Background:
Health in Mind is a charity, which has been delivering mental health and wellbeing services for over thirty years, funded by Local Authorities, the NHS, Scottish Government and individuals. We work in Edinburgh, the Lothians and Borders. Our service experience includes support, day services, counselling and befriending, for both adults and older people. Our volunteers are at the heart of many of our services, with over two hundred local people supporting our staff and people who use our services.

The stigma around mental health is well documented, as well as its prevalence; although this is slowly changing, our experience tells us that people with mental health issues often feel excluded from their communities and from the lives of those around them – they are socially isolated for no good reason other than their poor mental health and a general lack of public insight and understanding. An older person can face a double stigma, due to age-related discrimination, as well as poor mental health. Our work in this area offers us some insight into these challenges and is the basis of our work to provide support and opportunities to help people to engage (or re-engage) with their local communities and build or re-build their own social networks.

Health in Mind understand there to be key differences between social isolation and loneliness. Loneliness is a psychological state, and emotional response to a perceived gap between the amount of personal contact an individual wants and the amount they have. It is linked to, but distinct from, the objective state of social isolation (Safeguarding the Convoy, Campaign to End Loneliness, 2011). However, we do recognise research undertaken that there is a cross over between social isolation and loneliness.

Prevalence of social isolation in urban and rural settings
In our experience, loneliness and social isolation can affect anyone, regardless of whether they live in a village, town or city or a more remote area. Significant life events, which have a higher incidence amongst older people, can lead to feelings of loneliness and isolation. Such events are well documented elsewhere, but can include the death of a partner; being the victim of a crime; retirement; illness or disability; being a carer. In addition, as people become older and more physically frail, a fall can result in someone losing the confidence to leave their house, increasing their social isolation.

These experiences can happen to anyone, but their ability and motivation to respond to their situation can be affected by where they live, access to transport and available services. What is often overlooked is the initial support that many older people need to take that ‘first step’ back into engaging with their local services and communities.

In close-knit or smaller communities (both rural and urban), we know that some people choose to not engage with services as they have concerns about being recognised by neighbours, friends or family. They do not want to risk being labelled as lonely, or isolated or as someone experiencing mental health difficulties.

These barriers to reducing social isolation prevent opportunities for older people to spend time with other people thus reducing the opportunities to develop relationships, which can provide protective factors against loneliness.
Impacts of social isolation (and loneliness)
The impacts of social isolation on physical health are well evidenced and the relationship between social isolation and loneliness has many variations. Research tells us that socially isolated people are at greater risk of experiencing loneliness, and that the feelings of loneliness we all experience at points throughout our lives are more likely to become chronic among socially isolated people. Personal resilience and the ability to cope with adverse life events will influence the way in which people respond to loneliness. Many people live happily in relative seclusion, whilst others need people around them to flourish. Using a person-centred approach, we need to assess where people sit in that spectrum and offer them the support that they need. Where support is insufficient or inappropriate, research and our experience tells us this may lead to poor mental and physical health outcomes, including: low mood; depression; increased use/ misuse of drugs or alcohol; poor eating / nutrition; poor confidence; low self-esteem; suicidal thoughts; risk of heart disease, greater risk of blood clots, increased hypertension, risks for mortality. A link between loneliness and cognitive decline and dementia in older people has also been shown. The risk of Alzheimer’s disease more than doubles in older people experiencing loneliness. (Wilson RS, Kruger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL et all (2007) Loneliness and risk of Alzheimer disease. Archives of General Psychiatry 62(2))

For people who are well, social isolation can become an issue as they age and life events take their toll on their personal and social networks. People respond differently in these situations – some will feel lonelier than others. For people who feel lonely, long-term ‘companionship’ services are often what they are looking for, if they do not feel able to engage with shorter term ‘connecting’ services. These shorter-term interventions, involving volunteers to support people to engage with community facilities and services, work well for people who are motivated to engage.

Best practice and ideas that could be shared across Scotland, including examples of targeted support or initiatives (including housing, health, third sector)
Health in Mind staff recruit, train and support over two hundred volunteers, most of whom are actively involved in our ‘connecting’ services.

Our volunteers help build a person’s confidence and self esteem; provide more opportunities for social contact; support them in building relationships with others; encourage them to take part in local activities or groups and help them to pick up old hobbies and interests and discover new ones. Many of our former service users have used their experiences to become some of our best volunteers, offering peer support. Our volunteers are well trained and supported, in line with our Investing in Volunteers (liV) accreditation.

We believe our services demonstrate best practice and many people throughout Scotland could benefit from similar services in their area. The impact of this could be to significantly contribute to improve:
- The general health and well being of individuals,
- Reduce the number of suicides and attempted suicides,
- Reduce costs to NHS Scotland through associated health issues,
- Help people to maintain links with family and friends
- Help people to stay in work.
In Edinburgh, **Community Connecting** supports people over 65 to find out what services, activities and groups are available in their local area, and provide support and encouragement to enable people to get involved.

