A World To Belong To

Social Networks of People with Mental Health Problems

Cumbrae House
15 Carlton Court Glasgow G5 9JP
Tel: 0141 568 7000 Web: www.samh.org.uk

© SAMH 2006
Acknowledgements

Many individuals and organisations have contributed to this research:

• The people with experience of using mental health services who, as participants in focus groups, gave us the opportunity to develop the research questions
• The 200 people who participated in the interviews
• The staff in mental health services who participated in telephone interviews
• The staff in mental health services who facilitated our contact with their service users
• The sessional research interviewers who carried out many of the interviews
• The members, past and present, of the Project Management Group
• Simon Bradstreet for his contribution to the development of the research proposal
• The Big Lottery fund which funded the research

Kathryn Berzins
Research Associate
Public Health and Health Policy, University of Glasgow

Contents

Foreword 1
Executive Summary 2

Section 1 Introduction 4
Aims And Objectives 5
Methodology 5

Section 2 Key Findings 6
Part 1 - The Experience Of Social Contacts For People Who Use Mental Health Services Compared With The General Population
Part 2 - Mental Health Services’ Promotion Of Social Contacts 10

Section 3 Conclusions And Recommendations 13

Appendix Organisations Involved 14
Research Sites 14
Foreword

The title of this report comes from a phrase that was quoted in a training course I undertook some years ago. It came from a proposed model for community life developed by Mae Shaw in the early nineties. Mae wrote that:

“Community is a quality of life. It is distinguished by three fundamental values:

- Security (a place to stay)
- Significance (a role to play)
- Solidarity (a world to belong to.)”

These three values are fairly basic, and most of us would agree that they are fundamental to living a full life. This report focuses on the final value: a world to belong to. At a time when social inclusion is the buzzword on everybody’s lips, this study aimed to find out just how included people using mental health services actually are.

I hope that policymakers, service providers and people using services will find this report both interesting and useful. In particular, I hope that its recommendations will help to ensure that people who use mental health services are able to broaden the horizons of the world they belong to, whenever they feel ready to do so.

Shona M. Neil
Chief Executive
SAMH

Executive Summary

This report summarises the findings of a research project exploring the social networks of people who use mental health services.

The research involved interviewing 200 people who use mental health services, 1000 people from the general population and 20 mental health professionals.

The findings show that people who use mental health services are at a disadvantage in forming and maintaining relationships with other people. Given that social contacts have been identified as an important factor in promoting recovery and social inclusion, this is a serious issue which deserves attention from policymakers and service providers.

The study found that when compared with the general population, people who used mental health services were more likely to live alone, less likely to have a partner and less likely to be in employment. They generally saw less of family, friends, neighbours and colleagues than those in the general population. They were more likely to be dissatisfied with the numbers of people they saw and more likely to score lower on a measure of social support.

Over one third of the people who used services felt that the main person they could confide in was a mental health professional.

Many of those who had used services said that mental health services supported them with making friends and maintaining other relationships; both important factors in promoting recovery. However, less than half felt that mental health services were supporting them with accessing other community services outwith the mental health field.

These findings show that in every area of life, from employment to life in the community, people with mental health problems are still likely to experience exclusion. Important work on fighting the stigma of mental health problems is already being carried out by the See Me campaign, and these results show a clear need for this work to continue. The recommendations in this report focus on the work that service providers can do to combat this widespread exclusion.

The report also shows the effect that being, or having been, in employment has on the social contacts a person experiences. People using mental health services who were currently in employment had more contact not only with colleagues, but also with friends, neighbours and mental health service providers. Furthermore, nearly a quarter of friends seen in the week prior to interview had first been met through employment. This suggests that being employed has beneficial

1. Recovery is happening when people can live well in the presence or absence of their mental health problem and the many losses that may come in its wake, such as isolation, poverty, unemployment, and discrimination. Recovery does not always mean that people will return to full health or retrieve all their losses, but it does mean that people can live well in spite of them.” Mental Health Commission, New Zealand.

2. Mae Shaw (1991) paper to the Association of Principal Officers in Community Development.

Shona M. Neil
Chief Executive
SAMH
effects on a person’s social networks, which can have positive effects on mental health. This finding supports SAMH’s campaign for people with mental health problems to be able to access appropriate training and support to enable them to work, if this is the right decision for them.

