



# Mental Health and Social Support Linking Research and Practice

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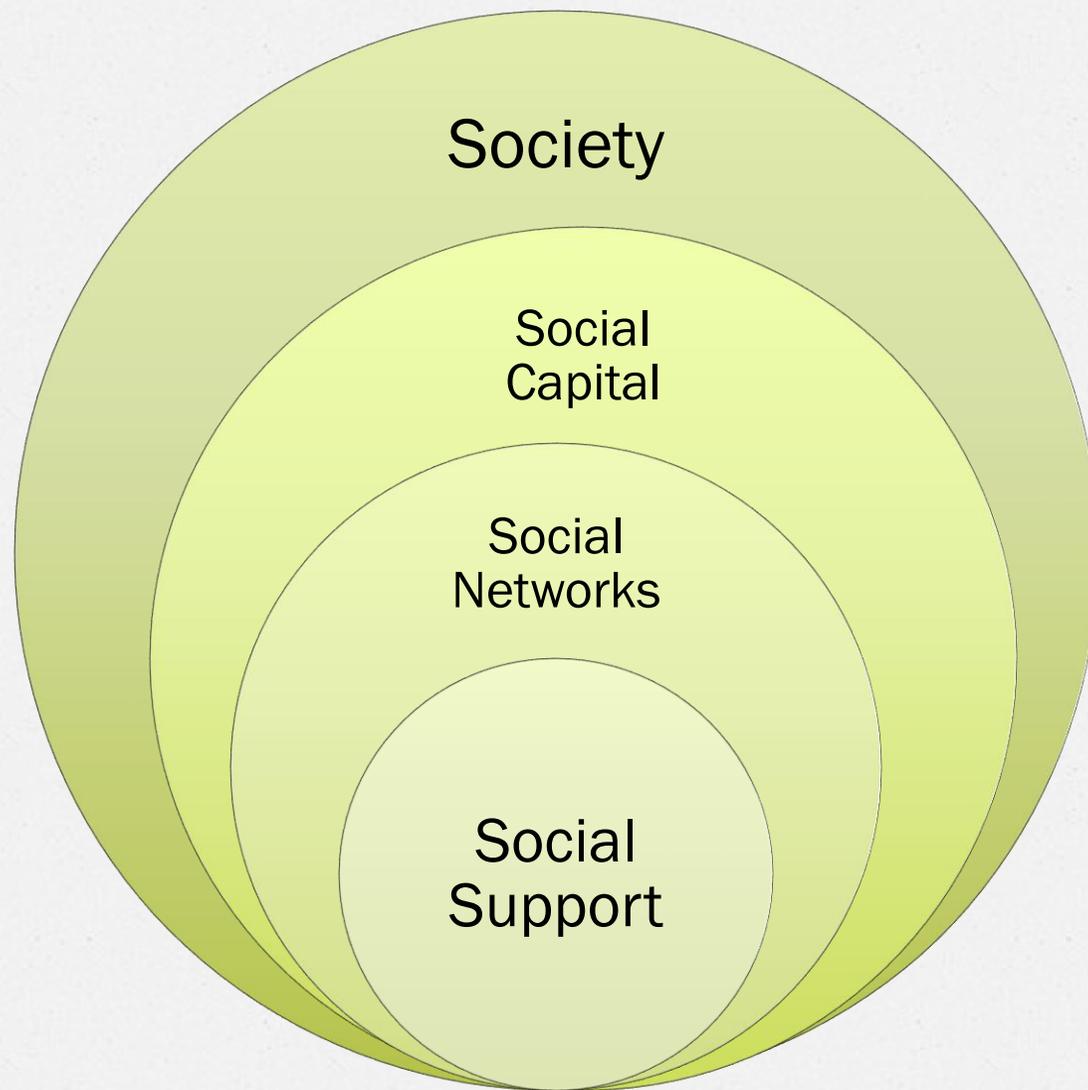
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# Social Support for Mental Health

Jonathan Leach

The Open University





# Impact of loneliness

- o Loneliness is associated with increased risk of a wide range of cognitive and mental health problems. Also with poorer physical health and reduced life expectancy, particularly in relation to an increased risk of cardio-vascular problems (Hawkley and Cacioppo, 2010).
- o The absence of close confiding relationships has been found to be a significant factor in predicting depression and anxiety (Harrison et al., 1999)

# Social support

- o 'Quite often talking is the best form of therapy and having someone who knows you, who you can confide in and can talk back to you on a personal level based on the fact they know you, can sometimes be very comforting.'
- o 'I could not survive without the day to day support of my neighbours and friends. They help my daily functioning and control my money and medication.'

