



Key messages from a VHS Mental Health and Wellbeing Focus Group meeting

Monday 1st June 2015

Introduction

Voluntary Health Scotland's report *Living in the Gap: A voluntary sector perspective on health inequalities in Scotland* (March 2015) drew attention to a correlation between health inequalities and poor mental health, social isolation and loneliness. It highlighted the significant involvement of our sector in supporting people's mental health and wellbeing in many communities and population groups. We decided we needed to explore this theme further and called a focus group meeting on 1st June, to facilitate an exchange of experience, issues and ideas and to begin to scope opportunities for future collaboration. We brought together thirteen small to medium sized organisations whose work spanned older people, children and young people, people in and leaving prison, disabled people, and people with mental illness.

The participants

Lizbeth	Ansell	Open Secret
Michael	Armstrong	Open Secret
Linda	Bates	Action on Smoking and Health (ASH) Scotland
Shaben	Begum	Scottish Independent Advocacy Alliance
Jacquie	Forde	The Wellbeing Alliance
Gina	Headden	Action on Depression
Christina	Hinds	Edinburgh Voluntary Organisations Council (EVOC)
John	Lawrence	Scottish Hypnotherapy Foundation
Annie	McGovern	Place2Be Scotland
Maureen	O'Neill	Faith in Older People
Sara	Preston	Beat
Eric	Ross	Positive Prisons
Jan-Bert	van den Berg	Artlink Edinburgh & Lothians
Laura	Young	Teapot Trust
Alan	McGinley	VHS
Claire	Stevens	VHS
Lauren	Blair	VHS

The agenda

To open the discussion, everyone gave an overview of their organisation's work and concerns. VHS gave a short overview of emerging policy issues and questions. Discussion then explored a number of themes.

Key messages from the discussion

Groups we are particularly concerned for

1. Adults and children with long term health conditions
2. Children and young people with terminal and life shortening illness/conditions
3. People with custodial sentences and people who have experienced prison
4. Older people in care homes
5. Children and adults who have experienced sexual or other abuse

Issues that concern us

1. The stigma and bullying still attached to mental illness
2. Social exclusion, isolation, loneliness
3. Fears and practical barriers that prevent people accessing services
4. Poor awareness and take up of independent advocacy by those with entitlement
5. Absence of person centred, holistic and preventative systems and services
6. Professional reluctance in some parts of the NHS to consider some complementary therapies
7. Prevalence of smoking amongst people with mental health issues or illness
8. Prevalence of depression amongst older people in care homes
9. Prevalence of suicide amongst young people with custodial sentences

Our questions about policy

1. Will the current Mental Health Bill deliver better services for mentally ill people?
2. What lessons (good and bad) are there for Scotland's NHS from England and Europe?
3. Are we clear what the current Mental Health Strategy has delivered?
4. What would we want to see in a new Mental Health Strategy from 2016 onwards?

Our verdict on policy

1. Contradiction and lack of coherence across government policies that have an impact on mental health
2. Costs and numbers seem to speak louder to the government than anything else
3. Short-termism of welfare reform and deficit reducing measures: short term savings to the public purse versus long term costs of their impact on people's mental health (additional use of public services, reduced economic activity etc)
4. The rhetoric is one of preventative strategies, but the reality on the ground seems like crisis management

Reframing mental health

1. Our sector catches those who have fallen through the gaps – let's be as effective as we can at ensuring people's lived experience informs policy and decision making
2. Redefine the language around mental health in order to reframe the context for policy making
3. Emphasise the importance of "kindness and connectedness" in addressing poor mental health
4. Humanise and "de-politicise" mental health
5. Human rights based approaches need to become the norm, not the exception
6. See the whole person – mental health is intrinsically connected with physical health and vice versa
7. Understand and articulate mental health as an issue for the whole of society

Our questions about money and costs

1. An additional £100 million for mental health has just been announced by the Scottish Government [Most present didn't know this]. Is this intended to be accessed at all by the third sector?
2. How do we meet need/sustain services, if public spending flat-lines/reduces whilst demand is increasing?
3. Are we wrong to rule out consideration of alternative insurance and tax models for funding health and care? What models work elsewhere in the world?

Where do we go from here?

1. VHS could survey and report on the extent to which the third sector supports mental health and wellbeing. [ALISS](#) and [SCVO's Get involved](#) mentioned as existing data resources.
2. Let's share and learn from successful or emerging strategic partnership working – e.g. the Scottish Mental Health Partnership led by SAMH, the mental health partnership led by EVOC.
3. Let's collaborate and hold a wider discussion – VHS to organise.

