of survey respondents stated that they were Service Providers. Of the 101 Service Providers who participated in the survey, 68% stated they had a lived experience of mental ill health.

Amongst Service Providers, the pattern and level of lived experience of mental ill health mirrored the age group results with 50% young Service Providers stating they have had a lived experience of mental ill-health, the highest levels of lived experience of mental ill health are seen in the 26-49-year-old category of respondents (73.77%).

75% of respondents who selected "Prefer not to say" in response to the gender question in the survey stated they had a lived experience of mental ill health. 60% of respondents who selected "Other" as gender category, stated that they had a lived experience of mental ill-health. These respondents represent only 3.4% overall.

75.89% of respondents who stated they were part of another community of interest (farming/ carer) had a lived experience of mental ill-health compared to 71.43% for those not part of another community of interest.

Disadvantage

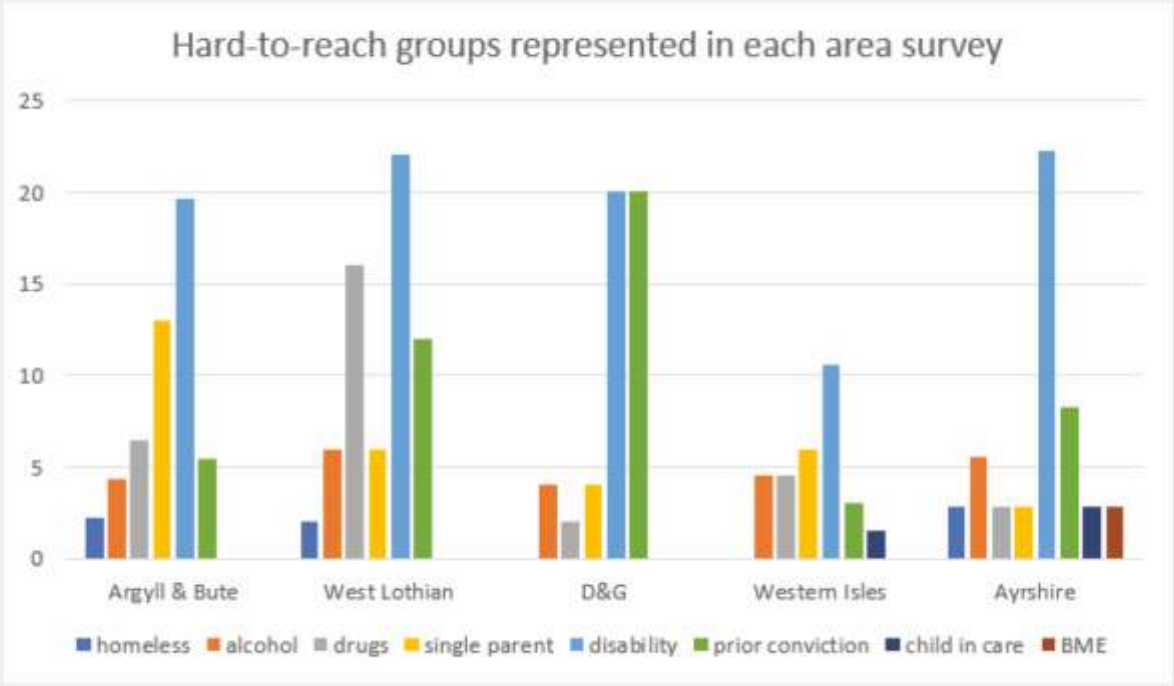
Overall 39.15% of respondents regarded themselves as coming from a disadvantaged group. As noted previously the majority of respondents were in employment (60.05%) and had a lived experience of mental ill-health (72.85%). For unemployed respondents the level of lived experience of mental ill-health was actually fractionally lower than for those in employment. A key part of Stage One Well Connected Communities Project was to unpack any differences in experience of mental ill-health in disadvantaged groups.

For this project the hard-to reach was defined as those who are experiencing mental ill-health within the European Social Fund (ESF) target populations: workless households, lone parent households, homeless people, and people experiencing other forms of disadvantage or inequality (for example, disabled people, those with alcohol/drug dependence, ex-offenders, looked after children, BME communities and other communities of interest).

