Mental Wellbeing and Regeneration
Learning from an Alliance for Action Shared Learning Session – Summer 2017

'… every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.'[1]

SURF's most recent (August 2017) Alliance for Action shared learning session explored our understanding of mental wellbeing in the context of regeneration, policy and practice.

This report explains the background, context and content of the session and records the learning and outputs achieved. Participants included SURF partners and people living and working in the Alliance communities of Govan, East Kirkcaldy, Rothesay and Dunoon.

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[1] WHO. Mental wellbeing: a state of well-being. http://www.who.int/features/factfiles/mental_health/en/index.html

Contents

Background (Alliance for Action)

In 2011-12 SURF delivered a participative study on responses to recession-based policy decisions in two contrasting case study disadvantaged areas: Govan in Glasgow and the Gallatown in Kirkcaldy, Fife. That collaborative investigation was supported by the Joseph Rowntree Foundation (JRF) and the Scottish Government. The research was presented as 'Reality, Resources, Resilience' - a report published by the JRF as a SURF-authored Programme Paper in January 2013.[2]

SURF's Alliance for Action was developed in response to the research findings, which had identified a need for a more coordinated approach towards connecting assets and investments from a wide range of local and national partners.

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[2] A final report on SURF's 'Reality, Resources, Resilience: Regeneration in a Recession' programme is available on the JRF website: http://www.jrf.org.uk/publications/reality-resources-resilience

The operational Alliance model built on the individuals, networks and connections SURF identified and fostered in the initial study in Govan and the Gallatown. In early 2016, it expanded to include Rothesay on the Isle of Bute and earlier this year (2017) Dunoon became the fourth Alliance site.

The dual purpose of SURF's Alliance for Action programme is to:
- strengthen resilience and practical outcomes in the programme's case study communities;
- enhance wider policy and resource considerations for supporting community regeneration.

One way in which SURF pursues these aims is by facilitating and promoting opportunities for communities to learn from each other. Themes for the shared learning events are selected in response to issues identified as relevant by the Alliance communities. This paper reports on the August, 2017 Alliance shared learning session on Mental Wellbeing

Why Mental Wellbeing?

Previous SURF Alliance for Action Shared Learning Sessions have focused on the roles of creativity, heritage, and food and nutrition in regeneration. During the sessions participants have shared their knowledge, experience and skills in useful discussions on various programmes and approaches designed to produce positive outcomes. It has been apparent, however, that an additional (if not always formally recorded) benefit to those taking part in such programmes and processes, was improved mental wellbeing.

Positive mental wellbeing is not only the absence of mental illness. The UK Government used its Final Project report on the Foresight Mental Capital and Wellbeing Project to define mental wellbeing in the following way:

> "*A sense of self-esteem, optimism and a feeling of control over one's life.[…] characterised by a belief in our own worth and having a sense of purpose in life; an ability to develop and maintain family and social networks; an ability to contribute to community life; and an ability to cope with adversity (resilience)."*

> Definition of mental wellbeing, Foresight Mental Capital and Wellbeing Project (2008) Final Project report. (The Government Office for Science, London)

Positive mental health or wellbeing can therefore be conceptualised as a state of health, happiness and prospering, comprising two dimensions, namely how we feel, and how we function.[3]

Selecting mental wellbeing as a theme acknowledges the growing recognition that improved mental health and wellbeing may be both a measurement of regeneration and an objective. In addition:

- There is increasing recognition of the potential positive impact of promoting mental health in a number of Government policy areas beyond that of health. These include social justice, social inclusion, housing and education, but also in the economic sphere in terms of inclusion, productivity and enterprise.

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[3] Bond L, Kearns A, Mason P, Tannahill C, Egan M & Whitely E,. (2012) Exploring the relationships between housing, neighbourhoods and mental wellbeing for residents of deprived areas. BMC Public Health 12: 48.

- In Scotland the promotion of positive mental wellbeing is considered to be integral to health improvement. Reducing health inequalities is a key policy priority for the Scottish government with both mental illness and mental wellbeing identified as specific priorities.[4]

- Poor mental health is more common among those living in "low quality housing, less desirable neighbourhoods and socio-economically deprived areas" There is some evidence to demonstrate that targeted regeneration of deprived neighbourhoods can improve mental health – especially where the regeneration is directed by the residents[5].