Appendix

Appendix 1: Hilary Campbell – emailed a useful ideas for action paper in advance of the meeting.

Appendix 2: Jan-Bert van den Berg – emailed his reflections post-meeting.

Appendix 3: Information on organisations

Apologies were received from the following:

Hilda	Campbell	COPE Scotland
Liz	Watson	Befriending Network Scotland
Joy	Mitchell	Healthy n Happy Community Development Trust
Maria	Jackson	The Spark
Frances	Simpson	Support in Mind

For more information about this initiative

Contact us to get involved in future discussions and collaboration with VHS around mental health:

Claire Stevens, Chief Officer: claire.stevens@vhscotland.org.uk

Alan McGinley, Policy Engagement Officer: alan.mcginley@vhscotland.org.uk

Lauren Blair, Programme Engagement Officer: lauren.blair@vhscotland.org.uk

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Appendix 1: Hilda Campbell's ideas for action

COPE Scotland is involved in and interested in the following (this list grows in response to need):

- Resilience
- Self-management
- Prevention and promotion of mental ill health/health
- Population based programmes and community capacity building
- Suicide prevention
- Innovation and creativity exploring new approaches and ideas to address issues and challenges around wellbeing
- Co-production and design
- Sharing ideas and resources
- Wellbeing promotion for older adults
- Social isolation and its impact on wellbeing
- Inequality and impact on wellbeing
- Self-limiting beliefs and societal attitudes and impact on wellbeing
- Family cohesion
- Emotional literacy including anger management
- Domestic abuse
- Community safety including promotion of fire safety and home fire safety visits
- Promotion of kindness to the self and others
- Working with others to address the challenges none of us can do alone

Identify some of the issues, challenges and opportunities that participants face in their work

- External stressors which impact on wellbeing which can be hard for services alone to address including:
 - Zero hour contracts
 - Childcare proving barriers to people accessing support/services/work/training
 - Feelings of hopelessness and helplessness people can experience
 - Poor/no employment challenges of welfare reform
 - Unhelpful coping strategies e.g. self-medicating with alcohol resulting in additional challenges
- New procurement methods favoured by NHS and challenges for survival of local services, constant funding quests and multiple funders and convoluted cocktail of funding packages, multiple monitoring reports etc. sometimes disproportionate to the level of funding

- Flux of personnel in statutory services constant changes hard to build relationships for joint working
- Health and social care integration offers opportunities for the third sector to work in new ways with statutory services if there is a willingness on part of statutory services to do so
- Statutory services still not understanding the professionalism exists within the third sector
- Supports offered by third sector interface and National bodies are opportunities

Explore the scope for greater collaboration, promotion, support and influence, including the role of VHS

- The Q Initiative could help with collaboration also sharing information and resources which support promoting wellbeing e.g. Introduction to Mindfulness <https://vimeo.com/117112002> and Mindfulness Meditation Video on COPE's website <https://vimeo.com/116361519> . This is free and anyone can access it - imagine the pool of resources we would have if we all knew what each other had and could share it
- VHS's *Learning to Lead in Health* programme: excellent resource for managers to acquire new skills which can impact on so many levels
- Join forces with other agencies addressing issues of inequality e.g. Nursing on the Edge, the Alliance, VHS. Have a conference: pull together all those who need to be there, present them with the reality of some people's lives and have action planning sessions of how we can work together to make changes. Agree some 90 day challenges
- VHS already have a strong empowering role in supporting third sector services through many channels, e.g. *Learning to Lead in Health*, ensuring voice is heard at the table, and sharing opportunities and learning. Promote this more as it helps increase membership which helps VHS to become even more empowering of the sector
- Scottish Communities for Health and Wellbeing are in dialogue with Scottish Government to secure funds (outline proposal document available): this provides opportunities for collaboration

Next steps

- Is there value to exploring funding for a central resource base to start gathering materials, PowerPoints, wellbeing promotion materials etc which can be accessed and added to - and if funding were available could VHS support this
- Is there learning we have now that we can share? e.g. the wellbeing activist training programme we are running at COPE
- Can we get those who make decisions on people's lives in a room and use some examples of real people to ask the question "what needs to change for this to improve and what are we going to do about it?" The following is a real life case study shared by the Glasgow West Childcare forum:

“Parent X has a 6 year old girl and is a lone parent living in Drumchapel. She has a child that attends After School Care every day during term time and holidays - £55 per week term time and £137.50 per week for holidays.

Parent works part time and was offered more hours, she thought “yes, I’ll do that and save some money to pay the After School Care a bit extra every week to ease the burden of the holiday care fees”.