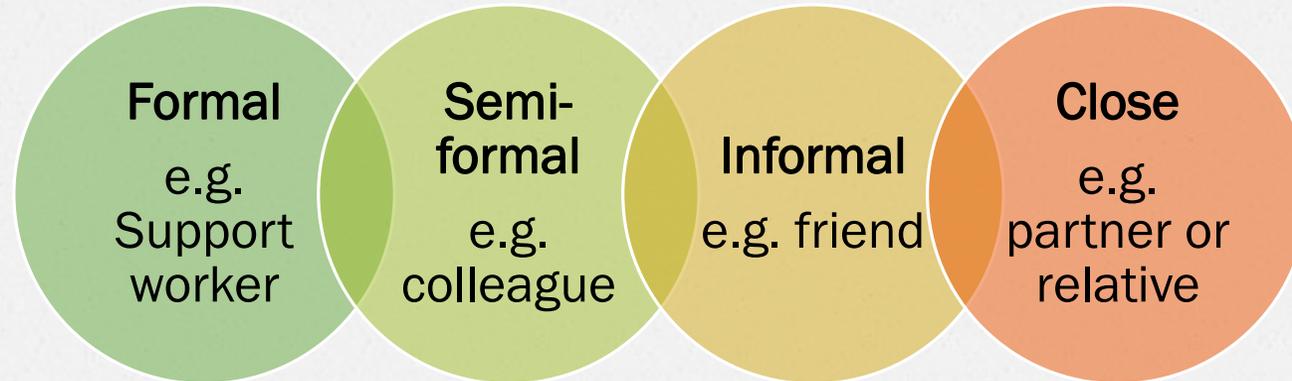
(Respondents to Open University survey, 2011)

# Five elements of social support

- o engaging in friendship,
- o providing emotional support,
- o constructing meaning,
- o offering practical advice
- o giving material assistance.

(Leach, 2015)

# Range of social support



# Friendship

Graham Allan (2010) points to the key role of friendship in affirming a person's identity;

- Friendships are often chosen and nurtured because they help each party to maintain a similar world view and to reinforce their self-images.
- Friendships also seem to develop between people with a similar economic and social status and for hierarchies to be avoided in these relationships.
- Reciprocity is important in sustaining friendships as it helps maintain equality in the relationship.

# Peer support

‘Some friends and family were very supportive, but without fully understanding the problem I was having. Some friends were less than welcoming to me... Since being involved with services and meeting like people, I have made a number of new friends who have been an enormous support and have been able to empathise with me.’

(Respondent to Open University survey, 2011)

# Emotional support

Key components:

- o listening,
- o showing empathy and concern
- o acceptance
- o perhaps trying to lift the person's mood

(Faulkner and Layzell, 2001)

- o Sophisticated comforting messages are the most effective as they are focused on the recipient's needs and show sympathy and understanding of their situation.
- o By contrast, non-sophisticated messages are largely focused on the giver's perspective on the situation and are influenced by their need to provide interpretations and to dispense advice.

(Burleson, 1994)

# Constructing meaning

- o '... sharing experiences to help me understand what I was going through, and how to make sense of it.'
- o 'Colleagues supported my difficulties in remembering or comprehending what was required of me. They were grateful for anything I was able to achieve and encouraged me when I stumbled.'

(Respondents to Open University survey, 2011)

# Practical advice

- o 'Other people who have not experienced the full extent of a mental health problem can think that it is just like when they are feeling down, so they may not offer appropriate support or advice.'

(Student in Leach, 2004)

- o 'People have talked to me. I can't be sure they listened. Lots of advice.'

(Respondent to Open University survey, 2011)

# Material assistance

- o Examples: help with finances, transport, fixing things, learning new skills
- o Can be empowering - enabling a 'normal life'
- o How it is given is important – sense of empathy
- o Can make some people feel uncomfortable through lack of reciprocity

# Three types of 'caring' relationships

- o Positive – the person is seen as an individual rather than being defined by their problems. 'Carer' also looks after their own needs.
- o Emotionally over-involved – can take on too much and become over-protective. 'Carer' can neglect their own needs.
- o Critical or hostile – the person tends to be defined by their problems which are viewed as typical of them and for which they are to blame. 'Carer' may feel resentful, angry and depressed.