- The social, economic, and physical environments in which people live shape mental health [...] there are effective early interventions to promote mental health in vulnerable groups, but it is necessary to both **initiate and facilitate a cross-sectoral approach, and to form partnerships between different government departments, civic society organisations and other stakeholders**.[6]

Purpose

The shared sessions are a key part of the Alliance commitment to capture, record and present learning both within the communities themselves and across the broad network of SURF partners and supporters. The mental wellbeing event set out to:

- showcase different approaches and experience of the way that people working and living in different Alliance communities confront the reality of the connections between poverty and mental wellbeing.

- demonstrate the way in which positive mental health is integral to successful capacity building and community engagement;

- explore whether collaboration among participants and other community actors may support regeneration efforts.

- facilitate shared learning and enhance cross sector understanding and support for the importance of promoting mental wellbeing in local and national regeneration policy and practice.

Process

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[4] http://www.gov.scot/About/Performance/scotPerforms/indicator/wellbeing

[5] White J, Greene G, Farewell D, Rodgers S, Lyons R.A, Humphreys loan, John A, Webster C, Phillips, C.J, & Fone, D (2016). Improving mental health through the regeneration of deprived neighbourhoods: a prospective controlled quasi-experimental study. *The Lancet* , Volume 388 , S110, November 2016

[6] Wahlbeck, K., Cresswell-Smith, J., Haaramo, P., & Parkkonen, J. (2017). Interventions to mitigate the effects of poverty and inequality on mental health. *Social Psychiatry and Psychiatric Epidemiology*, 52(5),

The event was held in Govan at the Kinning Park Complex - an exemplar of community-led regeneration in practice – and a midway accessible point for participants travelling from Rothesay, Dunoon and East Kirkcaldy.

SURF colleagues provided introductions, general background and broad context. Five speakers gave short presentations on their individual experience of contrasting mental wellbeing activities in different Alliance communities. Participants also watched a short, locally produced, film - *Creativity and Wellbeing*[7] – on the positive impact on mental wellbeing of programmes being run at Plantation Productions, the Govan-based community arts and media charity. Discussions were based around a reciprocal sharing of experience and knowledge.

Learning

Much of the reported experience, knowledge and concerns of participants accurately reflects the views contained within the **Scottish Government's Mental Health Strategy 2017-2027**[8], particularly in recognising the inextricable links between poverty and poor mental health and wellbeing and the need for greater cross sector collaboration and planning.

The lived experience of participants demonstrates the pernicious impact of poor mental wellbeing and reinforces much of the most recent research on the relationship between poor communities and health and happiness.

Despite the differences in place and scale of the activities discussed, participants reported similar experiences on the role of mental wellbeing in the lives of individuals and of their communities.

Summary of findings::

- **Artificial barriers.** The benefits of mental wellbeing cut across all sectors and there is a need for greater collaboration in meeting the challenges. This confirms the importance of SURF's Alliance model in promoting more partnership working between academics, funders, policymakers and practitioners; between local and national government; between the NHS and other non 'health' based government departments at a national and local level; and between public sector and third sector agencies.

- **Some inequality is more inequal than others**. It was recognised that poverty reduces everyone's resilience to dealing with stress and anxiety. However, within poor communities some groups are identified as being even more vulnerable than others.

- **Resourcing resilience.** Funding systems are failing some applicants, and crucially, funders themselves. Systems need to be overhauled to reduce competition, duplication and promote greater collaboration.

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[7] https://www.iriss.org.uk/resources/case-studies/plantation-productions

[8] http://www.gov.scot/Publications/2017/03/1750

- **Supporting what works.** There should be more promotion of, and, support for the sustainability of, those successful solutions which have been already been demonstrated to benefit positive mental health and wellbeing.

- **Procress and policy.** Some bureaucratic processes, especially around DWP benefits, are undermining wellbeing and resilience. This can be in the form of overburdensome formalities and regulations, but also in the overwhelming negative impact of DWP reform on individual financial and psychological wellbeing.

- **Support the supporters**. As a result of the factors listed, particularly the previous one, third sector and public sector professionals working in poor communities themselves become vulnerable to poor mental wellbeing.