Parent is in receipt of child tax credits. As she was now working double the hours – it had an impact on her other benefits. The additional income she was getting from working more hours has been taken away in housing rent. Her rent has increased by more than the extra money she is earning.

She is in £1000 rent arrears. After making some enquiries, the parent has now realised that she should not have increased her hours more than 24 per week, once you work over 24 hours per week, it affects the rent you have to pay. Again, this parent is caught in the “in-work poverty” trap.

Parent is very upset as the only time the child gets to play is in the After School care as she is not allowed out at home. Another concern is that the parent – if she works less than 24 hours per week, she will not earn the £137.50 that the holiday After School care costs. She receives £33 (50% of childcare costs) per week from Child Tax Credits.

Parent now feels that she would be better off not working”.

- Have a National Kindness to the Self and Others campaign which promotes wellbeing.

Appendix 2: Jan-Bert van den Berg’s postscript

The main issues that I came away with were:

Our knowledge and that of the people we work with

We very often we don’t exploit our own knowledge or that of the people we work with effectively. What we seem to be drawn into (or possibly even seduced by) ‘high level’ conversations around policy, strategy and legislation, without clearly making the link between this and the experience/ knowledge that we draw on. I like to think that tackling inequalities and other issues within health can be solved by really listening to and working with the people who are directly affected. They have the answers. This is one of the main strengths in our work and our message and should be core to how we engage with the public sector.

Collaboration and cross-sector working

We are often too concerned about articulating our uniqueness, own positions and niche, and miss out on the potential of working together. This should also not just be within the third/social enterprise sector. We need to extend the boundaries and work across disciplines to be able to come up with different ways of tackling the issues our service users face. The conversation about the health service was for me illuminating. We need to look at different models and understand that things shift and change continuously and draw on much wider expertise than the one that says that what we do here is brilliant and what happens elsewhere in the world is rubbish.

Articulating a clear position and message

Very often within these situations we end up articulating who we are and looking at a series of nuanced perspectives. Although nuancing is the strength of the voluntary sector, in terms of its responsiveness and flexibility in providing services - it undermines a clear single/powerful message which the sector needs to articulate when engaging with the NHS or government. This was brought home to me when 'kindness' and 'connectedness' came into the conversation. We should own these phrases and not be grateful that the language of policy is changing - it's only changing because government/politicians are running out of cash and ideas..... I think VHS has most a powerful role to play in consistent and clear messaging which is simple, consistent and forces issues when that is needed.

Appendix 3: Information on Organisations

Summary of organisations

Action on Depression

Action on Depression is the only national Scottish organisation working with and for people affected by depression. We are a user-influenced organisation committed to providing support, raising awareness of depression and treatment options and reducing the stigma that still surrounds the condition.

Gina Headden, Action on Depression
Action on Depression
21-23 Hill Street,
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0131 226 8152
ginah@actionondepression.org
www.actionondepression.org

Artlink Edinburgh & Lothian's

Artlink is an arts and disability organisation established in 1984. Artlink believes participation in the arts has an important role to play in realising personal and social change. Our aim is to increase opportunities to take part in the arts for those who experience disadvantage or disability in the East of Scotland. We offer practical support so people can get involved and work with venues to increase opportunities to enjoy the arts. Artlink establishes partnerships with artists, venues and organisations to help encourage positive change. We want to learn

more about the potential of art within communities, how it can enhance individual lives, how it helps raise awareness when something isn't working the way it should or how it can encourage us to look at issues from a different perspective.

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W: www.artlinkedinburgh.co.uk

ASH Scotland

ASH Scotland, the independent Scottish charity taking action to reduce the harm caused by tobacco, has a stated aim of working in partnership with others to help tackle tobacco-related inequalities. This includes working with people in the field of mental health and wellbeing, to address the above-average prevalence of smoking and tobacco use for those affected by mental ill-health; this can manifest itself as poorer physical health outcomes, higher medication dosage and shorter life expectancy. If you would like to find out more about any of the services we offer, please phone us on 0131 225 4725, email us via enquiries@ashscotland.org.uk or check out our website at <http://www.ashscotland.org.uk/what-we-do/supply-information-about-tobacco-and-health/tobacco-related-research/research-2015/mental-health-2015.aspx>.”