(Kuipers et al., 2010)

# Risks involved in social support

- o Confidentiality and trust
- o Catastrophising
- o Disempowering relationships
- o Spoiling friendships
- o Inappropriate advice
- o Unclear boundaries

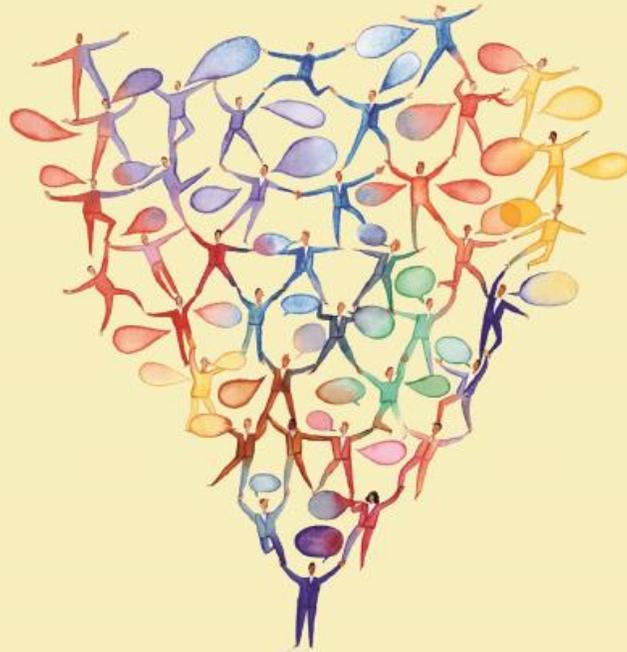
# Social support compared to therapy

‘What this student wanted was to be listened to by someone who really cared about her, not the kind of relationship you get in a counselling situation.’

(Student respondent, Leach 2004)

Talking Therapy	Social Support
Time-limited sessions	More open-ended
Takes place in clinical settings	Occurs in natural situations
Informed by theory and accredited training	Based on informal skills and life experiences
Clear boundaries	Boundaries less defined
Builds therapeutic alliance	Builds friendly relationship
May try to give meaning to experiences	May try to give meaning to experiences
Is likely to be focused on bringing about change	May focus on supporting change
Is likely to avoid giving direct advice	May involve giving advice and guidance

JONATHAN LEACH



Improving  
Mental Health  
THROUGH Social Support

Building Positive AND Empowering Relationships

## References

- o Allan, G. (2011) 'Commentary: friendships and emotions.' *Sociological Research Online* 16, 1, 15. Accessed 04/1013 at [www.socresonline.org.uk/16/1/15.html](http://www.socresonline.org.uk/16/1/15.html).
- o Burleson, B. (1994) 'Comforting messages: significance, approaches and effects.' In Burleson, B., Albrecht, T. and Sarason, I. (eds) *Communication of Social Support: Messages, Interactions, Relationships and Community*. Thousand Oaks: Sage.
- o Corry, P. (2008) *Stigma Shout: Service User and Carer Experiences of Stigma and Discrimination*, London: Time to Change.
- o Faulkner, A. and Layzell, S. (2000) *Strategies for Living*. London: Mental Health Foundation.
- o Harrison, J., Barrow, S., Gask, L. and Creed, F. (1999) 'Social determinants of GHQ score by postal survey.' *Journal of Public Health Medicine*, 21, 3, 283-288.
- o Hawkley, L. and Cacioppo, J. (2010) 'Loneliness matters: a theoretical and empirical review of consequences and mechanisms.' *Annals of Behavioral Medicine*, 40, 218-227.

- o Kuipers, E., Onwumere, J. and Bebbington, P. (2010) 'Cognitive model of caregiving in psychosis.' *The British Journal of Psychiatry*, vol. 196, 259–265.
- o Leach, J. (2004) *Organisational Responses to Students' Mental Health Needs: Social, Psychological and Medical Perspectives*, PhD Thesis, Oxford Brookes University.
- o Leach, J (2015) *Improving Mental Health through Social Support*, London: Jessica Kingsley.
- o Open University (2011) 'Mental healthcare services survey: the results.' <http://www.open.ac.uk/openlearn/body-mind/health/health-studies/mental-healthcare-services-survey-the-results> [Accessed 30/03/2011].
- o Segrin, C. and Passalacqua, S. (2010) 'Functions of loneliness, social support, health behaviors, and stress in association with poor health.' *Health Communication*, 25, 312-322.



# Frances Simpson

## Support in Mind

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# SUPPORT IN MIND SCOTLAND

SOCIAL SUPPORT – COMPANY, MUTUALITY,  
EQUALITY



# Turning people's lives around

## We improve quality of life by working with people to:

- Have more opportunities in life.
- Build confidence and social skills.
- Be more connected to their families and communities.
- Have more stable lifestyles by providing help.
- Be more physically well – exercise, diet, healthy eating'
- **Social Support**



