Introduction:

RAMH have been an active provider of mental health support services for 25 years. Our purpose is to enable people to recover from mental ill health, and to build independent, fulfilled lives.

We do this in 6 ways:

1. Providing immediate support in crisis situations
2. Supporting people in their own homes with individualised care and practical support
3. By providing day services including social and educational groups, drop-in facilities, and supporting recovery and continued well-being
4. Providing counselling to young people within their schools, and to adults in the community
5. Supporting carers, family and friends through education and information
6. Raising awareness to overcome misconceptions around mental health

• RAMH provides 250,000 hours of face to face support, in local communities, every year

• We provides support for mental health diagnosis from depression to self-harm, bipolar disorder to anxiety issues.

• RAMH provides 83,601 interventions every year; that is 229 per day, 7 days per week

• RAMH directly supports 4,000 local people per year, and indirectly has a positive impact on 12,000 people per year

Combatting Loneliness, Isolation and Boredom

It is our firm belief that, regardless of diagnosis or categorisation, the impact and consequences of

• Loneliness
• Isolation
• Boredom

fundamentally undermine an individual’s capacity to recover from mental ill health. It can and does contribute to feelings of exclusion, abandonment and all too often leads to retraction from or avoidance of friends, neighbours and communities.

Suicidal behaviour, suicidal ideation and self harm account for 30% (225 people) of the 750 individuals who accessed our Crisis Support service in Renfrewshire last
year. We know, from how people describe their feelings, that loneliness and isolation are major factors which contribute to suicidal thoughts.

Also and notwithstanding the frequently associated presence of financial poverty, we interpret loneliness, isolation and boredom as **Social Poverty**.

**Renfrewshire Developments**

Recent developments in Renfrewshire has given rise to a consortia of local organisations, tentatively referred to as **The Coalition against Loneliness and Isolation**.

This is a collection of, thus far, 18 local organisations (see appendix attached) in association with the Local Authority and NHS.

Our evolving remit is to:

a) Consider different ways of tackling loneliness and isolation through community action

b) Identify ways of supporting the good work going on already in Renfrewshire

c) Identify ways of developing new and/or more support to tackle loneliness and isolation

d) Think about how working in partnership can deliver more community action on loneliness and isolation in Renfrewshire

The driver for this initiative was based on what potential **The Integrated Care Fund** can offer, to combat loneliness and isolation.

**Our key findings so far**

- Importance of being able to recognise signs of loneliness in people, particularly vulnerable people, and to identify reasons for feelings of loneliness to start identifying what will help

- Importance of being able to get information out to people about local services and local groups

- Need to recruit and support volunteers within local networks

- Recognising that there are different ways of helping people out of loneliness – everyone is an individual with individual needs and preferences

- Importance of communications between social care, health, third and independent sector organisations to deliver sustainable services

- Need to raise awareness about how loneliness can impact on people’s physical and mental health
**Target Areas:**

The ‘Coalition against Loneliness and Isolation’ has provisionally identified 3 main areas to look into, to provide a platform from which to challenge the impact of Loneliness:

1. **Develop a Social Prescribing approach**

Social prescribing is a model used in some areas, where GPs refer people into community-based services and supports as an alternative to, or support for, treatments from statutory services. The success of such models relies on the availability of a good range of community-based options (usually relying on volunteers) and GPs and associates investing time and resources in a new referral process.

   A clear, coherent and collaborative process in which health / social care practitioners work with patients and service users to select and make referrals to community-based services.
   
   Signposting - new roles and support for people who help patients and service users understand, access and navigate community-based services that will improve their health.
   
   A balanced and healthy ecosystem of community-based services and providers so that a wide range of opportunities are available - See more at:


2. **Identify Community Hubs**

Community hubs will act as a focal point for local services to operate from. These will be ‘universal’, in that they will be shared and not the sole domain of any single agency. We will identify potential locations and their suitability for promoting and supporting people's access to information - possibly identifying some pilot schemes with a view to measuring impact of innovative ideas.

   We will consider the desirability and feasibility of joint working on targeting particular care groups, geographic areas or health and care issues for special action on information services.

   None of the above seeks to compartmentalise or pigeon hole people, rather it recognises that there needs to be a multi-faceted approach to address individual needs. The potential to link people into existing initiatives throughout their community remains fundamental.

3. **Building capacity of volunteer and community groups**

As with discussions on information dissemination, it is important to build volunteer bases and the capacity of community-based organisations to engage and further develop their roles in preventative action on health and well-being. Findings from previous consultation and planning events suggest three main routes to building capacity:
i. High profile promotion of volunteering as a positive choice for individuals of all ages

ii. Good systems for recruiting, inducting and supporting volunteers

iii. Having clear goals and outcomes for volunteers and their work – “making volunteering meaningful”

Stephen McLellan
Chief Executive
RAMH
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