

building
community
well-being

An Exploration of Themes and Issues



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Project Report to the Scottish Executive
April 2003

Prepared for the Scottish Executive by the
Scottish Development Centre for Mental Health,
in association with Scottish Council Foundation and OPM

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Foreword



This report is based on real practical work in real communities. It is concerned with the well-being and mental health of our communities, what this means to communities themselves, and what people working and living in communities feel has the biggest influences on their well-being and mental health.

The findings are important.

- Communities want to be part of the process of taking action – agencies delivering public services need to listen and consult, but for communities themselves active engagement and making a positive contribution are what really matters.
- The importance of children and young people and their place in building healthy communities for the future cannot be over-emphasised. Children will shape the communities of the future.
- There is already practical action in many places. What works well should be replicated more widely.
- Local government has important new powers to promote well-being. We are confident that these, combined with the efforts of Community Planning Partners and with action to build strong safe communities and improve health in the widest sense, will make a significant difference over the next few years.
- Building Community Well-Being is a challenge for us all. Taking a collective approach across government and across local agencies, with communities and with local people is the way forward.

The challenge is to mainstream improving mental health and well-being in our work in community regeneration, supporting people in our communities, improving social inclusion and health, and delivering improved public services.

The National Programme for Improving Mental Health and Well-Being, together with Ministers who are promoting health improvement, community regeneration and social inclusion, welcome this work and look forward to the improvements it helps generate.

Malcolm Chisholm, MSP
Minister for Health and Community Care

Mary Mulligan, MSP
Deputy Minister for Communities



1. Introduction

The project on Capacity Building for Mental Health Improvement was undertaken as an early part of the Scottish Executive's National Programme for Improving Mental Health and Well-being. The project was developed and carried out by three organisations in partnership: Scottish Development Centre for Mental Health (SDC), who led the work, Scottish Council Foundation (SCF) and the Office for Public Management (OPM).

Purpose and aims

The Capacity Building project was designed to find out:

- What people understand by the terms mental health and well-being (and other terms e.g. positive mental health)
- What activities/projects/initiatives people are currently involved in, to improve mental health and well-being in their local areas and communities
- Who is involved in working to improve mental health and well-being (agencies, services, networks, community groups, etc.)
- What the capacity is for local areas and communities to take forward this work in the context of the national programme
- Possible priorities for change and future action to enhance existing capacity and to improve mental health and well-being

The project's overarching purpose was to lay the foundations and create greater readiness for change and action within the national programme and beyond, at both local and national level, to improve mental health and well-being. The core aims are set out below:

Developing the vision and achieving better understanding of what is required

To explore the expectations and aspirations that people have for themselves and for those around them:

- What do people consider to be the main influences on mental health and well-being (both risk and protective factors)?
- What should be the priorities for future action?

Charting the ground to identify what is in place

To ensure that work in this area is grounded in an understanding of what is currently in place that can be built on:

- What is the range of activity already going on, that is contributing to the improvement of mental health and well-being?
- Who is involved in work in this arena?

Assessing capacity for change and action

To establish the capacity needed to support and sustain change of the order required to improve well-being, acknowledging that this may include developing new ways of working as well as building on existing approaches:

- What components make up the ‘toolkit’ of values, attitudes, beliefs and behaviours required to support work in this arena?
- What models of partnership between individuals, communities, and organisations can facilitate action and change to improve mental health and well-being?
- What are the respective roles of individuals, communities, organisations and government in promoting and protecting mental health and well-being and how do these roles inter-relate?
- What capacity is there currently within local areas, networks, partnerships and communities to contribute to the improvement of mental health and well-being?
- What else might be required?

Approach

The design of the Capacity Building project set out to incorporate the following key features:

- To work in a number of local areas to generate materials and ideas of wider relevance and application
- To create opportunity for dialogue and discussion that had the potential to be both exploratory and challenging
- Giving added value, not just conducting yet more consultation with ‘the usual suspects’
- A desire to gather insights and ideas as an iterative process, engaging with local issues and opportunities to ensure relevance and aiming for the co-production of local agendas for action

Choice of areas

To ensure that the project was able to generate ideas and learning that had wider currency and application, the sites selected included:

- an inner city area – the East End of Glasgow
- a freestanding town – Livingston in West Lothian
- a rural area – Badenoch and Strathspey in Highland

In addition to these three geographical areas, work was also undertaken in a New Community School in East Renfrewshire.

Method

The project entailed a series of layered discussions in each of the sites. In the three geographic sites, discussions included:

1. Community groups and networks
2. Services providers
3. A large event involving all stakeholders

In the school site, discussions were held with pupils, support staff and parents. The work was carried out using a common methodology which was shaped differently in each site, to ensure fit with local structures and processes.

Details are given in an appendix of the themes explored and of the range of groups and services included. Separate reports are available providing an account of the work in each of the four sites. A broad range of groups and services took part in the discussions and in the stakeholder events. The project set out to take a whole population approach. In selecting groups to take part, several considerations were taken into account:

- Ensuring a spread of age ranges
- Using what is known about risk and protective factors that impact on mental health and well-being to identify key life stages of critical importance
- Incorporating a range of settings where people live, work, learn and interact

Core group

The project was informed by a Core Group whose role was to bring to bear experience of, and knowledge about, activities and interventions relating to mental health improvement. The Core Group was built into the Capacity Building project to advise on the initial selection of settings and refinement of the approach and, more importantly, to contribute ideas and insights on the themes emerging from the local area work. Membership of the Group was drawn from a range of sectors and disciplines (see Appendix 2 for details).

Reflections on the process

The Capacity Building project was able to create a space for people to explore issues in some depth and provided opportunity and structure for dialogue and debate. In some sites and with some groups this was very positively received as a chance for people to reflect, explore and generate ideas and solutions outside of more formal structures. The project managed to engage in the process a broad range of age groups and people with a variety of experiences.

However, it was not able to reach people who were not part of community groups and networks. Further, the local discussions were less well received by those whose previous experience of consultation exercises had engendered disappointment and frustration.

The Core Group proved to bring considerable value to the project. This Group met three times between March and October 2002, bringing together a cross section of people who would not ordinarily have had opportunity for discussion. The Group found considerable common ground but also had a function in challenging assumptions. Informal feedback from those who participated in the Core Group indicated the perceived benefit of space for reflection and to explore ideas. It was considered a rarity to be able to take time to talk without being driven by requirements of task completion. This was consonant with the benefits some people described that flowed from the project work in local areas.

Structure of the report

This overview report draws on the rich information that was gathered in the course of the project from the many different discussions in the four sites. It begins with a consideration of the factors that were perceived to influence mental health and well-being and then goes on to highlight the changes that would be required to achieve improvement in mental health and well-being. The next section explores issues of responsibility in the following spheres: public services, schools, employment and economic development, civic society and policy/decision making.

There then follows a discussion about capacity which draws attention to the features of interventions which have a positive impact on mental health and well-being and the features of organisations and networks that facilitate improvement in mental health and well-being. This also includes consideration of the capacity and capability needed at national level. The concluding section presents a set of measures to gauge success and track change in a range of settings: in communities, in work and employment, in interventions with children and young people, in the activities of support services.



2. Influences on mental health and well-being

The discussions with community groups and with services explored the range and nature of influences on mental health and well-being. This indicated a set of positive and negative influences, which were largely shared by different age groups and sectors of local communities.

Positive influences

- Relationships: family, friends, company and social contact
- Social activities, entertainment, hobbies and interests, exercise and sport
- Advice, information, reassurance
- Access to support and services
- Money – to enable people to maintain self-respect, keep warm and clean, have a nice house, feel comfortable

There was a series of more abstract influences which were no less important:

- Feeling that you matter and have a role, are useful and are able to make a contribution
- Choice and involvement: feeling involved in decisions that affect your life and the lives of those around you, having your views heard and respected
- Having hope, feeling valued, having a sense of progress and future prospects for yourself, your children and grandchildren
- Feeling proud of what you are part of, what you have achieved individually and collectively
- Confidence and self-worth: opportunities to learn and develop skills (not just academic skills)

Negative influences

The negative factors were often the opposite of the positive influences:

- Negative drizzle of criticism to which young people are sometimes exposed: 'Being tarred with that brush, might as well behave like that'
- Fear: of crime, of victimisation, of stigma and rejection; concerns about safety
- Guilt: about the competing demands of work and home life
- Boredom, inactivity and a sense of pointlessness
- Lack of control and choice about the things which affect you and your family

- Limited horizons – parochialism, territoriality, not being able to think beyond the familiar, patterns repeating themselves within families and within communities because of a lack of belief that things can be better, loss of motivation as a result of past experiences
- Issues of access to services and supports, including distance and transport, delays in getting appointments, having to fight to get what you need, being ‘fobbed off’, patchy availability of services
- Isolation and loneliness; rejection and exclusion
- Poor housing, poor employment opportunities

A sense of purpose, confidence, hope and self-belief come about through relationships between individuals. The relationships that people value are those where they are treated respectfully. Formal services have a role in enabling and supporting people but are not there to manufacture ‘artificial’ solutions that cannot substitute for ‘authentic’ family and social relationships. Service interactions can promote connectivity, put a value on relationships, nurture capacity for self efficacy and peer support. Through social changes and the development of professional caring services, there is a perception that the capacity for mutuality and interdependence has been eroded. Without seeking to go back to the past, we need to find ways of building new forms of connectedness.