In conclusion, this report recommends that mental health services:

- support people in maintaining existing relationships;
- promote the development of new relationships, both within and outwith mental health services;
- recognise that a practitioner’s role may involve being the main person someone using services can confide in;
- be aware that paid or voluntary employment can result in a wider social network.

SAMH believes that in implementing these recommendations, services could strengthen the support they provide to individual service users and thus promote their social inclusion.

Over one third of the people who used services felt that the main person they could confide in was a mental health professional.

An important part of feeling involved and included in society is in our relationships with those around us.

Section 1 - Introduction

Over the past few years we have heard a lot about social inclusion. It is a term that has featured prominently at all levels of government, including Westminster, the Scottish Executive and local authorities. The aim of this project was to look at one important element of social inclusion - interaction with other people, including daily social contact with friends, family and staff from mental health services - and examine how this was being experienced by people using these services.

An important part of feeling involved and included in society is in our relationships with those around us. This can be through relationships with family, friends, colleagues, neighbours and the wider community. People with mental health problems can experience exclusion across many areas of life, from personal relationships to employment.

For example, in 2000 a survey by the Office of National Statistics found that people with severe mental health problems were three times more likely to be separated or divorced than people without, and were twice as likely to live alone. Stigma is undoubtedly a key factor in this exclusion, but many other things can also play a part. These include admissions to hospital, the symptoms of the mental health problem and family breakdown.


Aims and Objectives

The aim of this research was to explore the contribution that social networks make to the lives of people using mental health services in Scotland. The study focused on three key research questions:

- What are the experiences of social networks for people with mental health problems in Scotland?
- Do people in the general population report similar experiences of social networks to people with mental health problems?
- How do mental health services promote the development of social networks in delivering services to people with mental health problems?

METHODOLOGY

We conducted interviews with three separate groups:

- 200 people who were regular users of mental health services
- 1000 members of the general population
- 20 mental health service professionals

The interviewees were spread across Scotland to ensure that people living in a range of communities were represented. Interviewees were all aged over 18. Interviewees who were using mental health services had, on average, been doing so for 15 years.

People who use mental health services

The interviews with people who use mental health services were conducted face-to-face in a supportive environment. We asked interviewees to tell us about who they had seen during the week prior to the interview; the nature of their relationship with these people; whether they were satisfied with the number of people they saw; whether services they used supported them with these relationships and encouraged them to participate in the wider community. Finally, we asked people to complete a standardised measure to give an indication of how much social support they received.

General population

Interviews with a representative sample of the Scottish population were carried out over the telephone by an opinion polling organisation. Interviewees were asked about the numbers of people they saw and their satisfaction with these contacts, and were also asked to complete a standardised measure of social support.

Mental health service professionals

Interviews were carried out over the telephone. Interviewees were asked about:

- their views on the importance of social relationships; and
- the ways in which their organisations supported those who used them in developing social relationships.

Information from the interviews was recorded and analysed. A summary of the findings is set out in the following section.

Section 2 - Key Findings

Part 1 – The experience of social contacts for people who use mental health services compared with the general population

We found significant differences between the social contacts of those using mental health services and the general population.

1. Living alone We found that two thirds of the people who used mental health services lived on their own. This was over four times as many people than in the general population.

Percentage of people using services and general population who lived alone

![Percentage chart]

2. Marital status seventy-five percent of people using services said they had no partner, compared with 32% of the general population sample.

![Marital status chart]

3. Employment forty-eight percent of those who used services described themselves as unemployed compared with only 9% of the general population. Only 10% of the people using services were in paid employment, while another 38% did voluntary work.

Oslo Social Support Scale1 The Oslo Social Support Scale was used with both people who used services and the general population. It consists of three questions and, depending on their answers, people are classed as having poor, moderate or strong social support.

People using services and general population levels of social support

![Social support chart]

As the chart shows, people using services were much more likely to have poor social support than people in the general population. Over half of those using services were classed as having poor social support compared with only 6% of the general population. People using services scored higher if they felt mental health services:

- supported them with family relationships;
- encouraged friendship within services; and
- encouraged them to use mainstream services.

This shows that there may be a connection between the support people receive from mental health services and the strength of their social support.

How easy is it to access practical help from your neighbours?

The three questions that make up the Oslo Social Support Scale ask:

- How many people can you depend on?
- How much concern and interest do people show towards you?
- How easily can you get help from your neighbours?

There were significant differences between the general population and those who used services in their answers to these questions. As the chart shows, when compared to the general population, people who used services felt they were much less able to access help from their neighbours, for example, by asking them to receive a parcel. They also felt there were fewer people they could depend on and that other people had less concern and interest in them.