Questions were included in the survey to explore mental ill-health experience in relation to the following hard-to-reach groups:

- Homelessness
- Alcohol dependency
- Drug dependency
- Single parent household
- Disability
- Prior conviction
- Child in care
- BME Community

Across the five pilot areas, the Community Workers managed to successfully engage a range of hard-to-reach groups. Whilst not intended to indicate the levels of these groups in each area, the chart overleaf shows the representation of the various groups in the survey. Only Ayrshire managed to capture information from all 8 hard-to-reach groups.



The results from the survey has highlighted some interesting differences between the hard-to-reach groups and survey respondents generally, although once again it is difficult to put any great emphasis on these figures as the overall numbers in each groups were low.

The overall survey results can be split into the following hard-to-reach category categories:

16.4% of respondents stated that they had a disability (69 respondents)

3.2% of respondents stated that they were homeless (12 respondents)

4.4% of respondents stated that they were dependent on alcohol (17 respondents)

5.0% of respondents stated that they were dependent on drugs (19 respondents)

8.2% of respondents stated that they were in a single parent household (31 respondents)

6.9% of respondents stated that they had a prior conviction (26 respondents)

Less than one percent of respondents stated that they were a child in care (3 respondents)

Less than one percent of respondents stated that they were from a BME Community (2 respondents)

Overall 72.85% of survey respondents stated they had a lived experience of mental health.

For some of the hard-to-reach groups the results were higher:

- Respondents with a dependency on drugs had the highest level of mental ill-health of any of the target hard-to-reach groups (94.74%)
- 93.55% of respondents from single parent households stated they had a lived experience of mental ill health
- 88.24% of respondents with a dependency on alcohol stated they had a lived experience of mental ill health

- 82.61% of disabled respondents stated that they had a lived experience of mental ill health.
- 80% of respondents with a prior conviction stated they had a lived experience of mental ill health.

It may come as a surprise that the incidence of mental ill-health was lower for two of the hard-to-reach groups compared to the survey average, although in both cases the survey sample was very small.

- 58.33% of homeless respondents stated that they had a lived experience of mental ill health.
- 66.7% of the children in care stated that they had a lived experience of mental ill health.

Overall 21.89% of survey respondents felt that they were subject to inequalities.

For ALL the hard-to-reach groups the results were higher than the survey average:

- 100% of those with disabilities stated they felt subject to inequalities.
- 75% of homeless respondents stated they felt subject to inequalities.
- 36.84% of respondents with a dependency on drugs felt subject to inequalities
- 33.33% of respondents from single parent households felt subject to inequalities.
- 33% of respondents with a prior conviction felt subject to inequalities.
- 31.25% of respondents with a dependency on alcohol felt subject to inequalities.

16. Appendix 3: A closer look at good practice

The following section provides a snapshot of the range of good work being undertaken at community level across the 5 pilot areas. These examples are drawn from the exploratory work undertaken by the Community Workers during the project.

Ayrshire

Heart and Soul Coffee Shop is a local social enterprise located in Cumnock that provides a safe, welcoming space for women, girls and the general community to come together in a spirit of friendship, food and fun. The women and girls run various events throughout the week and the coffee shop is open M-F from 10-4pm. Heart & Soul takes an asset-based, community development approach with the aim of empowering rather than problem-solving. The project is funded by the Robertson Trust.

www.centrestagemt.org.uk

CHIP VAN Is a mobile healthy living hub/centre offering health advice and support to communities throughout East Ayrshire since 2001. Services range from blood pressure checks to advice on healthy eating and exercise, alcohol and drugs, low mood and beyond. The CHIP van also refers to other classes and groups.

www.east-ayrshire.gov.uk/CommunityLifeAndLeisure/ServicesAndAdviceForOlderPeople/ActivitiesForOlderPeople/CHIP.aspx

Argyll & Bute

HEAR4U has been in existence for 10 years at Hermitage Academy Helensburgh, with a partnership of funding from education, Argyll & Bute Addictions Partnership and the Health and Wellbeing Network (HSCP). It is available to young people from P7 to age 25 providing low-level, early intervention support along with counselling and 1-1 support if required. This service is only available in Helensburgh & Lomond and not the rest of Argyll and Bute and there would be merit in examining this along with the recently launched COOL2TALK programme which is a text-based system of support for young people.

