

Getting it right

Social prescribing and mental health



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Foreword from our Chief Executive Emma Howitt

Our staff are our most important asset. They are compassionate, caring, skilled and professional. They use evidence based interventions, backed up by policies, training and clinical support to help people across Teesside sustain good mental health and enjoy their lives.

We have been working to improve the mental health of people in Middlesbrough and Stockton for nearly 25 years.

We know our community and our outcomes show that we are improving mental health.

We have learned that mental health and people's ability to connect with community activity and services are inextricably linked.

And that is why we think this report is so important. We believe our learning shows what needs to be done to deliver social prescribing in our area for the people who need it most.

Social prescribing will help connect people to each other, to opportunities and to support them to live their lives how they want to – but it takes a lot of work.

We do not have all of the answers. There are barriers that people face beyond their control and ours. Issues such as transport provision, poverty, caring responsibilities – all of which require changes to the economic environment and improvements to public services.

And we need to make sure that social prescribing is not a one size fits all. To recognise that people are individuals. That they want different things and that for some, community activity is not the answer.

Most importantly we need the right people to deliver social prescribing. Our staff are our most important asset. They are compassionate, caring, skilled and professional. They use evidence based interventions, backed up by policies, training and clinical support to help people across Teesside sustain good mental health and enjoy their lives.



What do we mean by social prescribing?

According to NHS England, social prescribing is ...

“... a way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.

“Link workers also support existing community groups to be accessible and sustainable, and help people

to start new groups, working collaboratively with all local partners.

“Social prescribing works for a wide range of people, including people:

- with one or more long-term conditions**
- who need support with their mental health**
- who are lonely or isolated**
- who have complex social needs which affect their wellbeing.”¹**

While we are strong advocates of social prescribing, we are concerned that the approach is at risk of being over simplified and all-encompassing, and will not help those who need it most in our communities.

People’s lives are complex which means they are dealing with multiple issues. Because of this it is not possible to categorise individuals in the way they are described above, as one thing or another. These issues are often interrelated.

We also think it is important to highlight the breadth of issues and symptoms that people who are struggling with their mental health have to manage. Many people are really unwell and may be struggling with self-harm, suicidal thoughts or hearing voices. Staff who are delivering social prescribing need to be skilled to provide support with these issues and manage risk.

¹ From Social prescribing and community-based support – A summary guide, www.england.nhs.uk/wp-content/uploads/2019/01/social-prescribing-community-based-support-summary-guide.pdf



Who we work with

Our data shows that we work with some of the most disadvantaged people in our communities. Those who would benefit from community-based support, but who often need the most help to access it.

During 2018/19:

- **82% of the people we supported report their employment status as unemployed or sick/incapacity**
- **48% have a long-term disability or illness**
- **And 30% live in Wards that are in the 1% most deprived in the country**

Most of the people we meet have complex lives and are dealing with multiple issues.

“If you’ve got someone who’s very capable from the offset, they just need a bit of clear advice, then that’s straightforward...But if you’ve got somebody who hasn’t opened a letter for three years and hasn’t paid a bill for five, that’s a different kettle of fish.”

Firm Foundations worker

“[I am working with] one person whose life is so chaotic and it’s not because of drugs or drink. They’ve been told they’ve probably got Asperger’s. They’ve got a hoarding problem, a housing problem. They don’t have a good relationship with their social worker. And you think, how is this going to change? Who’s really making a difference in their life? And can we? Because it’s so complex and it’s so chaotic.”

Reablement worker

The complexities of people’s lives can mean that their mental health deteriorates because of the stress they are under trying to deal with multiple issues. On the other hand, people who are struggling with their mental health may find their life becomes increasingly complex as they find it hard to keep on top of things. Whichever way round it is, life’s challenges become harder for people to deal with and it can be a very hard cycle to break without professional support.