1: Artificial barriers

Responsibility for wellbeing cannot be confined to health care professionals and struggling third sector agencies.

There is a breadth of cross-sector benefits that accrue from healthy positive communities, and responsibility for supporting wellbeing in those communities should be equally widespread.

There is a need for deliberate, planned and focused collaboration across all sectors.

Wellbeing is often an unrecognised (and unfunded) consequence of a variety of projects and activities. Projects ostensibly designed to promote creative activities, 'healthy' eating or physical activities might be funded to produce measurable outputs in terms of numbers engaged, but improved wellbeing is often a valuable, unacknowledged consequence.

"*There are projects which are keeping young people in school, keeping people out of prison and out of hospital, activities which are reducing GP visits and the use of prescription drugs.*"

An ideal mental health strategy recognises that success would result in reducing prison numbers, hospital stays and increasing engagement with education. (The Scottish Government's Mental Health Strategy commits to increasing the numbers of mental health workers in prisons and hospitals and increased support for prevention and early intervention among young people)

Given the broad benefits, resources for wellbeing activities and projects should be coming from across the board. Wellbeing can't be successfully tackled in isolation. Employability, education, building quality, public places and access to transport all impact on wellbeing.

"*There is a silo mentality among some professionals, departments, organisations. We need real collaboration*"

The move towards better integration of NHS health care and local authority social services was welcomed, but there are concerns that conflicting agendas mean genuine collaboration is a long way off. It was difficult to work in partnership in a situation where there appeared to be conflicting agendas;

where for example it seemed an NHS priority was to increase throughput in hospitals to get patients *back* in the community – and social care departments in local authorities were focused on putting people 'safely' into NHS care.

There is also a need for clarity about roles and responsibilities. There may be benefits to Scottish Government engaging directly with communities, but doing so bypasses a tier of local authority responsibility and suggests a lack of effective coordination.

"Individual directorates have funding and don't talk to each other – sometimes it seems as though NHS Health Scotland don't even talk to Scottish Government."

There is a continuing perception that there is still a gap of understanding between policymakers and communities. SURF's promotion of the Alliance model directly encourages the kind of collaboration that was identified as sometimes lacking between academics, practitioners, funders and policymakers – and, crucially, communities

2: Some inequality is more inequal than others

"Poor mental health can be viewed as both a cause and consequence of socioeconomic and health inequalities."[9]

The lived experience of participants reflected the national and international academic findings which informed the Scottish Government's new Mental Health Strategy. Although the ten year plan doesn't use the word regeneration the inextricable link between poverty and poor mental health and wellbeing is recognised as a major challenge and underpins the document as a whole.

Poverty and the consequences of poverty both exacerbate existing poor mental health and create stress and anxiety anew.   One frequent consequence of poverty is a lack of autonomy, when a lack of personal autonomy is of itself, recognised as an indicator of poor mental health.   Poor people have less resources and less resilience.

"It is about individuals being unwell, but what about their circumstances? Would these same people be mentally unwell living in different circumstances?"

"How we feel is how we function. A lack of choice, a lack of control over housing makes us feel bad. Those who feel better about themselves have more resilience and self belief and contribute positively to the benefit of the whole community".

People may be unwell because of addiction problems, but the addiction may be a response to the poverty of their specific circumstances.

Within the communities, there are groups who are additionally at risk. Loneliness among the elderly or societal pressures on adolescents may be universal but a lack of money and resources makes these

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[9] Mental health Foundation (2015) A New Way Forward,
https://www.mentalhealth.org.uk/file/1548/download?token=iUp4G5ec

groups more vulnerable. And within those groups, young men and old men had been found to be both hard to reach and very much at risk.

"Socio-economic disadvantage places people at greater risk of developing mental health problems. Children and adolescents living in the 20% lowest income households are two to three times more likely to develop mental health problems than those in the highest 40%. This can set the scene for a spiral of disadvantage deepening across the life course".[10]

Services and projects felt they were being forced to make a choice between interventions that could prevent poor mental health among the young and those which helped people towards recovery.

3: Resourcing resilience

Funding systems need to be overhauled to reduce competition, duplication and promote greater collaboration.

