



Scottish Recovery Network

Recovery and community connections

SRN Discussion Paper Series: Paper 2

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About Scottish Recovery Network discussion papers

This is one of a series of discussion papers designed to help generate debate on how best to promote and support recovery from long-term mental health problems in Scotland. A number of source materials were used to inform its development and it is hoped that over time it will be developed and adapted in the light of learning and comments from people around Scotland who have an interest in promoting and supporting recovery from long-term mental health problems.

About the author

Outside the Box Development Support is a charity which was founded in early 2004. It provides advice and on-going assistance to people from communities in Scotland who want to make changes. It gives practical support and enables people to learn the types of skills that are important both for establishing new ventures and for sustaining them.

The author of this paper, Anne Connor, is the Director of Outside the Box. She was previously Head of Research and Policy at SHS Trust, and has worked to promote participation by individuals and families in mental health services and other situations. Her experience includes commissioning mental health services and working with voluntary organisations.

Summary

Traditional approaches to supporting people with significant mental health problems have tended to make little use of people's connections with their local communities. Yet communities have strengths and attributes which are an important part of recovery.

There are many different types of community networks, and they can each be helpful as part of recovery. Friendships are an important element – people in local networks in Scotland have identified ways friends can help keep someone well. One approach which applies the experience on making and keeping friends is Circles of Support.

There are examples of ways people in Scotland are already using links with communities to contribute to individuals' recovery. The experience of Circles of Support and other ways to build community networks show how these examples might be developed. There are also ways of building in community connections to make wider services and strategies more supportive of recovery.

How it has been

Traditionally, we have thought of long-term mental health problems as life-long conditions. The person is defined by their illness and the focus is on professionals managing the person's symptoms. We haven't expected people to be able to contribute much to their own well-being. We have not seen the individual or collective insight from people who live with mental health problems as a valuable source of expertise. We have focussed on risk – to the person from themselves and from other people, and on the rarer risks to other people – by keeping people away from potentially harmful situations, rather than by sharing responsibility for creating and realising solutions.

We have assumed that the rest of the community is unwilling or unable to give support – even though many people will experience mental illness themselves or among their friends or family. People who have mental health problems and their families are shaken by the stigma they experience and observe – so don't tell friends and neighbours about the illness. Friends and acquaintances drift away – they don't understand why someone is worried or is behaving differently, or are unsure how to respond. The more people with mental health problems – and often their families – relate only to mental health services, the weaker their links with their communities become.

We have made mental ill health into something which is handled by professionals and endured by people who feel excluded but it doesn't have to be this way. We know that connections with friends and the wider community are strong factors in enabling someone to stay well – mentally and physically, will reduce the likelihood of subsequent ill-health, and will minimise the consequences when periods of ill-health do occur.

Recovery

The Scottish Recovery Network (SRN) is part of the Scottish Executive's National Programme to Improve Mental Health and Wellbeing. SRN takes a holistic approach to recovery, defining it as 'living well in the presence or absence of symptoms and recognising that someone's experience of long-term mental health problems should not exclude them from striving for a satisfying and fulfilling life.' The meaning of recovery is more fully discussed in another paper produced by the SRN (Bradstreet, 2004).

The most commonly agreed elements of recovery have implications for individuals and for the way society and other people – staff who work in services, friends and family – think about someone who has significant mental health problems. Some of the main elements are: that people believe that a better life is possible; that each person has meaning and purpose in their life; that people are active participants in their well-being, so far as they are able. Recovery goes beyond formal mental health services. It is a holistic and inclusive approach that considers all elements of a person's quality of life. So the active participation will draw in the support of friends, family and other people in that community, as well as staff in various professional roles.

All of this becomes easier for individuals when the wider environment supports recovery. The extent to which someone can recover is affected by external factors like stigma and discrimination, employment and training opportunities, housing and social exclusion. So recovery for individuals can be supported through recovery focussed services and policies. It can also be supported by the actions of other people in their community.