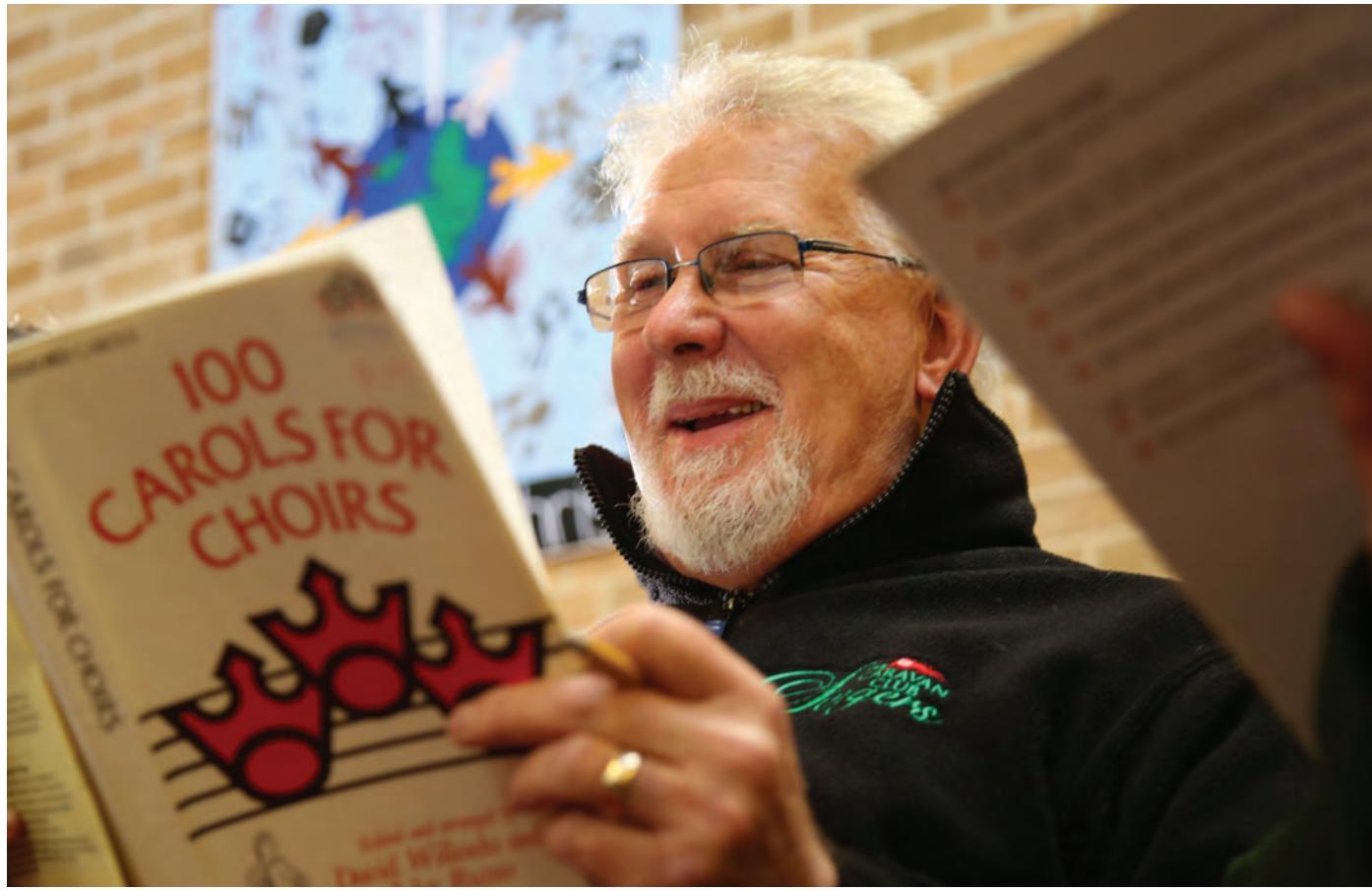
“...they might come in with anxiety and depression on the referral form, but...there’s a lot of reasons why they’re anxious and what’s led them to that point.”

Living Life worker

“It could be debt. It could be past abuse, trauma, family situations, substance abuse. A lot of longstanding stuff. Maybe right from childhood, right up to right now ... for a lot of people.”

Living Life worker

Our evidence comes from our projects



We deliver a range of services that support people to improve their mental health.

For this report we gathered learning from some of our services. We talked to colleagues who are out working with people from our communities. We also looked at existing evaluations and the data we collect on those who we support.

The services we looked at are:

Active Minds

Active Minds offered a range of physical activities and sports to help improve people's mental health and overall wellbeing. The service ended in March 2019.

Ageing Better Middlesbrough

Ageing Better Middlesbrough works to reduce loneliness and social isolation for people aged 50 and over in Middlesbrough. This is achieved through community based activity, by sharing information and by offering one to one support to people who are feeling lonely or isolated.

Firm Foundations

Firm Foundations helps people who are in severe financial hardship and who want practical support

to get back on track. The team helps people manage their immediate concerns such as low income, poor housing, addictions and benefit issues. People are then supported to build up their confidence and skills to help them avoid ending up in the same situation in the future.