Funders themselves described the funding landscape as 'bamboozling'.

There is a need for a Scotland wide data base, identifying existing geographic and topical funding distribution.

Funding organisations need to have conversations with each other in a spirit of collaboration and trust.

All funding is welcome, but short term funding sets up specific problems for applicants.

The existing funding processes are challenging for applicants, but crucially, are also failing funders who want to make the best use of available resources.

Place based funding – currently popular with many sectors – can't work effectively without proper data mapping which could identify potential competition, duplication, partnership working and so on.

Uncoordinated funding based on limited or superficial relationships and knowledge results in a scatter gun approach providing only short term benefits. Opportunities are missed to address challenges at the core of poor mental health and wellbeing.

Funding support structures need to be in place *before* big policy changes are made at local or national government level.

Funding applicants spoke of their own frustrations at a system which seems to favour 'first come, first served", requires the work of almost a full time employee, and short termism which meant that the fear of funding ending was a constant.

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[10] Mental health Foundation (2015) A New Way Forward,
https://www.mentalhealth.org.uk/file/1548/download?token=iUp4G5ec

Limiting support to a set time scale often meant supporting someone back towards health, only to send them back into a society which will fail them again.

Applicants spoke about the fierce competition for small pots of money and admitted that on paper – and sometimes in practice – their funding applications were designed to meet funders' requirements – and not those of local communities.

"Everyone is scrambling for the same small amounts – but we don't have staff capacity to chase everything."

Applicants also said there should be more direct funding from the public sector from departments whose budgets were benefiting from their work.

"There's no recognition of the monetary value of us keeping people out of prison or hospital; never mind the societal benefits."

There was frustration that funding was sometimes available for a business with a product, but funding opportunities were closed if your 'product' like health and wellbeing, was not seen as tangible.

4: Supporting what works

There's not enough recognition, promotion and support for models which have demonstrated their effectiveness. Successful programmes were often based on a collaborative model and/or made use of innovative, creative ideas.

There was unanimous agreement that all participants had experience of successful interventions, with evidenced outcomes and positive results.

The Men's Shed projects, including South Lanarkshire's mobile Men's Shed, Galgael and Plantation Productions in Govan, and Link-Up the Gallowtown in Fife, were all cited as examples of successful projects which had positive impacts on mental health and wellbeing, helping individuals and benefiting their communities. Many of the successful projects worked because of the effective level of partnership working involved.

Glasgow's Thriving Places model, which has been rolled out in different parts of the city was praised for being flexible enough to accommodate the particular concerns of existing community groups in Govan.

The Operation Modulus programme, which targets young boys identified as at risk or early offenders and supported participants into meaningful work, began as the result of a conversation between Scottish Fire and Rescue and Police Scotland. It continues to work in partnership with local organisations.

Galgael and Plantation are working in partnership now in an alliance they say was inspired by SURF's collaborative Alliancefor Action approach.

One recurrent theme was the need for a communal space where people could meet to talk and be creative. Some local authorities agreed to pedestrianize streets on a regular basis to allow them to be used for social events. The mobile Men's Shed was able to provide a space in areas which didn't have existing infrastructure.

It was important to recognize that communities often had existing assets and skills which only needed a space, tools and some encouragement to be allowed to flourish.

"We need to recognize and use what people can already bring to their communities."

Projects which were seen to work should be long-term funded and encouraged to work collaboratively in other areas which might benefit from similar initiatives.

5: Process and policy

Even without the additional general hardship being caused by the current rolling out of the UK Government's universal credit scheme, the existing benefit system was strongly criticized for its failure to recognize the special circumstances of those in need of additional help with their mental health.

Working within a community as a volunteer is seen as a useful support pathway for those trying to overcome loneliness, low self-esteem, and anxieties. Volunteering enables people to see themselves as contributors to society and as good citizens. It also provides a structure and purpose for those who are feeling isolated and unable to cope with the stress of formal employment.

For many people suffering from stress and anxiety, the ability to leave the safety of their home at all was a huge step, but one that was often interpreted by the benefits system as an indication that indviduals were now available to work. Those claimants registered in the system as unwell were sometimes unwilling to demonstrate even a modest recovery because of the perceived need to be sufficiently 'unwell' in order to be eligible for payment.