Mental health and well-being are mediated through relationships: starting with how an individual perceives themselves and moving out to relationships with others. Actions to improve mental health and well-being have to address the preconditions that facilitate:

- Positive sense of self-confidence, identity, worth
- Relationships between people: within families, within communities, in schools and in workplaces
- Interactions between services and organisations and individuals, families and whole communities

People generally see themselves as part of a complex web of networks and relationships, formed around family, friends, workplace and interests. Local communities where people live are only one dimension. Networks change and evolve through a person’s life. However, many people do still have strong affinities to a place or geographical area.

What emerged from the discussion process was that action to promote mental health and well-being has to recognise the wider structural factors that influence and shape capacity for good mental health and well-being in individuals and communities. Actions need to include, but extend beyond, the development of individual coping resources.



3. Changes required to improve mental health and well-being

Mental health and well-being in the workplace

Workplace themes were subtly different in each of the three local areas:

- Livingston was portrayed as an area with high employment but an underlying sense of job insecurity because of a cycle of economic regeneration and decline, inward investment and closure of key employers locally. Many young people go directly into low-paid insecure work after school
- In the East End of Glasgow there are high levels of unemployment and the focus has been on regeneration, skilling people up and enabling access back to work
- Badenoch and Strathspey was described as having a high level of seasonal employment in the tourist industry, with the insecurity and low wages and income levels associated with that. Many young people leave the area and the absence of good quality jobs and career prospects is seen as a key contributing factor

Discussions in the three local areas indicated aspects of employment practices and features of work settings that were perceived to contribute to the well-being of employees. Work remains, for many people, a highly social experience and the interaction with colleagues/customers/the public is valued. For some people it is clear that the workplace provides a real sense of belonging, identity and of having a valued role.

Employees of a large retail company described the steps this employer had taken to reinforce employee loyalty by promoting social activities and by developing a flat management structure with good communication. This company also invested in local community activities and was keen to be perceived as a stakeholder in the local community.

However, work can also be a source of guilt and anxiety. Perhaps not surprisingly the discussions, which included conversations with a considerable number of public sector employees working in health and social care services, drew attention to a central challenge that many experienced in finding a manageable accommodation between the demands of work and of home life. Flexible hours and conditions of employment enable people to find the best way for them of marrying their work responsibilities with family and home responsibilities. A different illustration of how employers can be supportive of home and family pressures faced by employees was the example of a local drugs support agency in West Lothian which was given access to the workplace to provide drugs awareness training sessions with employees who had teenage children.

When people experience difficulties that affect their well-being at work, it is important that they know where to get help and support so that they can keep their job. There continues to be concern that it is not acceptable to have time off work due to mental health issues.

In the East End of Glasgow, where levels of unemployment remain high, the case was made for greater attention to support for people to get (back) into work, without putting benefits at risk. Reference was made to the need for a range of options to ease people back into employment, for example transitional employment placements.

In all three areas, participants in the discussions suggested a need to look at how aspirations for work and careers are developed through schools, further education and training, to ensure that people of all ages, but particularly young people leaving school, have wider choices that extend beyond low paid, unskilled work. This would entail creating more opportunities for apprenticeships and a stronger orientation toward training and skills development.

It was also felt however, that the importance of paid work should not detract from voluntary work, as a cornerstone of much of community-led development and as a means of gaining skills and confidence.

To build on: promoting mental health at work

ASDA in West Lothian encourages flexible working arrangements to enable staff to accommodate home life with work demands. This includes a range of different shifts and breaks to cover school holidays. The company also allows women to continue working over the age of 60. Employees feel that this flexibility allows them to make choices about how they work, to address the work/home life balance.

West Lothian Council has conducted a health audit of its employees. This highlighted key groups of staff experiencing high levels of stress and led to the development of a computerised Stress Audit tool for use by staff and managers to identify stress-related problems and to plan a programme of remedial actions.

Priorities for action in the workplace:

- Making employers more aware of their responsibilities for employee well-being and making the case that this makes good sense in terms of employee loyalty and performance
- Identifying and promoting employment practices that convey respect for individual employees whatever their position or status within the organisation
- Developing the tools and resources that employers can use to implement good practice policies on mental health and well-being
- Increasing the flexibility of working conditions
- Putting in place mechanisms to provide support to promote job retention for those who experience mental health problems at work
- Proactive development of range of options to enable people to get back to work following unemployment/ill health

Mental health and well-being in local communities

Thriving communities

'Surviving' – getting by and managing to cope – was seen as a necessary but not sufficient precondition for thriving. In aiming to promote the well-being of communities it is important that we do not overlook issues of inequality and ensure that structural/material influences on mental health and well-being are addressed, in tandem with actions to promote skills, coping and resilience.

In this vein, against a backdrop of local low wage economies and relatively high/seasonal unemployment, communities in the East End of Glasgow and in Badenoch and Strathspey made reference to the importance of local strategies for debt management. Decent jobs, good housing and sound transport systems were regarded as prerequisites for communities to thrive.

It was therefore considered vital that aspirations to improve community mental health and well-being were taken forward through robust joint local strategies and implementation processes. What was perceived to be needed were mechanisms to identify and to address local needs for: affordable housing; employment opportunities and skills development; a viable infrastructure of services and amenities, including shops, transport links, schools, leisure facilities and health and social care services. There was recognition that local plans had to link into area/city-wide structures for strategic planning.

In the East End and in Badenoch and Strathspey, a strong sense emerged from the discussions that local people felt removed from wider processes of planning and decision making and had little confidence in decisions made elsewhere. This was played out in different ways: in the East End there was perceived to be a need for local bodies to take stronger strategic leadership and work with wider structures; in Badenoch and Strathspey, some groups expressed their lack of faith that national policy makers had an appreciation of the issues and concerns of rural and remote areas. In addition there was a sense of disillusionment with the formal structures for community involvement and representation and a growing sense of urgency among community groups to find new grounds for engagement and participation.

What matters for local communities?

- Meaningful and effective involvement of local people in regeneration and development
- Public services have a key role in promoting equity: this includes ensuring that the voice of marginalized groups is heard and in combating stigma, discrimination and antisocial behaviour; taking steps to achieve equality of opportunity
- Joined up planning to promote co-location of services; to ensure that transport is aligned with service provision
- Local infrastructure of services and resources: the availability of shops, schools and public amenities, provided by organisations that are trusted, credible and effective so that local people have confidence in how services are run
- Absence of key local services in rural areas can mean people have to uproot themselves to go to where they can get support

Community identity

The question of community identity remained complex. As noted earlier, people recognised multiple allegiances to a variety of communities/networks but also often talked passionately about the issues of a particular community of place. What was evident was the mismatch between the 'natural' affinities that people might have with a particular place and the boundaries drawn by service organisations. The organisation and administration of public services were regarded by some participants as being shaped by considerations of administrative convenience and efficiency, rather than bearing much relation to the lived experience of local individuals and communities. It was clear that for a variety of reasons, including territoriality, available services might not be used because they are not perceived as 'local'. A further linked factor was the preference for services that were provided on a human scale.

In addition, the tendency for public sector organisations to compartmentalise the population by age groups and its services by function was at odds with the holistic response that some people wanted. This led some groups to explore what it might take, to create service capacity to provide a holistic cradle to grave, community-focused response.

Places to go, things to do

Stress was put on the importance of activities, particularly for those not of working age:

- Older people were eager to find constructive and enjoyable activities that kept boredom at bay, engaged and developed their interests and skills and provided social contact
- Range of different groups stressed the importance of physical activity for fitness, as a way of meeting people and as a source of achievement and confidence
- Parents were concerned that there should be activities for children and young people which would satisfy the dual need to keep young people safe and give them sufficient freedom

In Livingston reference was made in several discussions to the importance of public spaces and open spaces in creating opportunities for people to come together: a plea was lodged for a park in the centre of Livingston that would encourage use by families among others. Livingston was repeatedly described as a 'town without a heart' which needed a focal point for people to mingle and pass time, separate from the commercial interactions of the shopping mall. It was interesting therefore, that Livingston FC was perceived as a success in providing a draw for families by actively promoting a family-friendly environment at matches.

Connectedness

A common issue in the discussions that took a different shape in each area was the issue of how social and economic changes impacted on the relationships and connections between groups within local communities, for example:

- In Badenoch and Strathspey, reference was made to: the effects of holiday home ownership on the availability of affordable housing for local people; the migration of younger people from the area; the social isolation arising from poor transport links
- The relatively recent development of Livingston had meant a high proportion of people had moved there, and did not have extended family around them. The relative youth of the population meant that many young people could grow up with limited contact with older generations. Older people in the town described their sense of sadness at the lack of opportunity to reach across the generational divide and find common ground with younger people
- In Glasgow's East End, territoriality was a long-standing feature of some people's lives that influenced their opportunities and choices

This theme of disconnection and fragmentation raises questions about the role services can/could play in creating/reinforcing/countering such trends. First, it was not always evident that service interventions are designed in ways which enable individuals and families effectively to navigate life transitions. Indeed sometimes it appeared that the nature of interventions might in themselves exacerbate difficulties and undermine capacity to cope and to grow through the experience.