Living Life

Living Life supports people who are having problems with their mental health many of who have complex difficulties. Staff help them get to a place of stability and to get involved in community activities, voluntary work, education and employment.

The Connect Recovery College is part of this service. It offers a free programme of short courses to help people improve their emotional health and wellbeing.

Reablement

Our Reablement team works with people living with a long-term health condition and those who have regular hospital admissions. The service aims to help people better manage their mental health in order to improve their overall health.

Ageing Better Middlesbrough reduced levels of depression in 95% of people

98% of people working with Living Life are better at managing their mental health



Our approach works

Our outcomes show that the approach we use is helping people improve their mental health:

Improvements in people's ability to self-care

In 2018/19 Reablement achieved at least a 20% improvement in self-care with 93% of people.²

Improvements in wellbeing

Both Living Life and Ageing Better Middlesbrough have improved people's wellbeing.^{3,4}

In 2017/18, 89% of people working with Living Life reported an improvement in their wellbeing of three points or more.

Fifty-eight percent reported an improvement of ten points or more in their wellbeing.

For Ageing Better Middlesbrough, when the programme delivered one to one support, on average, people reported improvements to their wellbeing of five points.

Improvements in mental health

In 2018/19, 96% of people working with Living Life reported progress in managing their mental health.⁵

Seventy-eight percent reported an increase in their total score of ten or more points, reflecting their overall journey to recovery.⁶

Reductions in levels of depression

Both Ageing Better Middlesbrough and Reablement have reduced people's levels of depression.⁷

On the Ageing Better Programme, where our therapists worked with people on a one to one basis, 95% reported a reduction in their levels of depression.

On average, people reported a reduction in their score of just over ten points.

In 2018/19, Reablement achieved at least a 20% reduction in levels of depression for 92% of people.

On average, people reported a reduction in their score of almost six points.

Reductions in levels of anxiety

Both Ageing Better Middlesbrough and Reablement have reduced people's levels of anxiety.⁸

On the Ageing Better Programme, where our therapists worked with people on a one-to-one basis, 90% reported a reduction in their levels of anxiety.

On average, people reported a reduction in their score of nine points.

In 2018/19, Reablement achieved at least a 20% reduction in levels of anxiety for 83% of services users.

On average, people reported a reduction in their score of five points.

Reductions in emotional and social loneliness

For Ageing Better Middlesbrough, where the programme delivered one to one support, levels of loneliness reduced on average by one and a half points.⁹

² Measured using the Wellbeing Star, a self-report tool for people with a long-term health condition, to support and measure service users progress in living as well as they can.

³ Living Life measure wellbeing using The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). A 14-item scale covering subjective wellbeing and psychological functioning, with a minimum scale score of 14, and a maximum of 70. Results shown are for people who had completed an end assessment.

⁴ Ageing Better Middlesbrough

measures wellbeing using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS). A seven-item version of the longer WEMWBS.

⁵ For people who had completed an end assessment, measured using the total score from the Recovery Star. The Recovery Star was developed by the Mental Health Providers Forum. It is a measure used with adults managing their mental health and recovering from mental illness, focussing on areas such as managing mental health, living skills, social networks, work relationships, addictive behaviour,

identity and self-esteem. Higher scores indicate improved mental health.

⁶ Source: Living Life Evaluation, Overview report at 12 months, November 2018. NWA Social & Market Research Ltd.

⁷ This is measured using the PHQ-9 scale, a nine question survey that measures the severity of depression. A score of 0 to 4 indicates no or minimal depression while scores of 20 to 27 indicate severe depression.

⁸ This is measured using the Generalised Anxiety Disorder 7

(GAD-7), a self-reported questionnaire for identifying the presence and severity of generalised anxiety disorder. A score of 0 to 4 indicates no or minimal anxiety while score of 15 or over indicates sever levels of anxiety.

⁹ Measured using the shortened De Jong Gierveld (DJG) Scale measures social and emotional loneliness. See De Jong Gierveld. And van Tillburg, T. 2006. 6-Item Scale for Overall, Emotional, and Social Loneliness: Confirmatory Tests on Survey Data Research on Ageing 28(5) pp. 582-598

The social prescribing journey is long and bumpy

Our learning shows it takes time and resources to get social prescribing right.

In this section we set out the approach we believe is necessary to deliver good social prescribing, based on the knowledge and experience of our staff, and backed up by our outcomes.