"People use illness as a cloak to prevent them being pushed into low paid stressful jobs where they are treated badly and likely to become ill all over again."

Participants cited their experience of a benefits system which repeatedly failed to recognise the difference between 'readiness to volunteer' and 'readiness for work'.

Benefit claimants who are simply unemployed as opposed to registered as unwell are nonetheless vulnerable to developing mental health issues. Regular volunteering by those claiming unemployment benefits, which could be embraced as a way of bolstering fragile egos and providing an opportunity to learn new employability skills, was more likely to result in sanctions and penalties.

In order to receive payment, the unemployed have to demonstrate that they have spent five hours a day 'seeking employment'. Regular volunteering was seen as interfering with the daily job search and additionally interpreted as 'making themselves unavailable for work'. Leaving aside the argument that

new technology makes such an extended search redundant in terms of genuine usefulness, it should be possible for the system to honestly appraise the likelihood of employment being found – and encourage voluntary work as an activity which will benefit the individual and the community.

"It's crazy. You get punished for trying to be a good citizen".

Volunteering by those in receipt of benefits should be recognised by the DWP as creating an immediate return in the form of an organized activity – and providing longer term benefits to do with education, health and community cohesion and identity.

6: Supporting the supporters

Burn-out among frontline workers has consequences beyond the health of individuals.

Several participants reported on the difficulties of providing adequate support for those supporting the communities. The experience of those supporting disadvantaged communities echoed well-documented evidence of a general growth in stress-related poor health among frontline public and third sector workers. In supporting those who are suffering the negative impact of poverty, workers in the public and third sector are falling prey to health issues of their own.

The development of 'compassion fatigue' and 'vicarious traumatisation' are no longer confined to those working with abuse survivors. Those who are regularly exposed to other people's distressing experiences, are themselves affected by the trauma by empathising with them.

"Over time it can be brought about by the volume and range of cases that a professional is exposed to." [11]

Participants said the increasing pressure of tight budgets and low staffing levels were producing stress related illness in frontline workers. The consequence was that the time off needed to recover placed additional strain on the remaining colleagues.

"There are no reserves to support someone going on long term sick. "

The success of many projects often depended on one individual going the extra mile. If the individual collapses under the pressure, the whole project can be derailed.

"I've had phone calls at weekends, late nights – someone in crisis or danger with nowhere else to turn. Am I supposed to turn off my phone?"

Despite the difficulties identified, professionals said they remained conscious of inequalities between their own experience of unwellness and the challenges facing those they worked to support. Their experience had reinforced their view that additional obstacles to recovery were faced by poor people with similar stress related conditions.

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[11] Tehrani, N. (ed.) (2011) Managing trauma in the workplace: supporting workers and organisations. London: Routledge.

Recurring theme

A continuing theme of SURF's shared learning is that the most successful activities and projects were recognized as having grown out of the communities' needs.

As with most community initiatives, projects devised in response to existing need and which orginated from within the community, secured more inclusive engagement.

In Conclusion....

SURF's role through its Alliance for Action approach has been to facilitate learning sessions in a way which creates an atmosphere of sufficient trust for participants to engage in lively and informed debate.

Feedback from these events has been entirely positive.

Participants from the communities report feeling confident that their views have value and are heard by those who have some influence over decisions taken about their communities. Useful and mutually supportive relationships have been established between people facing similar challenges in diverse communities in different geographical locations.

Similarly, and importantly, funders and policy makers are given the opportunity to meet and connect and learn from those whose lives are impacted upon by their decisions.

This report focused on the learning from the most recent shared learning session (September, 2017).

Session themes are selected on the basis of community feedback. Reports on other sessions focusing on the roles of heritage, food and creativity in regeneration can be accessed through SURF's website. (*Details below*) .

This report, along with other similar reports are used as part of SURF's Alliance for Action work in broadening awareness, information and debate and informing related policy and resource considerations.

The next learning session will be on welfare payments and processes in regeneration and will be held early in 2018 on a date to be confirmed. If you would like more detilas you can sign up to SURF's mailing list at www.surf.scot/stay-informed

For more on SURF and its work, please visit the SURF website: www.surf.scot