Secondly, there may be opportunities to think creatively about the nature of links and relationships that people can build with one another, and to harnessing new technology not to supplant but to complement face-to-face interactions?

A third dimension may to consider how best to ensure that communities have capacity to provide localised and personalised help, to act as guides, mentors and brokers, sources of information and signposts for those who are in need of advice and support.

Services and resources

Issues relating to the range and quality of local services arose in Highland and in Glasgow in particular. In the East End discussions conveyed strong concern about the paucity in the range and quality of local services and amenities and the lack of a viable sustainable local infrastructure. Regeneration of employment opportunities and the development of social housing were key long-term strategies. There was also considered to be a case for taking legislative action to ensure that local residents could secure access to a defined set of services and amenities.

A cogent argument was put forward for developments within local communities to be undertaken by those agencies and services which are perceived as credible and successful by the local community. The creation of new vehicles (such as Healthy Living Centres) for local service delivery was a cause for concern among some. Linked to this was the need to ensure that respected local agencies such as SIPS are enabled to take an active role in community developments, which extends beyond their responsibilities to share out resources.

Listening to communities

Strengthening local communities and investing in their development creates greater capacity for representation and participation. Without creative ways of reaching and engaging with local communities, the same familiar faces come forward, diminishing confidence in the process and excluding other interests.

Discussion highlighted certain preconditions for effective engagement with communities:

- Motivation to become involved is greater where it relates to issues that are of direct immediate concern
- There is a need to look at what may need to change to allow community-generated issues to come to the fore and to reconsider the process of negotiation required to shape priorities
- There is also need to ensure that there are identified processes to resolve conflicts and not to allow these to fester
- Much can be learnt from the processes and experience of SIPS and tenants movements that can be imported to health improvement work
- Public sector organisations have an important role in enabling disadvantaged or marginalised groups to be able to speak up for themselves and to address hidden problems and issues, such as domestic violence

To build on: local community initiatives

Calton and Dalmarnock Credit Union, Glasgow

The Credit Union is an important resource for local people, working to ease worries about money and helping provide for the future. It makes up for the withdrawal of local banking facilities with branch closures. As a membership organisation, there is a strong sense of community ownership. Reliance on volunteers leads to skills development and builds confidence in local people.

Affordable Health and Fitness Project, Badenoch and Strathspey

The multiagency Cairngorm partnership established this project to promote health and fitness. The project employs a qualified physical activity co-ordinator to work with a range of local community groups and with individuals referred for health reasons.

Gaalbaat, West Lothian

Gaalbaat is a small project focusing on health, fitness and beauty for women from ethnic minority communities in West Lothian. It aims to combat social isolation and build confidence and social contact. Gaalbaat is supported by the Community Safety Officer in the local Police Service and by the Council's Equality Officer. The group was formed to encourage women from ethnic minorities to take part in health and fitness activities. It is now often approached by local services as a way of making indirect contact with women who might not otherwise directly access services and resources.

Priorities for action in local communities

- Greater attention to what is local and particular, to align services and developments with natural affinities of citizens to places and to cultures
- Capacity building with decision makers to engage effectively and listen
- Developing the role of public services in providing formal support for informal networks
- Making use of opportunities within community planning and health improvement to take a more holistic approach to community needs
- Recognising and nurturing capacity for voluntary activity with local communities as a resource to tap

Mental health and well-being of people who use care and support services

Discussions in each of the three local areas involved groups who used health and social care services, and those who were carers of people who used services. These discussions explored people's views about services to address health care and support needs as well as the wider issues about mental health and well-being. Discussions in some places were strongly coloured by deeply held feelings of frustration and disappointment at shortfalls and deficiencies in service provision. This dissatisfaction had several aspects:

- The repeatedly expressed need for more flexibility in the hours when services are available, particularly outside of standard office hours. This issue was raised by people with mental health problems
- Loss of faith in service providers arising from the experience of some sets of carers of being worn down by having to fight for services, of being 'fobbed off' and having to 'keep going back'

- Continuing gaps in information, involvement and communication to enable people with support needs to make choices, to take part in shaping the development of services and to get a response when they participate in consultation exercises
- The need to tackle barriers that impede access, including language and cultural barriers, with greater availability of interpreters, using trusted groups and organisations as a way of bringing services closer to people from ethnic minority communities
- Limited opportunities for inclusion in mainstream places, activities and resources, e.g. support for people with a learning disability to use community facilities or to get into work

In relation to the steps that can be taken to maintain well-being, people talked about the importance of social and physical activity, good food, time for themselves, finding ways of relieving stress and opportunities to develop and learn.

To build on: working with service users and carers

Mental Health Advocacy in West Lothian is a collective advocacy project. The project enables local users of mental health services to have a voice in local service development and to take part at national level. The work is rooted in the experiences of local service users across the area. A network of advocacy representatives drawn from mental health services across West Lothian acts as a conduit for ideas and information, linking into service planning and development locally.

Priorities for action

- More attention to what services can do to promote and develop capacity for self-help and peer support
- Evidence of progress in how local agencies respond to the expressed needs of those who use services

Mental health and well-being of children and young people

Regardless of the age group and setting, discussions about mental health and well-being often honed in on concerns about younger generations, their prospects for the future and the resources they required to thrive as they developed into adults.

There was much discussion about the difficulties and challenges that young people face growing up in our society. Growing up in modern times can be a frightening and bewildering process. What is important is to enable children and young people to be able to find a language and a vocabulary to discuss their fears and anxieties without having to resort to harmful means of self-expression. For example it is important to ensure that as they grow up, young people learn how to consult a health care worker about a health issue, and get used to doing this without their parents.

It was noted that young people often lack role models or 'guides' within their local community, to learn about managing transitions and about coping with loss, change and challenges. The increasing atomisation of our communities was seen to make it more difficult to create intergenerational contacts and support. Fear about the safety of children and young people can lead adults to shield them from experiences and opportunities that are important for learning and for developing independence. Discussions also highlighted the worries held by parents and grandparents that the lack of good prospects locally for housing and employment would drive young people away. Behind that also was a lack of hope and of a sense of the future.

Key issues that emerged from these raft of discussions with local community groups and with people working in services included:

- The importance of the attitudes and values embodied in service relationships with young people. Young people have tended to have limited opportunity to participate, or to shape and influence what services offer
- Looking at what can be done to support young people in a range of settings, not only through and in schools, and the importance of working with young people on their territory and on their terms
- Recognising the weight that young people attach to peer relationships and giving greater attention to peer support as a resource to be harnessed
- The need to be prepared to commit to long-term planning, to allow innovation at the margins to be integrated into mainstream strategic thinking and working practices.

Overall, promoting the mental health and well-being of children and young people was thought to require:

- Creating conditions where children and young people are able to thrive
- Working to the principle that children and young people have the right to participate and to be treated with respect
- Awareness-raising to confront the myth that childhood is a time of happiness and health
- Provision of information and advice on a broad array of issues in relation to health and well-being
- Means of identifying problems early and facilitating access to support and help, from a range of sources
- Promotion of emotional health, opportunities for children and young people to develop coping skills, reinforcement of self-worth
- Training required for staff who work with young people to be able to tackle this agenda effectively
- Ensuring effort is targeted at groups of young people at increased risk, e.g. looked-after children. This should also include interventions upstream to prevent family breakdown and support families and communities

Investing in the well-being of children and young people: to build on

A Youth Counselling Service has recently been established in the New Community Schools in East Renfrewshire, funded by the Changing Children's Services Fund. This aims to make school more accessible for young people and to make it easier for them to talk about issues. The service is self-referring and can act as a conduit to specialist help. It is intended that counselling staff will also have a training and development role to enhance staff skills and to develop the curriculum in mental health.

Family First has a network of seven projects across Highland. The project in Badenoch and Strathspey works with families to develop their capacity to become independent and confident contributors to their community. The project offers a support service provided by trained volunteers to families with children under the age of 4. Volunteers, who act as befrienders, help reduce the isolation young families can experience. For families who have special needs, volunteers augment the support provided by other services.

The Social Inclusion Partnership in West Lothian has a particular focus on assisting young people moving from school into work. Local research into the barriers to employment for young people indicated that employers found young people coming straight from school into work to have low self-confidence and self esteem. The SIP was encouraged to undertake preventive work and to develop job readiness with young people.