Community connections

There are several types of connections within communities that are helpful as part of recovery, both for individuals and more generally.

- Close friends, family: the people who usually, but not always, look out for us, stick with us.
- Informal networks, such as hobby and interest groups: these are often a source of support even though that is not their initial function.
- People we see each day, such as work colleagues: again, they offer informal supports which often extend the more formal activities such as an employer's responsibilities for staff, etc.
- More structured networks based around a shared experience or characteristic – what is called a *bonding role*. These include many self-help groups.
- Groups with a *bridging role* – when they have an aim of drawing in a more diverse range of people.

Connections with close friends and other people within a community can contribute to recovery in many ways.

- They can help people take the long-term view – remind us that we have moved on from bad times before, and help sustain a belief in the future.
- They can give people tangible, specific purposes in their lives – “*I enjoy your advice and company*”, “*I like having someone who shares my hobby*”.
- They can help people take control of their health and well-being and in other aspects of life by giving advice and practical help and encouragement to take risks.
- They can help people fulfil the ambitions that give purpose and meaning to life – find a flat, get a job, meet other people and have the type of social life other people of your age have.

The following are some of the ways in which a group of people who had experience of mental health problems in Dunbartonshire thought that networks of friends could help. (Dumbarton, 2004)

Networks of friends could:

- Go with you to do things for the first time since you were unwell – such as going on a bus, going to the bank.
- Be there over time, not just at the start or during the crisis.
- Ask you to do things for them - swapsies, getting you going and acting as a real person again, not having to be grateful and dependant all the time.
- Tell you they like you.
- Encourage you, remind you of your progress so far.
- Go with you to social events, ordinary places – give you a reason to go out.
- Be another person or a different person for your friend to talk things over with.
- Make contact if someone drops out for a bit – maintain the links, so they don't have to make all the effort.
- Encourage each other – for example, go to the hobby/interest activity with each other, even though it's not your favourite thing, until your friend knows a few people there.

The research and thinking around community connections highlights some aspects that are helpful to keep in mind when looking at how to use community connections to aid recovery.

Most people don't have the same group of friends throughout their lives – we add new people from new situations, and old friends drift away as circumstances change. A starting point for someone who is recovering from a lengthy period of significant mental health problems may be having the opportunities and confidence to make new friends, as much as renewing contact with old friends.

Generally, we find our few close friends from within our much larger networks of more casual acquaintances. Even for people who have very few contacts and who want – or need – some people in their lives to take on a close support role, it has been found that an effective route is to start by making lots of less intense contacts. This enables the person to get back into practise around starting and sustaining relationships. It also brings less risk of rejection. The few close relationships will emerge over time. Staff in services can help people think about how to make more contacts, develop the social and personal skills, and go with the person to new places and activities.

When people do begin to make new friends and feel positive about themselves, it is often based around their contribution, and that contribution is usually linked to a shared interest between the people involved. For example, PLAN (Planned Lifetime Advocacy Networks) in Canada has found that if someone has few people around them, the best approach is to work out what that person is passionate about, and

then go to places where there are other people who share that enthusiasm.
(Etamnski, 2000 and Outside the Box, 2004)

Most relationships are based on reciprocity. This can be *specific reciprocity* – I'll help you tidy your flat, you'll help me next time I need to redecorate; I cheer on your football team, you come with me to the cinema. It can also be a *collective reciprocity* – you help me when I'm not well, and at some time in the future I'll stand by someone else. But reciprocity can be hard for someone who is recovering from a long period of mental ill-health: the relationships between people who work in services and people who use services do not encourage reciprocity, and someone who is used to having the focus on what they can't do may not think of themselves as having much to contribute. One way staff and friends can encourage someone is to identify their strengths.