Linda Bates
Development Officer
ASH Scotland
Email: lbates@ashscotland.org.uk
Tel: 0131 220 9481 (direct)
Web: www.ashscotland.org.uk

Beat

Beat is the UK's leading eating disorders charity supporting anyone affected by eating disorders or difficulties with food, weight or shape, with 2014 celebrating Beat's 25th anniversary year. Beat's vision is simple: eating disorders will be beaten. Beat's activities are designed to increase knowledge, awareness and understanding of eating disorders; to provide support, help and information to people directly affected; and to increase the understanding and skills of professional staff.

- Beat in Scotland: <http://www.b-eat.co.uk/support-services/in-your-area/scotland>
- The Cost of Eating Disorders Report – Social, health and economic impacts: http://www.b-eat.co.uk/assets/000/000/302/The_costs_of_eating_disorders_Final_original.pdf?1424694814
- Beat leaflet library [free downloadable information and support resources]: <http://www.b-eat.co.uk/about-eating-disorders/leaflet-library>

Sara Preston, Young People's Participation Officer [Scotland]
Email: Sara Preston s.preston@b-eat.co.uk
Tel: 0131 474 6198

Befriending networks

Befriending offers supportive, reliable relationships through volunteer befrienders to people who would otherwise be socially isolated. Around the UK there are befriending projects which organise effective support for children and young people, families, people with mental ill-health, people with learning disabilities and older people, amongst many others.

The results of befriending can be very significant. Befriending often provides people with a new direction in life, opens up a range of activities and leads to increased self-esteem and self confidence. Befriending can also reduce the burden on other services which people may use inappropriately as they seek social contact.

Liz Watson, Chief Executive
Befriending Networks
63-65 Shandwick Place
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www.befriending.co.uk
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COPE

COPE provides a range of services to individuals and groups based on a community development and regeneration approach.

The skills of the COPE team are used to empowering people individually and collectively to make positive changes to their lives; the lives of their families and local communities.

COPE will continue to explore new ways to help the communities it supports in West Glasgow, through improvements in services aimed at prevention of ill health, promotion of self management and promoting health & wellbeing and working with others to challenge inequalities.

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EVOC

EVOC's mission is to support the Voluntary Sector to build and enable resilient, sustainable and inclusive communities.

Our vision is of a valued and respected Voluntary Sector, in which EVOC serves as a trusted leader, effective strategic partner and model of good practice for the Sector.

EVOC work with Voluntary Organisations who provide services of benefit to Edinburgh communities.

<http://www.evocredbook.org.uk/>
<http://www.edspace.org.uk/>

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Faith in Older People

Faith in older People works to enable a better understanding of the importance of the spiritual dimension to the well-being of older people.

FiOP aims:

- to educate, encourage and support volunteers, health and social care workers, members of faith communities and other agencies to increase their understanding of spiritual care and issues around ageing.
- to deliver events, courses and materials to meet identified need

Our focus is on 'spirituality and ageing'. We define spirituality as 'that which gives meaning and purpose to our lives'.

Research and practical action has evidenced that the spiritual dimension is of great importance as we age. This is a time when we come to terms with issues that matter towards the end of our lives. It guides the achievement of person-centred care by understanding the inner person and their values, and to take this as the starting point for caring practice.

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Healthy n Happy Community Development Trust

Healthy n Happy is the community development trust for Cambuslang and Rutherglen, 2 small towns in South Lanarkshire just outside Glasgow. Formed in 2002 as a Healthy Living Initiative, the organisation soon grew and diversified in response to the aspirations and circumstances of the local communities. Healthy n Happy's vision is for Cambuslang and Rutherglen to be the healthiest and happiest places to live in Scotland.

A community-led charitable organisation, Healthy n Happy services a combined population of 57,000, reaching and engaging with up to 6,000 people of all ages each year in 45 outreach venues. Healthy n Happy's 26 staff, bank of 30 sessional workers, and 110 volunteers, deliver 26 projects as diverse as Stress Management, Bike Town Initiative, Our Place neighbourhood regeneration and a community radio station broadcasting 24/7. Healthy n Happy has also recently acquired a previously disused church hall and refurbished it as a new community hub, and are developing social enterprise activities to support the sustainability of the organisation.

Joy Mitchell, Development Worker
Healthy n Happy Community Development Trust
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Open Secret

We are a national organisation offering support for survivors of childhood abuse. Ours is a specialised service covering all aspects of abuse through services such as advocacy, befriending, counselling, advice, informal support and support groups. We also provide a children's and families service and support for friends or families of survivors. Our 'In Care Survivors Service' is at the forefront of helping with the current initiatives with survivors who have been in residential or any other aspects of care. We are keen to see justice for survivors from these circumstances and this is the subject of a forthcoming national inquiry. This is a link to our website <http://www.opensecret.org/>

Our main contact number is 01324 630100

Lizbeth Ansell Lizbeth@opensecret.org

Mick Armstrong Mick@opensecret.org

Place2be Scotland

Place2Be provides integrated school-based mental health and emotional support services, reaching over 90,000 children in over 230 schools, often in some of the most deprived communities. We take a comprehensive approach, offering counselling services to children and their parents or carers, accredited training for those working with children and young people, and professional qualifications for those who wish to work therapeutically with children.