Priorities for action

- There needs to be a commitment among services who work with children and young people to build personal influence, self efficacy and confidence from the earliest age
- Building capacity among decision makers to engage with and listen to young people within our local communities
- Greater support for parents of teenagers and for teenagers. Parents face difficult challenges in the teenage years in judging the level of attention and supervision and support their young person requires to thrive
- Reviewing the pastoral care and support for young people in schools
- Enhancing capacity for peer support among young people in a range of settings
- Developing a greater range of amenities and resources that young people would use: clubs and places to meet informally with minimum supervision; facilities such as skate park, internet café, holiday schemes: balancing the need to ensure young people are safe and at the same time can enjoy freedom appropriate to their age



4. Improving mental health and well-being: responsibilities for action

This section considers responsibilities for action to achieve improvement in mental health and well-being within local communities and explores the type and order of change that would be required to deliver on the priorities identified above. The section covers: public service providers in general and schools in particular, as the project elicited much material about the role of schools; planners and decision makers locally and nationally; employers; society as a whole in Scotland; and individuals.

Public service providers

The role of public service providers emerged as a central theme of many of the discussions in local areas.

Interaction between public services and the individuals, families and communities they serve

In many ways the experiences that were recounted in the discussion process indicated a loss of trust in public services. This manifested itself in a number of ways but common to what was described was people feeling misunderstood by decision makers, sometimes that decisions made are alien to their way of life, leading to a sense of things being done to them, not with them.

What would help?

- Recognising particularism, promoting localism, not prescribing global solutions, finding ways of providing services on a human scale
- Respecting the natural affinities that people have with geographical place, with historical associations, often runs counter to way in which administrative processes demarcate entities which are designated as communities
- Supporting community development is essential in enabling local communities to take an active part in identifying and working on local issues that affect mental health and well-being. Communities need champions to represent their interests and views – be they community development workers, committed and supportive officials or elected members. Funding and measures of performance and outcome need to be tied in, to further community-defined objectives
- Closing the gap between promise and practice and getting better at communicating with communities, not one-off information exercises
- Promoting organisational and working practices that nurture and earn trust and respect
- Aligning systems to achieve the outcomes desired: funding, monitoring and measurement, inspection and audit

Representation and accountability

The trust that public services engender was related in part to issues of representation and accountability.

What would help?

- Uncovering ways in which involvement can be worthwhile, including more informal ways of involving people
- Moving beyond the preoccupation with the sorts of structures required to promote representation, in order to give greater attention to the quality of participation, recognising the need for this to be evolving and dynamic
- Tackling situations where processes to get community involvement and representation are 'stuck', by thinking creatively to find new ways of influencing design and development of services
- Demonstrating real commitment to hear, value and respond to communities, closing the feedback loop – to achieve this needs capacity building for decision makers

Long sightedness

Attaining improved mental health and well-being in local communities requires commitment and vision of what can be achieved, driven by outcomes, where corporate responsibility is linked to investment. It means resisting the lure of new initiatives when it is clear that innovation at the margins does not challenge the more deep seated problems within large public organisations in their relationships with their local communities.

It also entails tackling issues of equity and power. For example community planning holds promise as a way of bringing together a range of agencies and sectors to focus on local populations, but it does not necessarily address the balance of power between the statutory and the voluntary sector, or between public organisations and local communities.

Realising the importance of relationships and networks

At the core of work to improve the mental health and well-being of communities is the legitimate and necessary role of public agencies in strengthening connections and building bridges. To make this a reality presupposes:

- Demonstrable commitment in organisational and working practices to the centrality of relationships – values, attitudes, behaviours that promote quality relationships, time, presence, respect
- Reinstating the importance of holism and of process: requires moving away from practices that tend to give primacy to content not process of encounters and that tend to manage complexity through categorisation (labelling and compartmentalising)
- Building individual and community confidence and capacity. This begs questions about the skills and qualities that are required of staff to fulfil these functions and about how to prepare and support staff

Attention to process

A repeated plea was for agencies to protect capacity for reflexivity. A critical issue to examine is why services keep acting in ways which inhibit improvement of mental health and well-being improvement in communities. Attention is needed to the steps required to implement and sustain the change in attitudes and behaviour that remain core to effective achievement of the mental health and well-being outcomes that are sought. This means giving credence to processes for learning and adaptation – we know that structural change is not the answer.

We could achieve more by making more effective use of the learning emerging from experience, with enhanced opportunities for communication and co-ordination. This includes recognising the value of informal contacts and opportunities to build familiarity and ease between services.

Schools

Schools were characterised as having to hold constantly in tension the drive for attainment and achievement with a wider social mission to nurture and support the development of young people.

What would help?

- Policy makers, leaders and senior managers in education need to give clear messages and ensure that working practices within schools demonstrate commitment to well-being and to pupil support
- Attitudes and ethos within schools are of critical importance for the well-being of pupils. This points to the continuing need to pursue a culture that communicates respect for and belief in each individual and to counter the attitude of ‘Why bother? They aren’t going to succeed anyway.’
- Attention to the development of guidance and pastoral support in secondary schools, recognising the powerful influence of peer relationships and peer support
- Ensuring that young people have opportunities in the course of their time in school to prepare themselves for adult life, which involves looking at problems in supportive and enabling ways
- Forging stronger links and lines of communication between schools and agencies who have the ability and experience to support troubled young people, as part of a ‘whole system’ approach
- Developing awareness and capacity to identify when young people are encountering difficulties and get them help
- Tackling the barriers that affect young people’s willingness to confide in staff. Schools need to be able to dispel concerns about confidentiality of information disclosed to a member of staff and to counter perceived impact of ‘staff room gossip’. Young people may prefer to talk to a same gender guidance teacher or counsellor about sensitive issues

If schools are an increasingly important vehicle for promoting the learning, development and well-being of young people, we may need to consider further the traditional notions we hold of functions, roles and boundaries and look again at the skills and knowledge based required by:

- Teaching staff in schools
- Services, supports and resources attached to/located in schools, designed to enhance capacity of young people to engage with education, address issues and problems and enhance coping and resilience
- Services and supports in the local community that work with young people and their families, along a spectrum from early intervention, advice and support through to specialist care and treatment

Employment and economic development

From the discussions with people in employment or seeking employment, the following considerations arise for those with responsibility for employment or for economic development:

- Employment practices and an ethos within organisations that convey respect for employees as people are central to the experience of well-being at work
- Changes in attitudes and in practices are required to give more emphasis to enabling people to stay in work (beyond traditional retirement age, when they encounter problems)
- Economic development and promotion stands to gain by efforts to improve 'soft' skills and boost confidence and self efficacy

Civic society

The capacity building work drew attention to a number of wider questions and propositions that merit debate within Scotland to explore the aspirations that we hold for our collective future.

For continuing debate:

- How can we reconcile the drives for achievement, attainment and acquisition with humanistic values that attach weight to the individual qualities (identity, self-confidence and self worth) and interpersonal and collective values (trust, respect, empathy and tolerance)?
- How do we move ahead in ways which enable individuals, communities, professions and organisations to rediscover a sense of action and agency rather than fatalism, and look to the future with hope?
- Are we prepared to value diverse intelligences, not only academic learning and knowledge acquisition but also team-based learning, emotional and spiritual intelligence in all tiers of education and learning, including professional training and development?
- What would it take to recognise and celebrate diversity and address prejudices and stereotypes that arise from fear of 'difference'?

What can we do individually?

- Raise awareness of mental health and well-being in places where it would not ordinarily get attention. Talk up mental health to elected members and representatives. Make the case to employers and planners that what they do has an impact on mental health and well-being and that improving well-being has benefits for them
- Get better at connecting and communicating what we are doing already that contributes to improved well-being

Decision makers: local and national

Mental health and well-being should be seen as everybody's business, for example on the agenda of multiagency organisations like SIPS and an integral feature of partnership processes, such as community planning and health improvement planning. In pursuing the goals of improved mental health and well-being, there is scope to use existing policy ideas and initiatives as magnets to draw in different sectors – in education, using the ideas of health promoting schools; in local government, the concept of local authorities as public health organisations, the emphasis on promotion and prevention in For Scotland's Children, principles of social justice.

Critical issues for decision makers to address include:

- Processes for representation and accountability and, in particular, capacity of decision makers to engage with and hear what is being said and to respond
- Support for local issues through strategic local developments rooted in the identified needs of local communities
- More co-ordination and integration, less ringfencing
- Willingness to take a long-term view, guided by a collective vision of what is to be achieved, investing in prevention and promotion, encouraging risk-taking
- Opportunity to create incentives to generate the outcomes required and to reward promising practice
- Targeting resources at the 'right' level – more should go into preventive work, to reduce pressures on other parts of the system
- Giving priority to work that has a collective, social focus as so much of what has been funded in the past has centred on interventions and supports for individuals
- Preparedness to invest and support change and build capacity to work in the ways required
- Do not lose sight of the need to address inequalities. Promoting individual efficacy, building confident individuals and communities is one strand: the other is attending to wider structural issues and barriers



5. Building capacity for mental health improvement

One of the core aims of the project was to consider the capacity required to achieve improvement in mental health and well-being. Capacity is not only about numbers of services and professionals. It is also about creating environments that promote progress, that ensure people survive and enable them to thrive. Capacity is used here to denote the skills, values, beliefs and behaviours that were identified as important for work in this arena. This section examines working practices and organisational practices before moving on to consider the capacity required at national level to guide and sustain mental health and well-being improvement.