Many people underestimate their gifts and potential contributions. This is especially so for groups or communities which have been told for a long time that they have needs and deficits – where all the emphasis has been on what they can't do. The work of the Asset-Based Community Development programme has many examples of how people have changed the way they tackle the problems in their communities, and for themselves, when encouraged to start from what they can do. (McKnight and Kretzman, 2004) [1]

'You don't know what you need until you know what you have.' McKnight (SRC 2005; see also McKnight 1995)[2]

Although there are concerns about the relative decline in formal organisations, there appears to be a growth in informal networks – reading clubs, mutual support groups, hobby and interest groups and the social networks around these. Putnam (2000. p.148-152) has confirmed that even though these networks were not specifically designed to provide care and support, they often fulfil that role. [3]

The different networks of people do different things. Close friends and groups with shared experiences are good for supporting us through difficult times. The looser ties and the wider range of contacts and knowledge among members of shared interest groups and bridging groups make them more useful when we are looking for something new – such as a job or information.

'Bonding social capital is good for getting by, but bridging social capital is crucial for getting ahead'. de Souza Briggs, quoted in Putnam (2000. p.23)

Circles of Support

One approach which has used the research and practice experience to develop community connections for people who are recovering from significant mental health problems and for other vulnerable people is Circles of Support. This idea first began with people who had cancer and has been developed with people in other situations, by organisations such as PLAN. An example of a project in Scotland working on these lines is the Circles Advocacy Project in Glasgow. [4]

Each Circle of Support is as unique as the person at the centre of it, but there is consistency in the main features of circle, especially for someone who has few people in their life. This is a brief description; there is more detail in the documents and websites. [5]

- The aim is a self-sustaining network, which will support someone over time and if their circumstances change.
- People actively go out to recruit friends for that person.
- It usually brings in existing friends or family and new people.
- People look for a lot of acquaintances, to give the person more opportunities for a good quality of life as well as to help find the smaller number of people, who will take on closer roles.
- Those contacts start with the shared interest.
- Someone takes on the role of facilitator or co-ordinator for the first year or two.
- The members of the circle support each other as well as the person.
- The rules are negotiated and clear – e.g. when you get unwell we are going to keep phoning and visiting you, and tell each other how you are doing.

In May 2004, some people from across Scotland came together in Dundee to talk through the practical aspects of getting circles of support for more people, and particularly for people with mental health problems. Our conclusions were:

- The circles approach can work for people who have mental health problems.
- We had ideas about ways it could work if someone wasn't well and didn't want a network of people around them.
- This approach can work with people who have a caring family and for people who aren't in touch with their family.
- Circles can support families and friends in their caring roles, and help them to look after themselves.
- Friends can help people to ask for what they want. They complement the work of advocacy projects.
- This approach can be developed through new projects and by building the ideas into existing projects and services.

Some quotes from the Dundee discussion:

'It would keep you well – people to stand by you when you begin to get more ill.'

'When I was really low it was friends who got me through it, even when I thought I didn't want them at the time.'

'If we provide services but don't think about how people will make friends and connections, we are setting those people up to fail.'

Practical approaches to recovery and community connections

There are many examples in Scotland where people have used a range of approaches to increase the connections within the community for people who are recovering from mental health problems.

- Staff in many social care and health services are encouraging people to maintain or expand their social networks. When services are thinking about the outcomes of their work, are they looking for improved confidence and social skills as well as looking for improved management of other symptoms? Is participation in the community as important an indicator of someone's well-being as the level of their medication?
- Services are encouraging people to take on specific activities where they are going to get social contacts or learn the skills to cope well in new situations. Examples which people have found helpful include supported employment projects, a local mental health service taking out a group membership of a local sports facility, and arranging assertiveness courses.
- There are projects which provide befrienders. Befrienders will of course go at the pace which suits the person. But projects might want to consider whether this relationship and activities are the end point, or whether these are supported to be the springboard for the person finding other friendships and activities.
- Many people enjoy opportunities to develop and discover interests and skills – such as art, gardening, or creative writing. For some people, it is the therapeutic aspects which matter to them, and they prefer to work alongside people who understand the mental health dimension. For others, this is a fun thing to do. People might want to look at the opportunities for also taking part in the ordinary activities which everyone else in that area uses – such as evening classes, volunteering to look after gardens – as a way of sharing their enthusiasms and making a contribution.
- Many people have found getting involved in mental health strategies or user involvement has helped them gain confidence. Some people have also got involved in wider community issues – for example, to improve options for housing in that area.
- People make plans to get extra support around them in times of crisis. One example is identifying friends' roles as parts of a crisis plan, which may become more explicit as advance directives are used under the new Mental Health Act.