Annie McGovern, Business Development Manager - Scotland , Place2Be
email: annie.mcgovern@place2be.org.uk Tel: 07803 247 170

Positive Prison Positive Future

Positive Prison Positive Future is a community of interest which draws upon the shared, lived experiences of people who are, or have been subject to punishment in order to improve the effectiveness of Scotland's criminal justice system , reduce harm caused by crime and support those who have been subject to punishment reintegrate in to society.

Contact details:

Eric Ross, Positive prison, Robertson House. 152 Bath Street. Glasgow, G2 4TB
TEL - 0141 353 4312 Email - contact@postiveprison.org

VOX

VOX is a national organization for those who have, or have had mental health problems in Scotland. Its aims are to develop a national organization which will drive policy and practice, facilitate partnership and strengthen the voice of people who have , or have had, mental health problems.

Contact details:

Eric Ross, VOX, c/o the mental Health foundation, Merchants House, 5th floor, 30 George Square, Glasgow, G2 1E TEL - 0141 572 1663 Email - voxscotland@yahoo.co.uk

Scottish Hypnotherapy Foundation

The Scottish Hypnotherapy Foundation is a Scottish based charity with the aim of helping the people of Scotland access hypnotherapy services. It is especially aimed at those who wish those services but are prevented from doing so by financial constraints. It also offers psychotherapy, NLP, EMDR and counselling services. All SHF therapists are CNHC (Complementary and Natural Healthcare Council) registered which means their CPD, Insurance and standards are regularly checked. The CNHC was set up with government

support to protect the public by providing a UK wide register which is approved by the Professional Standards Authority for Health and Social Care.
The SHF is service driven and client centred without profit demand/agendas.

Links: www.scottishtherapy.co.uk

all enquiries to Jo Goss, SHF secretary/treasurer: info@scottishtherapy.co.uk

Scottish Independent Advocacy Alliance

SIAA advocates for independent advocacy. It is a membership organisation that has the overall aim of ensuring that Independent Advocacy is available to any vulnerable person in Scotland. Independent Advocacy safeguards people who are vulnerable and discriminated against or whom services find difficult to serve, empowering people who need a stronger voice by enabling them to express their own needs and make their own decisions. The Scottish Independent Advocacy Alliance (SIAA) promotes, supports and defends the principles and practice of Independent Advocacy across Scotland. The SIAA does this by: Providing a strong national voice for Independent Advocacy organisations Supporting the growth of existing Independent Advocacy organisations Promoting the development of new Independent Advocacy organisations Encouraging existing advocacy organisations towards independence - See more at: <http://www.siaa.org.uk/us/#sthash.Zwp6GjR5.dpuf>

Shaben Begum MBE, Director, London House, 20-22 East London Street, Edinburgh EH7 4BQ 0131 556 6443 | sbegum@siaa.org.uk

Support In Mind

Support In Mind Scotland works to improve the wellbeing and quality of life of people affected by serious mental illness. This includes those who are family members, carers and supporters.

Support In Mind Scotland is a National Charity particularly concerned with serious mental illness. We achieve our mission through campaigning, education and provision of practical help, support and information.

Frances Simpson, Chief Executive

Support in Mind Scotland

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Teapot Trust

The Teapot Trust uses art therapy as a way of helping children and young people cope with long term medical conditions. We know that these conditions can cause anxiety, anger or upset for children and families. Art therapy provides a way of expressing and dealing with feelings, helping children to feel more in control and to cope with their condition.

Laura Young - Founder Teapot Trust

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The Spark

At The Spark, our aspiration is to normalise relationship support for families in Scotland. We all struggle with our relationships at different points in our lives and accessing support early can make all the difference.

Our relationship expertise is at the core of all our services – from our counselling for couples, individuals and families, to the Relationship Helpline, which was launched in January 2013 and is now able to deliver both online and telephone support. The Spark relationship services for children and young people help them to better understand their emotions and develop positive relationship skills.

Maria Jackson

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The Wellbeing Alliance

A wellbeing consultancy dedicated to improving health/wellbeing through insight based training programmes, projects and research in the community and workplace.

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