Features of activity and interventions which have a positive impact on mental health and well-being

Discussions in many settings explored with participants the qualities and features which were considered effective in achieving improvement in mental health and well-being:

- Interventions that encourage self belief and reinforce capacity for self help/peer support
- Making people feel at ease, taking their concerns seriously, not 'fobbing people off'
- Creating a sense of hope and promise that is grounded (not unrealistic), gives people reasons to look ahead and believe that change is possible – managing money problems, taking action collectively on things which affect the health of the local community
- Focus on developing and valuing skills, in a wide range of settings not only in formal education and employment
- Recognising the value of social contact and company
- Flexibility and adaptability of response to match individual requirements

Features of organisations and networks that facilitate improvement in mental health and well-being

- Flat not hierarchical; localised presence not remote or centralised
- Demonstrable interest in people as individuals and in specific communities, as indicated by an understanding of the values, beliefs and traditions that matter to individuals and communities
- Relationships characterised by respect and trust; assumption of self efficacy of individuals, recognition of importance of peer support and social connectedness
- Ability to reflect and learn from past actions and behaviours
- Leadership and co-ordination within local areas and communities
- Funding streams that enable longer term investment in prevention and promotion, accepting the slow learning curve, being prepared to wait for results

- Geared to adopt more participative approaches, with support from senior level, reflected in measures of performance and of audit and inspection, e.g. peer review, community-led audit
- Feedback loops are essential in processes of consultation and dialogue with communities, to ensure transparency, to promote openness about how and why decisions are made
- Professional training that prepares and supports workers to interact with individuals, families and communities in ways that promote confidence and build capacity, that enable co-creation of solutions and that value relationships.
- Being open to uncertainty, recognising what we do not know for now but may come to know later
- Facility to work across traditional boundaries, take risks, hold on to the outcomes desired, build cross sectoral alliances – think and act out “of the box”
- Ensuring co-ordination and continuity of support to pick up on difficulties early, respond and refer on as required – connections between and within services where pressure points and risks for individuals are most acute

National capacity and capability

Participants were able to identify what was needed at national level, from the Scottish Executive, to guide and sustain work on improving mental health and well-being:

- Clarity and simplicity in policy landscape to indicate what really matters. The current agenda is perceived as too complex, and the pace too frenetic by those ‘on the ground’
- Raising awareness across sectors and across Government Departments that mental health and well-being is everyone’s concern
- Upstream investment and staying power
- Shift of focus from what works to why, how, and under what conditions
- Be prepared to legislate for things which are important – relying on voluntary approaches may not achieve the outcomes wanted



6. Evidence of success: measuring change

The approaches that were being described as effective in improving mental health and well-being suggest the need to reconsider the ways in which we measure performance and evaluate outcomes. What was looked for were authentic measures of progress on the ground, not top-down, managerially driven indicators.

Measures of change: communities

- Local issues drive local planning and strategy
- Dialogue with communities – feedback given and received; creative ways of engaging communities and decision makers; explicit steps to engage young people
- Resources would be matched to local needs
- More affordable housing for local people
- Improvements in local service capacity to support people in the area without relocation
- Improvements in ratings of confidence and self esteem
- Range and sustainability of community initiatives
- Number of local people trained and employed in new developments, including regeneration
- Increase in base-line of services, shops and amenities that people want
- Increase in use of public service facilities and amenities
- Implementation of local policies on transport
- Action to promote debt management
- Steps taken to strengthen networks and connections: bridges and bonds, including intergenerational working
- Effort targeted on excluded groups, to reduce gaps in mental health and well-being

Measures of change: work and employment

- Economic success – full employment, job security
- More quality jobs for local people, less reliance on unskilled/temporary/seasonal employment
- More people getting back into work, faster, following interruptions due to redundancy, illness, etc.
- More employers attending to well-being of employees through workplace policies and practices
- More people remaining in work with the successful development of job retention initiatives
- Drop in stress-related absence rates

Measures of change: children and young people

- Decrease in crime
- Numbers of young people 'hanging round on the streets'
- Children happy to come to school: decrease in truancy
- Decline in drug and alcohol misuse
- Decline in disruptive behaviour among young people in school – often an outward sign of underlying issues
- More apprenticeship places, greater take-up of further education
- Lower rates of presentation to mental health services – lower need
- Young people report decision makers willing to listen and take account of their views and experiences
- There would be confidence within the local systems of services for children and young people that needs were being picked up early and addressed effectively
- Children, young people and their parents would know where to go to get help with a problem

Measures of change: support services

- Meaningful local involvement of people who use services in their development, planning and operation
- Visible signs of improvement in capacity of local services to meet needs: access, timing and location, cultural sensitivity

Appendix 1 Summary from local sites

Badenoch and Strathspey

Badenoch and Strathspey in Highland was chosen to ensure that the Capacity Building project incorporated a rural perspective. This area was not considered to have been over researched and was of additional interest in the light of the anticipated changes for local communities and in the local economy with the development of tourism and with the establishment of the National Park. The discussions with residents in Badenoch and Strathspey involved a wide range of community groups and local citizens.

Themes

These discussions covered the following key themes:

What is a community?

Participants identified primarily with communities at the most local level, and in Badenoch and Strathspey this involved the particularity of the place and its surrounding environment and geography. The very local and the personal were stressed as important throughout our discussions, primarily that local areas could not be 'managed' externally without some input from people at ground level who knew the area and the key issues affecting it. Throughout the discussions the overarching themes of rurality, remoteness and community spirit were threaded.

What is community well-being? Positives and barriers

People developed a comprehensive list of factors that they considered denoted community well-being. These factors were characterised by the following values of a thriving community.

- Safety and security
- Support
- Communication and community involvement
- Economic sustainability
- Equality
- Diversity

Barriers to achieving these goals of a thriving community were recognised as occurring in a number of spheres – at individual, organisational and societal levels. Examples of barriers included the following:

- Lack of choice across and between services; constrained by poor access to services
- Lack of opportunity and low aspiration
- Diversity of community needs/requirements
- Cynicism due to not feeling listened to and a lack of action after community requests

It was felt that barriers like these were not often recognised by single service providers or statutory bodies; and that different ways of working have to be developed to overcome them. There was a perception that rural areas such as Badenoch and Strathspey are often not well understood, appreciated or recognised by the Scottish Executive, and this in turn impacts upon policy development and implementation.

Badenoch and Strathspey now and in the future

When asked to rate Badenoch and Strathspey as a place to live, it was given an above average score. There was evident warmth towards the area from many, and a wish to uphold and improve quality of life for all in the local area. There was a feeling that quality of life had declined in the recent past; however, there was also a belief that action taken at the local level could have a significant effect in stemming this. There was significant enthusiasm when looking into the future about opportunities available to individuals and groups, and particularly about the resources that the area already has and that could be built upon.

Actions and responsibilities

At the stakeholder workshop participants worked through key actions and targets to achieve enhanced well-being and quality of life for all in the local community. People concentrated on five key themes developed in advance following the local discussions – services for younger people, housing and accommodation, local services and neighbourhood, work and money and economic sustainability.

Housing and accommodation

This topic was regarded by participants as of the highest importance and elicited a particular strength of feeling. Actions suggested included:

- Change in policy (including Local Authority support) to reinvest in affordable housing
- Financial incentives for first-time buyers
- Second home owners pay more Council Tax to help Councils find affordable housing
- Supported housing for people with special needs through joint working
- Alignment of funding cycles
- Council housing
 - Council to have first refusal to buy back
 - Limit the right to buy council houses and housing association houses
 - Costs for buy back to be met in full by provider

Neighbourhoods and local services

Participants talked about quality, availability and access to public services such as:

- Shops
- Transport
- Leisure facilities
- Health and care

There was a particular emphasis on accessibility and choice. However, discussion around public services focused mainly on ability to be informed about service delivery, advice on appropriate choices and being involved in decision making about them. Issues mentioned included:

- Provision of appropriate information and communication and targeting to appropriate groups
- Involvement in decision making – particularly around Council priorities for spending and housing and leisure
- Support of individuals and groups to enable involvement in service provision – particularly carers
- Promotion of home care/independent living
- More transparent and meaningful engagement of local citizens in planning and decision making locally
- Co-location and integration of services with accessible transport
- Multi-disciplinary approach to domiciliary care
- Sustainable equality of opportunity for all local citizens
- Access to towns and services through robust transport systems
 - parking availability
 - innovative solutions to solve transport problems
 - increase and maintain efficiency

Work and money

Participants spoke of opportunities for change through:

- Early intervention and support of the Credit Union to support debt problems
- Training and development to increase skills and opportunities, for example, an increase in apprenticeship and training schemes and raising awareness regarding mental health issues
- Improved employment opportunities
- Development of an employment strategy for the local area led by the Locality Planning Group and locality participation

Services for younger people

This particular group within the local community, that is 14-18 year olds, was perceived to have limited access to local services currently. Discussions focused on the following:

- A needs analysis is required to establish what young people really want and need
- Resources and funding for dedicated services
- Improved transport
- Creation of employment opportunities
- Retention of younger people remaining and working in the locality
- Support and incentives for those people who wish to set up activities for younger people, for example, child protection policies

- Changes in services need to be sustainable
- Standards and boundaries need to be set
- Local meetings for younger people more frequent
- Establishment of an internet café
- Leisure centre
- Clubs available at a reasonable cost
- Improved low cost transport
- Cinema
- Skate park
- Shared local database sharing information on younger peoples' services
- Better communication and advertising to support younger peoples' services
- Demonstration of joint working and pulling together
- Start increasing education training packages at a younger age group, staged to those who most need it
- Better links with/to national organisations that assist children and young people to work on their own issues and playing an equal part in contributing to the changes in their local area

Although many targets associated with actions were implicit and not spelled out by participants, targets which were suggested were both 'hard', quantitative performance indicators and more qualitative ones. For example, quality of life in an area would not just be defined by facts and figures about council services, but also the 'feel' of the area – stability, quality of environment and so on.