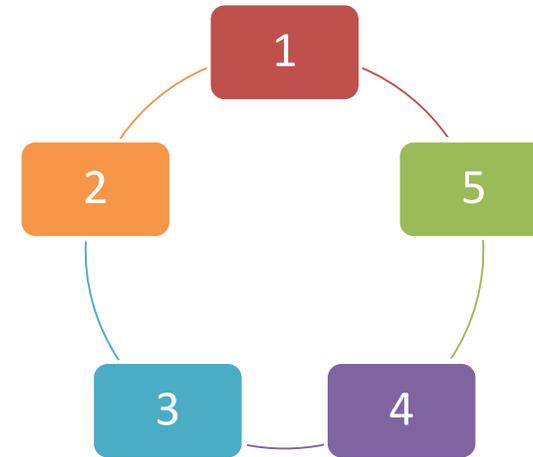
**Annan member  
Jo O'Byrne found  
the confidence to  
sky-dive to raise  
funds for Support  
in Mind Scotland**

## We support people who are hard to reach and engage

- People with serious mental illness including psychosis.
- People subject to compulsory treatment and compulsory measures – those who come through criminal justice who are not well.
- People who have chaotic lifestyles due to historic factors, poverty and lifestyle choices.

## Five elements of social support

1. engaging in friendship
2. providing emotional support
3. constructing meaning
4. offering practical advice
5. giving material assistance



*(Leach, 2015)*

## Social Support in Action: Creating Safe, Supportive Communities

If we feel a sense of belonging and acceptance, if we are valued and treasured and cared for and can share our experiences and our food and our stories, if there are places we can go and be with our own and if there are places in the wider community where we know we will be welcome rather than having to carve out our own acceptance then of course we can begin to think of ourselves in a new and more positive light. And then the ideals of self- management or recovery and of autonomy can flourish in a healthy way.” (Graham Morgan MBE, 2016, Equally Fit Conference)

# Social Support

## Some Questions



- Not an alternative to ‘formal’ services
- Where do social support services fit in this ‘outcomes-focused’, self-directed support world?
- When funding is tight, why do services/projects/facilities bringing people together lose out as being somehow not as important as services that provide individualised packages of care and support?
- In terms of Early Intervention to prevent people reaching crisis, why aren’t we investing in informal ways of people helping people to stay well on a simple, straightforward daily basis?
- Day Service or a Day Centre – why is Social Support misunderstood?

# Social Support

Tackling loneliness and isolation



- Vital to people's wellbeing – not a luxury
- Connects people to each other and to communities
- Gives people routine and regularity/stability
- Keeps people in touch with professional support that can help and identify when things are deteriorating
- Provides possibilities of something else happening – dynamic: interaction; conversation; stimulation
- Shares knowledge – other people know things you don't know
- Shares interests – part of the our culture to share the news/soaps/sport/opinions/ideas/worries.....
- **Share Experiences – Peer Support**

# Social Support

Tackling loneliness and isolation



## Share Experiences – Peer Support

*“There was no need in this situation for formal counselling, or other intervention. The simple presence of a peer was enough.”*

Support in Mind Scotland Peer Support Survey: Service User. 2016

# Peer Support

## SRN Principles of Peer Support

- Hope
- Experience
- Authenticity
- Responsibility
- Empowerment
- **Mutuality**

# Peer Support

## Support in Mind Scotland Survey

- 4 Peer Researchers
- Advisory Group of People with Lived Experience
- How do we already encourage/nurture Peer Support within SiMS?
- What more can/should we do: Paid Peer Worker roles?
- **What role does staff lived experience play in Peer Support?**

# Peer Support

## Key Messages: Service Users

- 84% of service users feel that fellow service users can help each other with their recovery
- 91% of service users feel that if they help another person with mental health problems that they also benefit from providing this help
- 91% of service users feel that the idea of current staff and volunteers sharing their own personal experiences of mental ill health with service users could be helpful

# Peer Support

## Key Messages: Staff

- 61% of staff and volunteers have lived experience of mental ill health
- 45% of staff and volunteers have experience as carers of people with mental health problems
- 73% of staff feel their lived or carer experience influences their work within SiMS
- 85% think using their lived experience in their work is important in SiMS
- 60% share their lived experience with service users

# Peer Support in a Social Support Context



*“One member of staff is very open and has allowed me to understand my own problems”*

***Boundaries***

***Mutuality***

***Openness***

***Acceptance***

# Peer Support in a Social Support Context

*“using and developing skills, laughing, sharing stories/experiences, normalising your own life from other peoples’ experiences, receiving/giving comfort, sharing activities, doing things for others, providing routine...Coming here gives my life purpose and makes me feel like I am worth something”*

# Peer Support



Pauline and Trish from our Glasgow Carers Group –

25 carers of people living with schizophrenia and how they support each other



**Trish Mullen  
and  
Pauline McCulley**

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# Claire Stevens

## Voluntary Health Scotland

### Discussion Session

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# THANK YOU!



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**We welcome new members from all sectors – join us now.**

**[www.vhscotland.org.uk/get-involved](http://www.vhscotland.org.uk/get-involved)**

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