These differences between those who used services and the general population show that many people who use mental health services do not feel that they have many people around them who care about them or that they can depend on. Even accessing help from a neighbour presents a difficulty to many people who use services, whereas the general population finds this easy. This is symptomatic of the widespread exclusion experienced by people with mental health problems.

People using mental health services reported less contact with their neighbours than the general population.

Contact with people during the week prior to interview

1. **Friends** - The majority of people who used services reported having seen between one and three friends. This is less than the general population, the majority of whom reported seeing between four and six friends. It was more common for people who used services to have seen no friends at all than it was for people in the general population.

2. **Family** - Most people in both the samples have had contact with between one and three family members during the previous week. However, 20% of the sample of people who used services had not had any family contact, compared with only 8% of the general population.

As the chart shows, higher percentages of the general population had contact with more relatives overall than those who used services. Not surprisingly, those people who lived alone had seen a lower average number of relatives than those who did not.

Numbers of friends seen during the week prior to interview

Most interviewees who used services had met the friends that they had seen in the preceding week through using mental health services (47% of friends had first been met in these settings). Employment also provided an opportunity to make friends: 23% of the friends seen by people who used services (both employed and unemployed) in the previous week had first been met through previous or current employment.
3. **Colleagues** - Due to the low level of employment amongst the interviewees who used services, only 29% have had contact with people they would describe as colleagues. People who were in employment or another activity had seen a higher average number of people than those who were unemployed.

<table>
<thead>
<tr>
<th></th>
<th>Employed people</th>
<th>Unemployed people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Colleagues</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Neighbours</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Service providers</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

*“If you're not working you're not meeting people”*

4. **Neighbours** - The majority of people using services have had some contact with (e.g. had said ‘hello’ to) between one and three neighbours in the previous week. Again, people using mental health services reported less contact with their neighbours than the general population. These findings show that people using mental health services see fewer people than the general population. As we are dependent on the people around us for friendship, company and assistance, it is not surprising that people using mental health services are more likely to have poor social support.

**Were people happy with the number of people they saw?**

All interviewees were asked how satisfied they were with the number of people they had seen in the preceding week.

**Attitudes towards the number of people seen each week**

To **Did people have someone to confide in?**

All interviewees were asked if there was one person they could confide in, somebody they could tell almost anything to and if so, who this person was. People using services were significantly less likely to have such a confidant when compared with the general population.

Eighty-eight percent of service users said they had a confidant and this person was most frequently a mental health professional (34%). In the general population sample, 95% of people said they had a confidant. For nearly half of these people it was their partner.

**People interviewees said they would confide in**

As fewer of those using services had partners they did not have this option. It appears that for those without partners, mental health professionals are fulfilling the role of confidant.

Professionals were asked about acting as a confidant as part of their role. None felt this was problematic, particularly as they felt professional boundaries were always made clear to people using their service.

**Part 2 - Mental health services’ promotion of social contacts**

**Mental health service use** The majority of people using services (37%) felt they had been experiencing mental health problems for over 20 years. The average length of service use was 15 years.

Most interviewees used either two or three services. Those most commonly used were voluntary sector drop in services (used by 83%), a Community Psychiatric Nurse (CPN, used by 50%) and a psychiatrist (used by 44%). The majority had seen two service providers in the week before interview.

Some professionals spoke of people attending their service on a daily basis. One professional commented: “I dread to think what would happen to some of our users if they didn’t have here to come to.”
Do people make friends through mental health services?

In the week before interview, people using group services (e.g. drop ins) had seen an average of nine other people who used services. A third of the people using services had no contact with other service users.

Seventy-one percent of people using mental health services said they had made friends through a service.

Is making friends with other people who use mental health services always a good idea?

People saw advantages and disadvantages to making friends through mental health services. 94% of the people who had made friends through a mental health service said that these friends had similar experiences to themselves, making them more understanding.

“People have the same problems, you don’t feel like you’re being judged or put down, you’re accepted for who you are.”

The most commonly mentioned disadvantage was sometimes feeling burdened by other people’s problems.

“Sometimes if you’re feeling low and someone else is feeling low too it can bring you down and make you feel more depressed.”

Although some people enjoyed feeling they were supporting other service users.

“I like listening to other people, it helps me forget my own problems.”

Service providers felt that friendships were often beneficial due to shared experiences and lack of stigma, but had often seen conflicts emerge and people become overburdened.