Economic sustainability

This theme came up consistently in all the discussions, where it centred around the economic vibrancy of Badenoch and Strathspey, and the need to promote it – through support for small businesses, lifelong learning, employment opportunities and so on. Specifically, participants mentioned:

- Promotion and support of economic activity of all levels/types – old and new industries/ activities, supporting the small- and medium-sized businesses, promotion of an attractive environment generally; 'some of the old town centres are dying as some of the smaller local businesses are finding it hard to survive'
- Balancing economic development with the need to support sustainable communities, for example, recognising the distorting effects that the number of second homes have on community spirit, employment opportunities and affordable accommodation whilst supporting the part they have to play in local economic development
- Business support for community activities and education and training
- Badenoch and Strathspey to promote the area and act as advocate for local residents in the face of larger developments (e.g. the National Park)
- Lifelong learning – truly lifelong, increased access, better community facilities and choice

Increasing capacity to improve well-being

The stakeholder event discussed how the changes that had been identified as necessary to improve well-being could be taken forward at a local, Highland-wide or Scottish level.

Local level:

1. Robust needs assessment of employment issues
2. Collective agreement on addressing employment issues involving the following stakeholders:
 - a) Highland Council
 - b) NHS Highland
 - c) Locality Planning
 - d) Local Economic Forum
 - e) Local Enterprise Company
 - f) Local Business Association
 - g) Chamber of Commerce
 - h) Voluntary Sector
 - i) Community Safety
 - j) Community Learning
 - k) Other Agencies
3. Joint strategic plan to address employment and regeneration
4. External support to bring all relevant stakeholders together and openly negotiate agreed actions and support for implementation

Highland-wide level:

1. Secure capital funding for co-location
2. Integrate statutory and voluntary organisations
3. Change working practices, for example, increase job skills
4. Openness to change demonstrated
5. Establishment of joint appointments to support integrated working
6. Demonstrate an approach that is proactive rather than reactive
7. Demonstrate an approach that is less focused on bureaucracy and more focused on community involvement
8. Robust needs assessment of housing issues through liaison with housing associations, private developers and Council
9. Lobbying of interest groups, for example, carers for respite facilities
10. Funding to access good building practices

National level:

1. Political will to develop and ring fence affordable housing

Taking the work forward locally

Local citizens and the subsequent stakeholder workshop revealed a rich and diverse set of views, concerns and priorities for community well-being in the area. Outcomes were varied and included suggestions for improvement and development of services and policies, hopes and aspirations for the future, suggestions on ways of working, support for different groups and so on. Participation in the process differed between individuals and groups of people. Some views were conflicting or divergent. However, overall there was a clear sense of common ground, of a wish for Badenoch and Strathspey's communities to work together to achieve shared community goals.

Leading from this, three principal themes emerge for Highland Council to explore and develop. First, the key values and principles developed by participants (centring around housing and accommodation, carer support, communication and community involvement, leisure, equality and diversity) are seen by participants as interrelated. There is an expectation that they should thread through policy formation and the development of any future community strategy.

Secondly, the focal point of community for many participants is at the very local level. It was thought important that the proposed developments in services and policy that emerged from the capacity building discussions should be addressed at the level of local neighbourhoods, to enhance.

- Access and availability of local services
- Basic service provision, especially to vulnerable groups and
- Information provision on, and involvement in, service provision

Thirdly, participants held that that local delivery should go hand in hand with joined-up working between the council and other agencies (council, health, voluntary and community groups) at a local level, to prevent issues and groups of people 'falling through the net'. Such ways of working should include influential community voices, with support provided for this participation and commitment given to build capacity and confidence in local citizens to contribute to these new ways of working.

East End of Glasgow

Context

The East End of Glasgow was chosen as one of three case study areas for the project because it represents an inner city Social Inclusion Partnership area including a number of wards with the highest rate of worklessness in Scotland, particularly adults claiming sickness and disability benefits; we were aware of long-standing problems of fragmentation across services/sectors and weak leadership; and we concluded it was not one of the most heavily-researched areas of Glasgow.

Capacity building in the East End

Community organisations

A series of group discussions was conducted with participants from six community organisations, five based in different areas of the East End and one serving minority ethnic residents across the city:

- Bridgeton, Calton and Dalmarnock Credit Union
- East End Community Carers Centre
- Mental Health Network
- Dalmarnock Youth Project
- East End Men's Health Group
- Mel Milwap Centre
- A number of other groups were approached but were unable to participate in the time available

Service decision makers and other stakeholders

A preliminary meeting was held in June 2002 with interested organisations to discuss the scope of our work in the East End. It was hosted by East End Health Action and included participants from Social Work Services (Glasgow City Council), Greater Glasgow NHS Board (Mental Health) and East End SIP Health Strategy Group.

Following the community group discussions, a small number of in-depth interviews was conducted with senior staff from Greater Glasgow NHS Board, East End SIP and East End SIP Health Strategy Group.

Stakeholder workshop

A half-day workshop for stakeholders was held at Templeton Business Centre, Glasgow on 22 October 2002. Participants from Phases I and II took part, in addition to a number of others who had been approached at an earlier stage and were able to contribute to the workshop (including participants from Social Work Services, a Primary Care Trust and the Public Health Institute of Scotland).

Key issues for mental health and well-being in the East End

- **Jobs:** wider access to jobs with prospects; attract new businesses to the East End
- **Housing:** big investment in social housing stock needed, with proper management and repairs/maintenance; find better ways to address the problems caused by anti-social tenants; most investment should go into housing with back/front doors and gardens rather than more flats – helps encourage greater responsibility and sense of ownership; preference for an independent body like a co-operative to combine debt write-off with responsive management and protection of tenants' rights: but will the Glasgow Housing Association stock transfer really provide this?
- **Health and diet:** continue to raise awareness among children and families; enough money to afford healthier diets
- **Education:** greater access to college places from an earlier age; information on subjects that really interest people (dancing, games); invest in ethos and leadership in schools; more young people supported to go to FE/HE and become role models
- **Good basic infrastructure:** housing, transport, environment (e.g. action on vandalism caused by a minority), backed by successful organisations which are trusted, credible and effective; schools, shops and public buildings all giving people a sense of confidence in how they are run
- **Greater awareness and understanding of mental health** (public attitudes, health professionals, media reporting)
- **User-friendly services:** personalised approaches in statutory agencies
- **Local networks and true partnerships** with cooperation between groups of professionals (removal of jealousies)
- **Full range of services and alternative therapies available** (e.g. Mental Health Forum for the East End, Positive Mental Attitudes project, network of carers of people with mental health problems)
- **Greater accessibility of services:** e.g. having an interpreter in services, as well as teachers in English and other languages, regular GP outreach to day centres, addressing transport difficulties and the needs of people requiring daily medication; extended opening hours for support services/centres during evenings and weekends, outside office hours
- **Facilities for young people:** centre or group in each local area
- **More localised access to leisure and shopping services**, e.g. if can't use sports centre due to problem of gangs
- **Financial support without a fight:** knowing what you're entitled to and getting it; payment of expenses to volunteers recognising costs incurred
- **Greater focus within support services, more and better activities:** keeping busy, more classes, not wasting time, more games, more opportunities for gentle exercise
- **More information:** increases ability to cope
- **Greater willingness to legislate:** don't rely on voluntary approaches if something is really worth doing
- **Build on success:** extend capacity/remit of organisations with a proven track record rather than creating new ones from scratch (e.g. Healthy Living Centre)
- **Leadership, representation and coordination:** emphasis should be on overall responsibility for how the East End is faring, rather than parcelling out a large number of small grants to short-term projects; promoting the East End as a place to live; politicians at each level of government who are motivated to do a good job, instead of being sure of a job for life