This does raise the question of what a recovery-friendly community or recovery-friendly society looks like? What can mental health services, or individual people, do to encourage recovery-friendly policies?

People will have their own ideas, but these are some of the opportunities we can explore.

- What would help mainstream services and connections in your area feel welcoming to people who are recovering from mental health problems? There may be things you can do to help make them be more accessible – training for their staff or members, or explaining what people would find helpful. Could you find out more about what they can offer?
- Many of the issues which are important to individuals' recovery - such as employment, housing, poverty – are not going to be solved from within the mental health services alone. Which other services and organisations are working on these issues in your area? Are there ways you can feed into what they are doing, to make sure the experience of people with mental health problems is built in to the solutions?
- The Community Planning process is intended to join up the range of specific strategies across a local authority area. Do people know what the opportunities are to feed into these overall plans, to make sure that all the activities of the Council, NHS and other partnership agencies are working towards supporting recovery?
- Many of the communities which are looking at regeneration have significant levels of mental health problems. Are there ways you can use the expertise of people with mental health problems, families and staff and contribute what you have learned to the people involved in the Social Inclusions Partnerships and regeneration projects?
- The ideas around recovery – having a purpose, being in control, valuing people's strengths - are consistent with thinking around how to support communities. There will be people outside mental health settings who may be interested in these ideas and how they are being applied.

Conclusion

Friendships and other ways of connecting with our communities are an integral part of our well-being. They complement the contribution of formal services, and are an important element of supporting recovery. People in Scotland are beginning to develop ways to take on the ideas and the practical steps which will strengthen the links between recovery and nurturing community connections. It will be helpful if we continue the dialogue through the Scottish Recovery Network.

References and further reading

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SCR , (forthcoming 2005) Learning Profile from Asset Based Community Development Masterclass, 2 June 2004

[1] The Asset Based Community Development programme is based at Northwestern University in Chicago and is led by John McKnight and John Kretzman. Over 30 years the team has built up a strong body of research and practice experience around identifying and building on the assets and strengths of people and communities which are marginalised.

There are several tools for identifying the assets of a community – starting with individuals and associations:

- Voluntary Associations in Low Income Neighborhoods: An Unexplored Community Resource. A case study of Chicago's Grand Boulevard Neighborhood www.northwestern.edu/ipr/publications/papers/grandblvd.pdf
- Mapping Community Capacity: www.northwestern.edu/ipr/publications/papers/mcc.pdf
- The ABCD Capacity Inventory in Building Communities from the Inside Out is at www.northwestern.edu/ipr/abcd/abcdci.html and www.northwestern.edu/ipr/abcd/cihowto.html

There are also ideas from person-centred planning which are useful here. Organisations delivering community-based services have been developing these approaches over several years, see for example: www.shstrust.org.uk

[2] The Scottish Centre for Regeneration

http://www.communitiesscotland.gov.uk/Web/Site/scr/scr_homepage.asp

[3] See chapter 9 of Putnam 2000 for the role of less formal networks.

[4] The Circles Advocacy Project in Glasgow is part of the Circles Network, which is based in Rugby and has circles projects throughout the UK. The Circles Advocacy Project works with people who have been in hospital in Glasgow and provides training in person centred planning tools, circles of support and advocacy. The people they work with include people with mental health problems and/or learning difficulties who have offended.

Circles Network: www.circlesnetwork.org.uk

Circles Advocacy Project: smcquarrie.circles@btconnect.com

[5] There is material and further references in the report by Outside the Box, (2004), *Circles of Support Discussion Paper*. See: www.otbds.org