People can engage with the service in four different ways and they are:

- **Information**: We meet with people and talk about the kind of things they would like to get involved with and pass on all the information they will need to get started.

- **Telephone Support**: As well as offering information, we can match someone with a volunteer who will phone them on a regular basis to hear how they are getting on using the information we provided. This listening ear can support a person with any worries they may have about getting out there and can support them to find ways to cope with these worries.

- **Group Support**: We offer opportunities to meet with others in a similar situation and to enable people to take the first steps into their community in a safe and protected environment.

- **One to One Support**: For some people, being in a group situation can feel uncomfortable and so we also provide one to one support to help build confidence, find out what services and groups people can access and start to take part. People are carefully matched with a trained volunteer and together they develop a plan to get the most out of the support. Through support from a volunteer- someone who chooses to spend time with them, older people can begin to feel that others may also want to spend time with them. This increased confidence and self-esteem can often be the motivating factor in older people building new relationships and friendships.

We can evidence the impact of our service delivery through a series of self-evaluation based questionnaires and case studies, as outlined below:

**Older people feel less isolated**

**Social Networks:**

- 100% of older people felt their social network had increased. When asked, ‘how often do you take part in activities in your local community’ at the beginning of the service, 15% of people responded never, 62% responded almost never, 8% responded sometimes and 15% responded often.
- At the end of the service, when asked the same question, 38% of older people responded often and 62% responded most of the time.

**Personal Networks:**

46% felt their personal network had increased. When asked ‘how often do you feel that you have a network of friends who can support you if you need it’, 31% of older people responded almost never, 38% responded sometimes and 31% responded often.

At the end of the service, when asked the same question, 23% of older people responded almost never, 15% responded sometimes, 55% responded often and 7% responded most of the time.

**Older people have improved health and wellbeing**

**Mental Health:**

100% of older people reported feelings of improved mental wellbeing. When asked ‘how often do you feel well and healthy’ at the beginning of the service, 69% responded almost never, 23% responded sometimes and 8% responded often.

At the end of the service, 69% responded often and 31% responded most of the time.
Physical Health:
100% of people reported feelings of improved physical health. At the start of the service, when asked ‘how often do you feel physically healthy’, 85% of older people responded never/ almost never, 15% answered sometimes.

At the end of the service, when asked the same question, the same people responded 38% sometimes, 38% often and 23% most of the time.

Older people value themselves more
100% of people valued themselves more - at the start of the service, when asked ‘how often do you feel you value yourself’, 24% of older people responded never, 31% responded almost never, 38% responded sometimes and 7% responded often.

At the end of the service, when asked the same question, 38% of older people responded often, 38% responded most of the time, and 24% responded all of the time.

Older people feel safer living at home
92% of people reported feeling safer at home. At the beginning of the service, when asked ‘how often do you feel safe and comfortable in your home’, 23% of older people responded never, 31% responded almost never, 31% responded sometimes and 15% responded often.

At the end of the service, when asked the same question, 38% responded often, 31% responded most of the time, 31% all of the time.

Example: One older person was planning to leave her home and move to a care home but after support from the service she decided to stay in her own home.

Following a break in at her home ‘Gina’ was referred to us by a Community Police Officer, Gina did not feel safe at home and Community Connecting have been working closely with the Community Police team around safety in her home. Gina has been supported to travel on the bus again and to rebuild her confidence in her local area. For example: Gina is supported to go out to the bank and post office, which is something she was very reluctant to do since her break in

Carers feel supported and able to continue their caring role
Example: This is just one example of how we support carers as part of Community Connecting.

‘Violet’s’ carer is her daughter ‘June’ and June is disabled. When Community Connecting started to support Violet, June reduced the amount of time she spent with her Mum. Both June and Violet have commented on the ‘boost’ in health for June. June told us that prior to Community Connecting when they were on holiday Violet did not feel confident walking and so took her wheelchair. This meant that June had to push her Mum around and this placed a great strain on her. On a recent holiday Violet felt confident walking thanks to input from Community Connecting and did not take her wheelchair. This meant that June was able to rest and get the benefit of time away.

Case study: Peter was referred to Community Connecting by his social worker. After a serious fall he had been in hospital for 6 months for various physical health issues. During
that time Peter's confidence and mental health had deteriorated dramatically. On discharge, he moved into a new area to sheltered accommodation more suitable to his needs.

Peter told us he felt very institutionalised after spending such a long time in hospital and was only able to mobilise short distances with a 4 wheeled walker. This combined with the change in home circumstances had left him feeling very isolated and low.

Peter only left the house when his family came to visit at the weekends because he did not feel confident walking alone outside, and he did not know the area. His family told us they found this very difficult because he has previously been a very sociable man. Peter’s family felt a massive strain worrying about him.

Peter's family had bought him a mobility scooter to help him get around outside the house but he had not used it outside because he was not confident in using it.

Peter was matched up with Joe a volunteer in his 30’s who wanted to volunteer to build his confidence after a period of illness. Joe had himself felt very isolated so could understand some of the feelings Peter was going through.