Priorities for attention and action

Money and work

- Higher awareness and better information – how to get (back) into work without putting benefits at risk and being worse off
- Role of secure employment and Temporary Employment placements to ease step back into work
- Need a range of options to support moves into work: mainstream provision plus specialist projects and ‘stepping stone’ activity
- Aiming for financial independence
- Being able to stay in work: changing attitudes of employers
- Outreach to Incapacity Benefit claimants: approach tailored to needs, concerns and capacity; involvement of GPs in referral and role for money advice in health centres
- Review of how current and new resources are actually used
- Aspirations for work and careers developed through schools, further education and training, aiming for more than low-paid and low-skilled jobs; widening choices; bringing further education to community learning centres
- Recognising and valuing the skills gained through voluntary work: rewarding, satisfying, confidence-building
- Ambitions should no longer be suppressed – people should be encouraged to ‘go for it’
- Leadership and vision for the East End around creating work opportunities and boosting household incomes

Improving neighbourhoods

Housing

- Involve local community in area regeneration
- Choice of housing stock
- Improvement to existing housing stock (where not ear-marked for demolition)
- Address anti-social attitudes and behaviour
- Challenge stigma

Shops

- Wider selection of shops at neighbourhood level
- Employing local people with early training
- Improving effective access (challenging territoriality)
- Support to community-based initiatives (e.g. Fruit and Veg Co-op)

Transport

- Align transport links to health services (e.g. getting to Stobhill Hospital)
- Developing community transport options
- Equality of transport access/mobility

Evidence of significant progress

- Feedback from local community (how should it be sought and given?)
- Match resources to community needs (housing investment)
- Improved access (number of people actually using services)
- Better ratings for self esteem, health and well-being
- Number and sustainability of community-based initiatives
- Number of local people trained and employed in new developments
- Increased range of shops in neighbourhoods
- Community transport initiative established and well used

Support services for adults

- Realistic checks on cost of service user and carer involvement – e.g. providing personal support, facilities and amenities to enable preparation and taking part in meetings, to host meetings (take the initiative and make invitations rather than waiting to be asked), clerical support and development support
- Massive improvement in information availability and sharing
- Touch-screen technology to enable wider use of e-mail, etc.
- Alternative stress and other support services: out-of-hours access should be available
- Lack of vision from service providers and commissioners needs to be addressed

Evidence of significant progress

- Legislative changes introduced as soon as possible; development of support service for mental health service users
- Meaningful feedback from service users, themselves commissioned to gather feedback
- Visible signs of things having changed, e.g. projects at the local level to meet local needs (timing, accessibility, location)
- Action – not words that users cannot understand
- Realistic timescales: sense of urgency about action, with enough time to allow service users to provide feedback

Services for children and young people

- Better training for people working with young people, i.e. confidence and capacity building
- Ownership – young people involved in identifying needs and shaping their services in ways they want to use
- Long-term planning: innovative services need to become mainstream and strategic
- Sharing of information and good practice, in order to avoid constant reinvention and enable transfer of good projects more widely
- Rising confidence levels among young people through better parenting skills (building on learning from the *Starting Well* demonstration project)

- Need greater support for parents of teenagers
- Expansion of mentoring projects in schools
- Truancy: Voluntary organisations are in a good position to help; statutory organisations and education providers need to recognise their skills and contribution through better partnership working

Evidence of significant progress

- Crime rates falling
- Delinquency and vandalism reduced
- Number of young people using services on the increase
- More young people in trades/apprenticeships and further/higher education
- Truancy down
- Numbers presenting to mental health services down because need is down

How can these changes be taken forward: locally, citywide, at Scottish level or beyond?

Stakeholder Workshop participants considered how to take action to achieve these goals at different levels:

- East End SIP strategic structures: ensure key ideas from today and earlier are fed in and become part of an action plan, with clear priorities
- Programme of ongoing consultation and training should develop skills of local people
- Ensure links are made to key city-wide structures, e.g. Glasgow Healthy City Partnership; Greater Glasgow NHS Board
- Networking of user forums
- Development of Mental Health Forum in East End
- Define what is 'local' (East End including Easterhouse, East End SIP, neighbourhoods within East End?) and build agreement on area for action
- Greater awareness of overlap and gaps in boundaries, e.g. Primary Care Trust, Council, Social Work Services, LHCC, etc.
- Identify who could make changes locally and city-wide (e.g. MHNGG) and improve communication between them
- Exchange of information and good practice (internationally)
- Make the process of learning and changing fun for all involved
- Make sure the challenge of tackling stigma is not confined to mental health service users: 'public service workers are people with feelings too'; avoid unhelpful stereotypes
- At a local level, we all have a responsibility as individuals to change our attitudes and perceptions
- Strategic responses are needed, avoiding individuals and groups working to further their own agendas
- Challenge stereotypes, especially perceptions of, and among, young people

Responsibility for change: who needs to be involved?

- Public service funders and staff: Greater Glasgow NHS Board; Primary Care Trusts; SIP Board and SIP Health Group; Social Work Department; Schools and Education Director (good quality material on mental health); Health Centres and GPs; City Council: Chief Executive and Councillors; Locality Panel; Police
- Voluntary and community support service staff; Arts Forum/Arts Team
- Housing associations and local businesses
- Communities Scotland, Jobcentre Plus
- Family members and service users, along with Mental Health Network Glasgow
- Government

East Renfrewshire New Community Schools

Background

New Community Schools (NCS) based in Thornliebank Primary School and Woodfarm High School in East Renfrewshire were chosen as one of the places to carry out the process of exploration and inquiry. The Integration Manager for the New Community Schools was a member of the Core Group for the Capacity Building project and she undertook to liaise with key members of staff and parents involved with the Schools in order to set up a series of discussions with young people and parents, teaching and support staff.

Discussions were held with:

- Parents of children at primary school
- Two groups of girls in S2 and S4
- Two groups of staff

Themes from discussions

The issues which sparked off most discussion in the group meetings included:

Safety

Parents were concerned about the safety of their children walking to and from school and going into town by themselves. Some do not allow 15 year olds to go by themselves into town. Parents take them in by car and both parents and young people have mobile phones to keep in touch with. Parents said that young people are not going out at night because they have nowhere to go and they get moved on by the police if they stand talking on the streets. When older people don't know the young people, they phone the police to complain and young people then begin to think:

'Been tarred with that brush, might as well behave like that.'

Bullying

Girls talked of how pupils make fun of others for things such as their appearance, the way they speak, being too good or not good enough at PE. They described going into class feeling happy then their feelings changing when the only people not laughing at them were their friends. The girls particularly disliked people who are two-faced – being a bully in school but ‘pally’ out of school. One girl described how she had been bullied in more than one school. To deal with bullies, one girl thought:

‘You should get bullies in a group, ask them why they do it and how they think it feels.’

One girl, however, thought that bullies often know how it feels because they were once bullied themselves. The girls felt that they would like more support in class:

‘Teachers should be more aware. They don’t deal with bullying in class. If someone is being insulted, the teacher just says stop and does not follow up with the bullied person after.’

Discipline and respect

The girls thought it was important for teachers to deal with disturbances in class such as children throwing things. They also mentioned that teachers sometimes spoke to them in class in a disrespectful way, which they minded very much.

When they have done something they shouldn’t, the girls said they did not like it if the teacher gets angry and shouts. They thought the teacher should just tell them what they have done wrong.

Ethos

The attitude of the school was seen as a key factor in the well-being of pupils. Staff groups emphasised the difference that staff who have aspirations for the pupils can make and contrasted this with an attitude in some schools of:

‘Why bother, they aren’t going to succeed anyway.’

Guidance and pastoral support

Emotional support for children is more often available at primary school than at secondary school. Secondary school is a larger and more anonymous environment, so that young people are not so clear who to go to for support. Guidance staff are available for only part of the day, as they also have responsibilities for teaching and for careers guidance as well as for pastoral support. The lack of pastoral support affects some children and young people more than others – schools tend to be structured for pupils without disruptive backgrounds. There are also gender issues in relation to guidance staff, as girls will often not go to men for support.

Staff talked about the difficulties of balancing pupils’ need for support with the current focus on classroom activity and the curriculum. Attainment in school is seen as very important and pupils are tested frequently. Some pupils stay off when there are written tests. The focus on attainment is a pressure on young people. It also creates stress for teaching staff which has a knock-on effect on young people. Some participants thought that the new National Priorities provided a healthier focus for schools than the previous target-driven agenda.

Access to health services

Staff spoke movingly about young people's difficulties in accessing health services, especially:

- GP services

They acknowledged that, as young people don't go often to doctors, it is easy to think they don't have any health issues. However, young people do not always know how to talk to GPs about their own health concerns, having previously been accompanied by their parents/guardians.

- Child and adolescent mental health services

Children are not always seen when needed by Child and Family Clinics and the reasons given, it was felt, are sometimes inadequate. There are also problems with definitions of mental health problems in children and young people by staff working in Child and Adolescent Mental Health services. Some participants thought that support should focus on pre-school children who are having difficulties. By the time young people in S1, S2 and S3 show that they are having problems, it can be too late to help them effectively.