www.cool2talk.org

Ewen's Room is a charity set up by Malcolm and Rosie Gillespie after their son, Ewen sadly committed suicide. Malcolm and Rosie have worked tirelessly to raise awareness of mental health and now have 3 support groups running in their remote rural area of Ardnamurchan, along with a telephone friend service Mon-Fri 5pm-10pm and Sat/Sun 12pm-10pm and a regular programme of training in the community and schools. Although Samaritans, Breathing Space and NHS24 are available, people liked the sound of Ewen's Room because of its informal access and local knowledge of rurality and the limitations this presents.

www.ewensroom.com/

Dumfries & Galloway

Branching Out is a 12-week woodland-based mental health programme designed by Forestry Commission Scotland (FCS) to improve the health and wellbeing of adults experiencing mental health difficulties. Participants spend 3 hours a week in an outdoor setting participating in various activities to increase confidence and skills. In Dumfries and Galloway, the programme is delivered by Instinctively Wild, a social enterprise that focuses on "reconnecting people through nature".

www.instinctivelywild.co.uk

Instinctively WILD

Forestry Commission Scotland
Coimisean na Coilltearachd Alba

Shine is a national mentorship program for women offenders aimed at reducing re-offending upon release. The mentors provide support as the women transition back into the community helping them navigate some of the issues they may face in relation to reintegrating and establishing stability.

The Shine service is provided by Apex Scotland throughout Dumfries and Galloway as part of the Public Social Partnership (PSP).

apex scotland

shine
Women's Mentoring Service

www.apexscotland.org.uk/services/shine-womens-mentoring-service/

Western Isles

Cothrom, meaning opportunity in Gaelic, is a Community and Development organisation based in South Uist & Barra. Training is their main focus of work with a diverse portfolio of adult learning opportunities. They offer a range of support services to those with additional needs including volunteering, work placements, and job coaching. Specific addiction services work is delivered through weekly drop-in sessions; mentoring; therapeutic gardening and awareness raising events.

www.cothrom.net/

Bùth Bharraigh is a community social enterprise hub. Friendly and welcoming, somewhere to pop in for local produce, gifts, souvenirs and a chat.

www.barrahebrides.com/bth-bharraigh

Tagsa Uibhist, a voluntary organisation in the Southern Isles of the Outer Hebrides. They provide services throughout the islands of Uist for the benefit of the elderly and vulnerable populations in the local community. Their Mental Health & Wellbeing Outreach Project aims to act as a point of contact within the Uist community, offering support and information to help individuals manage their mental health and wellbeing. The service is available for adults living throughout Uist who are experiencing mental ill health and/or emotional difficulties.

www.tagsa-uibhist.com/

West Lothian

OPAL (Older People, Active Lives)
This Cyrenians service aims to maintain or increase older people's independence and well-being across the West Lothian Council area. It is delivered in association with West Lothian Health and Social Care Partnership by a team of dedicated, trained volunteers who offer encouragement, companionship and support to help older people engage in social, leisure and community activities for a period of up to 9 months. OPAL supports people typically aged 60 and above who would like to increase their confidence, reduce loneliness and isolation and connect with their local community.

Empowering Recovery Programme *- Group Work Programme*
This is a Cyrenians 12 week structured programme, combining psycho-education and cognitive behaviours interventions. The programme aims to assist clients in understanding how addiction effects the mind, body and behaviour and how addiction impedes social life. Learning about the effects of substance use can improve self-understanding, links with communities and individuals in recovery can attain employment or engage in education.

www. cyrenians.scot/

Support in Mind Scotland

6 Newington Centre
Dalkeith Road Mews
Edinburgh, Scotland
EH16 5GA
Email: info@supportinmindscotland.org.uk
www.supportinmindscotland.org.uk

National Rural Mental Health Forum

Email: Jim Hume, Convener: jhume@supportinmindscotland.org.uk
www.ruralwellbeing.org