Peter and Joe had lots in common. Joe supported Peter to test out his scooter for the first time. Each week Peter’s confidence grew and Joe supported him to go further afield in his scooter. Because he was out more, Peter began to bump into old friends and started to build up his relationships with them again.

By the end of Community Connecting support, Peter was confident in being out on his own on his scooter. He also started attending the BEABLE day project to build up the strength in his legs.

Joe and Peter are still in contact and they meet up and speak on the phone. Peter talks about being thankful to Joe for supporting him and Peter’s family described him as being ‘back to the old Peter!’

**Case study:** Eighty eight year old Nan was referred to Community Connecting via the Edinburgh Stroke Service, following her discharge from hospital and completing a rehabilitation programme. Her stroke left her with limited movement down her left side and with very little confidence walking both indoors and out.

Living in the Gorgie area, prior to her stroke, Nan would visit the local shops in nearby Dalry almost daily and was a regular at the bingo twice a week. She was no longer able to do this following her stroke. Nan’s only family was an older sister who often struggled with her own health and was no longer able to visit.

Nan’s goals were to be able to walk confidently with a walker both indoors and out; return to visiting her local supermarket weekly; return to preparing and cooking food on her own.

Nan was matched with Jane, who had previously supported another lady with limited mobility. Jane and Nan began by taking things slowly and walking to the nearest post box and back, occasionally posting a letter. Together they worked on increasing Nan’s strength and stamina, walking to the local supermarket and returning via a taxi.
Jane supported Nan to apply for a space with Dial-a-Ride, supporting her to travel to the local supermarket and back again.

As their time together came to an end, Nan had reduced her daily package of care from four times a day to once a day, now preparing both her breakfast and lunch on her own. Nan and Jane have remained friends.

A short film, in which people talk about their experience of using the service, can be found here [http://www.health-in-mind.org.uk/services/community-connecting.html](http://www.health-in-mind.org.uk/services/community-connecting.html)

**Community Navigators** and a team of friendly local volunteers will support people over 65 to find out what is on in their local area, and how they can access the support they need, in the way they want. We publish a twice-yearly magazine, which outlines how to access support and services and what to expect when they do. We have also hosted informal information stations across South West Edinburgh in local supermarkets, cafes, GP surgeries and libraries. People often need to use services for the first time in older age and can feel scared of making the first approach— not knowing where to turn. The reluctance to access services can then lead onto isolation and a feeling of being alone. Community Navigator supports people to take that first step through our community presence and through breaking down jargon and stigma, which can be associated with using services.

**Potential ideas for improvement and influencing policy**

MAPS (My Assets and Personal Strengths) Wellbeing Self-Management Project, a new project run by Health in Mind and funded by the Alliance, recognises that people using services come with significant knowledge, skills and talents. We support people experiencing mental health difficulties and other long-term conditions to tap into these assets and the assets of the community in which they live, to better self-manage their wellbeing. Groups spend time working together to identify and think about how their personal and community assets can support their well-being and help them self-manage their condition. Early results indicate that this person-centred, strengths based approach could be of real benefit to older people, many of whom have co-occurring conditions.

As outlined in the sections on ‘prevalence’ and ‘impact’, many older people would like a long term volunteer ‘companion’. Although short-term services are preferred for financial reasons, this option should not be dismissed, since it takes a preventative approach and can mitigate against the longer-term impact of loneliness and its negative (and costly) impacts.

Many older people are motivated to engage with short term ‘connecting’ services which link them back into their local communities— their positive impact is well evidenced and would benefit from ongoing support.

We hope that many of the services offered to older people will benefit from the integration of health and social care; service provision and opportunities are not consistent across all geographical areas and the benefits of certain social work funded services may often accrue to NHS. A more holistic approach, addressing the needs of older people through shared information and resources will be welcomed.

The mental health needs of older people have been highlighted in the current (Scottish) mental health strategy, which ends in 2015; it recognises the need for improved access to psychological therapies for older people. This commitment should be enhanced and the
scope developed to include the wider mental health needs of older people in the period beyond 2015, striving towards equity of provision for all ages.

Volunteers are fundamental to the effectiveness and impact of the services we have described here; however, fewer people are volunteering, evidenced by research from Volunteer Scotland. Organisations, which enhance volunteering and practice, set standards and provide relevant information, should be supported through funding and policy development.

**Effective awareness-raising within communities**
Case studies, personal narratives and accessible information in a range of formats can all underpin effective awareness-raising, reducing stigma around loneliness and isolation and encouraging people to use available services.

For many people, the greatest impact is achieved through face to face interaction and personal experience; the use of volunteers to deliver and support the services outlined above means that increasing numbers of people in the community will have experience of supporting older people. This insight promotes understanding of and empathy with the challenges faced by older people, increasing awareness and creating a more resilient community, with improved capacity to support older people. This preventative approach can lead to safer, more sustainable communities, greater social cohesion and reduced costs.

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12 March 2015