This is an issue that mental health service providers will want to consider. Of course, it is up to the individual to decide who they make friends with, and friendships with other people using services can be very positive. But services should be aware of the potential benefit of people using services being able to develop relationships with people outwith the mental health field, and support people in this if that is what they want.

Do mental health services encourage people to make friends?

Sixty percent of people using services felt that friendships were encouraged within mental health services. Services promoted friendships by organising social and activity groups. People using services who felt friendships were encouraged were more likely to be satisfied with the number of people they had seen in the previous week.

The professionals we interviewed felt that their services created an environment where people could make friends if this was what they wanted, but the primary aim of the service was to provide support.

Are mental health services encouraging people who use them to use other community services?

“It helps you get back on your feet and build up your confidence. As you start to recover you know you’re not alone and you have more confidence to do more outside.”

Less than half of people using services (43%) felt that mental health services helped them to access other community services like education, leisure and cultural facilities. Of these, nearly half (44%) said that staff had directly supported them in accessing other services, while for 36%, the increased confidence they gained through using mental health services had allowed them to seek out other services on their own. The majority of professionals interviewed felt that they tried to promote the use of other services but that people did not always want to use them, often because they felt more comfortable within the ‘safe environment’ of some mental health services.

Providing a safe environment is an important role of mental health services, but we think that they should also encourage people to move beyond this, as and when they feel ready to do so.

Are mental health services supporting people with their relationships with friends and family?

“They’ve helped me to cope with people better by talking things through. They’ve helped me understand other people better.”

Just over two thirds of interviewees felt that mental health services had helped them with their relationships with friends and family (68%). Of these, 59% felt this was through having someone to listen to their problems. Professionals recognised the importance of the relationships of people who used their services, and saw this as an area in which they would often provide support.
Section 3 - Conclusions and Recommendations

These findings show that the social circumstances of people who use mental health services are significantly different from those in the general population. They are more likely to live alone, to not have a partner and to be unemployed. They see fewer friends, relatives, colleagues and neighbours and are more likely to be dissatisfied with the number of people that they see and to have poor social support.

The different experiences that are found when compared with the general population show that people with mental health problems remain at a disadvantage when it comes to their relationships with others and, as a result, their wider social inclusion.

Mental health services clearly play an important role in the lives of those who use them. People make friends through attending group services and receive support with their relationships. Many people also see a mental health professional as the main person they can confide in. However, less than half of the interviewees who used services felt that mental health services were encouraging them to use other community services, despite the fact that the majority of the professionals we interviewed said they aimed to do this.

One of the elements often cited as an important factor in recovery is having supportive relationships with others and feeling included in the wider community. If mental health services support people to develop relationships with people both inside and outside the service, this can help people on their recovery journey.

We recommend that mental health service providers and planners:
- support people in maintaining existing relationships;
- promote the development of new relationships, both within and outwith mental health services;
- recognise that a practitioner’s role may involve being the main person someone using services can confide in;
- be aware that paid or voluntary employment can result in a wider social network.

By following these recommendations we feel that services can strengthen the support that people using services receive and in turn promote inclusion in the wider community.

Appendix

THE ORGANISATIONS INVOLVED:

SAMH
SAMH, Scotland’s leading mental health charity, works to support people who experience mental health problems, homelessness, addictions and other forms of social exclusion. We provide direct services, including accommodation, support, employment and rehabilitation, and campaign to influence policy and legislation and improve care services in Scotland.

We aim to raise the expectations of the people who use services, those who deliver them and society as a whole. We want to make mental health everyone’s business and set the standard for care services in Scotland, against which all other services are measured.

NATIONAL SCHIZOPHRENIA FELLOWSHIP (SCOTLAND)
National Schizophrenia Fellowship (Scotland) works to improve the well-being and quality of life of those affected by schizophrenia and other mental illness. This includes those who are family members, carers and supporters.

PUBLIC HEALTH AND HEALTH POLICY – UNIVERSITY OF GLASGOW

The aim of the Public Health & Health Policy Section of the University of Glasgow is to contribute to maximising an equitable distribution of population health and well-being in Scotland and elsewhere: by creating, exchanging and using knowledge; through high quality research and teaching activities; and by participation in policy, practice and professional development.

RESEARCH SITES:
The research was carried out in the following NHS areas:

(Former) NHS Argyll And Clyde
NHS Greater Glasgow
NHS Highland
NHS Lothian