Main issues for mental health and well-being locally

- School as a power for positively influencing young people's well-being
- Young people's lack of confidence, lack of self esteem and poor body image
- Bullying and how to deal with it
- Guidance and pastoral support in school settings
- Support for parents in raising children of different ages, particularly young people over 12 years
- Gender issues, especially for girls
- The positive impact on mental health and well-being created locally by parents, children and young people participating in sports, drama and art.

Priorities for attention and action locally

- Recreation: the local need for more groups, clubs, play parks and other opportunities for out of school learning, development and enjoyment was raised by all groups and most strongly by parents
- Access to services, particularly specific mental health services but also access to primary care services and support for emotional and behavioural problems. This was raised by both young people and staff
- Personal and social development curriculum – this was raised by both staff and young people. There are opportunities for a consultation with young people to see how this topic might be used to provide information and advice for pupils on concerns identified by young people such as bullying
- Information management and confidentiality within the school system. This is a key issue for schools aiming to become a focus for all children's services as the information flow will only increase.

How can the work be taken forward?

1. The renewed Scottish Executive focus on the concept of the Health Promoting Schools provides an opportunity to embed the good practice established in these schools and to develop it across all schools in the authority. Much good practice has been developed in many schools in the area of physical well-being – these examples show how schools can practically promote emotional well-being.
2. New Community Schools (NCS) have provided new opportunities for agencies to work together with communities to bring about change. The mainstreaming of NCS provides an opening to take locally developed examples of good practice to a strategic level.

Livingston

Background

Livingston, a New Town in West Lothian, has experienced rapid population growth over the last 20 years. The town has a relatively young population profile, which brings particular issues and challenges for mental health and well-being improvement. Teenage pregnancy rates, and rises in the rates of homelessness among young people are relatively high compared to other parts of Scotland. West Lothian as a whole has been through periods of economic growth with a rapid shift from declining traditional industries to electronic and service industries. The area has experienced a number of large plants and factories closing down and although most people re-gain alternative employment, there is evidence of a lasting, underlying sense of insecurity. Many young people in West Lothian move from school to employment without training or further education.

Capacity Building in Livingston

The initial contact for the work in Livingston was the West Lothian Mental Health Improvement Group, which reports to the West Lothian Health and Lifelong Learning Management Group, chaired by a consultant in public health.

Groups who took part in the discussions included:

Community groups

People involved with the following community groups took part in the discussions:

- Gaalbaat, a health, fitness and beauty project for ethnic minority women
- West Lothian Advocacy Representatives
- Craigshill Neighbourhood Network
- Lay Health Training Initiative participants
- West Lothian Youth Action Project
- Barnardos

The discussion also involved staff who worked at ASDA WALMART

People working in services and interagency networks

- West Lothian Council Occupational Health
- West Lothian Council Health Development Team
- West Lothian Council Social Policy

- West Lothian Youth Housing and Support Team
- West Lothian Mental Health Promotion Group
- West Lothian Advocacy Project
- West Lothian Youth Action Project
- Social Inclusion Partnership Network
- Deans Community High School Integration Network
- Suicide Prevention Alliance

Key themes

The series of discussions considered what would be required to improving mental health and well-being in Livingston in the following areas:

- In the workplace
- In local communities
- In families
- Among young people

Local infrastructure

- Importance of effective local and regional transport networks that link communities and that work in the interests of local communities not of profit
- Need for meeting places and for information points
- Safety on streets remains a concern for many members of local communities. This relates to the divisions and the lack of trust between different communities/groups/generations and can be reinforced by persisting territorialism. There is a need to break down such divides and build bridges between generations
- A further factor would be to consider how the design of housing and the built environment can facilitate contact between generations

Recreational amenities

- There is scope to develop cycle paths and walkways. There needs to be more attention to how people can be encouraged to enjoy the natural environment as complement to the built environment of the town
- People often want family-friendly facilities and events, such as Gala days or fun days that can include the whole community. Livingston FC does not allow swearing in its stadium. Family season tickets are affordable compared with other clubs
- Places where families can do things together are reinforcing. 'You can't become a community if you do not interact as a community'

From the cradle to the grave

- Let's get away from the compartments to work across structures and across systems with individuals and communities. This needs a change in mindsets to adopt more person/family/community-centred approaches to strategy and service delivery. It may entail services and staff coming together in new forms of partnership to develop project teams that cut across agency and service boundaries. This would in turn require flexible funding to facilitate this and would also require that recruitment and professional development takes a different view of professional identity
- To work more holistically with communities requires better lateral communication within existing structures, supported by funding streams that are for whole communities
- There are lots of pockets of work going on, often relatively localised and small scale. With better co-ordination and communication these could achieve a lot more

Taking well-being seriously

- We all need to develop better understanding of our own emotional needs and those of other people who live, learn or work with us. This includes understanding the gamut of normal/natural experiences and reactions to life events and stressors and being able to recognise when help is needed
- It also implies an increased awareness of the emotional health and well-being of children from an early age, recognising that the emotional health and well-being of all members of our communities is a social responsibility

Priorities for attention and action

Arising from the series of discussions in Livingston with community groups, people working in services and those who took part in the Workshop, are a number of areas for action, to achieve improvement in mental health and well-being.

- Developing a stronger, shared vision of the direction for mental health improvement locally
- Improving communication and co-ordination of those services and workers already involved in mental health improvement
- Promoting greater awareness of mental health and well-being among key decision makers and among non-specialist staff in a range of settings
- Devising more effective ways of engaging with and promoting the participation and influence of young people
- Sharing and promoting good employment practices to support mental health in the workplace
- Pursuing community-led developments that enable communities to address the issues of concern to them
- Devising family-friendly public spaces and workplaces

For the Scottish Executive to do:

- Continue to provide a lead and to set out expectations for mental health and well-being improvement, giving legitimacy to local work
- Help to sustain commitment, by not overloading local areas with new initiatives but enabling them to follow through and consolidate what has been started
- Promote more, high-profile attention to mental health to disabuse public apprehensions and misunderstanding of mental health
- Give a lead in enabling local organisations and partnerships to have the courage to invest in long-term preventive work that will serve as an investment for mental and well-being in the future. The focus on well-being and emotional health has to start with children in their early years and even before birth and be carried through into adolescence and adulthood
- Establish mental health and well-being as a cross-departmental responsibility. This helps give a mandate to promote the local involvement of those sectors and organisations who need to be part of improving well-being

For local organisations to do:

- Public sector organisations need to think about the role they should be playing and the relationship that they need with local communities to foster mental health and well-being. Be able to demonstrate that the way you work with local communities has a positive impact on mental health and well-being
- Identify which groups or sets of people find public services least accessible and responsive to their requirements. Focus effort on overcoming the blocks that affect these groups
- Winning over those whose interest and endorsement is important locally to achieve mental health improvement is essential
- The Mental Health Promotion Group has a key role in seeking to influence priorities for development and to attract resources to achieve the outcomes desired for mental health improvement
- There is value in affirming and making more play of the work that is already happening to improve mental health and well-being. Improve communication and co-ordination among those organisations and agencies that are already working on this agenda. Develop the tools, resources, skills and knowledge base, ensuring that these are accessible and relevant
- There is also scope to tap into resources of all agencies, who bring skills and experience of different types to this work, from community education to community safety, from public transport to parks and recreational facilities
- Stop segmenting people's lives: a holistic, cradle-to-grave approach would involve family friendly policies, places and services. Focus on developments that are community centred, that build bridges and create links between generations

For professionals:

- Consider the way you work with, and relate to, local groups and local communities. Listen to them more and show you have heard what they say. Be clear with them about what you can do to respond and what you cannot do
- Promoting confidence and self esteem has to be a primary aim and key responsibility for all those working in public service in their relationships with the communities they serve
- Professionals need to look at their own mental health to identify sources of stresses and of support

For employers:

- Promote developments in the workplace that encourage flexible working patterns, that facilitate the work/home life balance and that ensure employees are listened to and respected

For opinion formers (media, politicians and decisions makers, schools, parents):

Culture and attitude change is needed to:

- Rehabilitate the image of young people
- Tackle the taboos associated with mental health and with emotions
- Enable people to appreciate difference and to have the imagination to 'stand in other people's shoes' and see things from others' perspectives

For local communities:

- Tap into the skills, resources, passion and energy that exists – use formal services to support and sustain what you want to achieve
- Use as your allies the services and resources that work respectfully with your community
- Be prepared to 'stick at it': change does come but takes time
- Ensure you know enough about how services work and where decisions are made, so that you have the best chance of having an impact and being heard where it matters

How the work is to be taken forward locally

The ideas and issues from the Capacity Building work have been fed back through the Mental Health Promotion Group. Work on developing a shared vision and identifying key action points will be taken forward in 2003, linking into the work of the Mental Health Promotion Group, the Suicide Prevention Alliance, the Social Inclusion Partnership and the Children's Services Management Group.

Appendix 2 Core Group Members

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Linda Dunion, See Me Campaign

Jenny Graydon, Glasgow Association for Mental Health

Grace Gunnell, West Dunbartonshire Council

Emma Hogg, HEBS

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Ian McBean, Falkirk Council

Morag McGrath, Mind to Volunteer, Ayr

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