Building therapeutic relationships

Establishing a therapeutic relationship is one of the most important things we do. You do not have to be a therapist to do it. It means having the key qualities of empathy, genuineness and respect, and being able to convey these to the people we work with. This approach increases understanding and fosters change.

We make sure that the staff we employ have the skills and qualities to build therapeutic relationships with people.

"Within the staff team I think we're warm with people. We create an environment that is a safe space for people to talk to us about what's going on for them and allow that to unfold rather than forcing it. That's how we build trust."

Living Life worker

First impressions are really important. Staff tell us that people need to feel welcomed and listened to during initial contact and at their first appointment. They are then more likely to develop a bond which means people engage with the service and get better outcomes.

"I think that at the first appointment, it's really important that they know that you can help them...the way a person is welcomed into a service is so important... If you have somebody that walks in and they don't feel that you can help them, you've not given them your undivided attention, then you're somebody that they do not want to work with, then you've got no chance of ever developing a relationship."

Firm Foundations worker

We help people with their day to day issues. To support people with their mental health you cannot ignore the issues making their lives harder.

"We provide support with addressing that immediate need to prevent hardship crisis with food or fuel, but the ultimate aim is to address the reason that they're needing that..."

Firm Foundations worker

We are consistent and reliable. This is important because people tell us that they have been let down by other services and this makes it harder for them to trust other people offering to help them.

Our staff work hard to make sure people know they are there to help and will not let them down.

"It's about following through with what you say you're going to do. If you say you're going to contact someone or get them some information, at the next appointment you need to give them that information or say I've made that phone call and this has happened, because again that's them having confidence in you and trust in you."

Firm Foundations worker



A person-centred approach

We take a unique and flexible approach to each person.

"It's wrap around support...the person comes first... then we wrap our service around them. We can be flexible in putting the person in the centre, instead of them being part of a process."

Living Life worker

We are not offering support for a single issue. Our staff look beyond the health and social problems that someone is experiencing. They work with individuals to understand what they want from life, what makes them tick and what is important to them. It is about taking the time to get to know someone as a whole person and giving value to the social and emotional side of that person.

"They might say they've come into the service for one thing but then when they're feeling a bit better and they're not as anxious, they might think, well I want

to go back to employment or voluntary work, or get more education around wellbeing."

Living Life worker

Meet people in a space that feels safe to them

There are a number of reasons that people feel unable to meet us at our offices or in another social care setting.

It may be a lack of trust in services, mobility issues, depression or anxiety that means going out of the home is really hard.

Whatever the reason our staff recognise that visiting people in their home or a community space that feels safe to the person is crucial.

"We provide home visits, and that has been key for individuals that are the most lonely."

Ageing Better Middlesbrough worker





Recognise that people may need to dip in and out of support

Some people will miss appointments regularly or require breaks in support from time to time – and staff need to be skilled enough to recognise when that is okay.

Our staff make decisions about this in collaboration with the people they are working with. They take into account the wider issues and circumstances that person is experiencing and make a professional judgement about flexible support.

“Some people just can’t attend their appointments. Sometimes it’s just too much for them and they’ll cancel, and you’ve got to accept that they’re in a lot of pain that day. They’re in a bad place and just don’t want talk... you’ve got to be flexible and you’ve got to allow them a little bit of leeway.”

Reablement worker

Building confidence to manage and enjoy life

Our aim is for people to sustain good mental health allowing them to manage and enjoy their lives. To do this we need to build confidence.

“We work in collaboration with people to get the person to where they need to be. The overall aim is for people to be more independent so that they can carry on their journey without us.”

Living Life worker

Staff build confidence in people who are struggling with their mental health by supporting them to develop a recovery plan and identify personal goals. This takes into account social and emotional wellbeing.

Putting a person at the centre of their recovery means they begin to invest in themselves and their future. It helps them think about what will make them happy and increases their sense of being in control.

Working together, we break goals down into smaller steps that are less daunting and more manageable. Taking small steps helps slowly build self-belief and confidence. It is important that staff have the skills to support people to do this.

“Some people are not very good on the phone, and they might just want somebody there with them. We say, ‘we’ll be there but we won’t take over.’ We want to build resilience but we’re not there to do it for them, we’re there to support.”

Living Life worker

“It’s about us being able to recognise what that person’s capabilities are and not allow them to push the responsibility of things onto us... because it’s when they see that they’ve done something positive, the confidence that gives them, helps ... I try to never walk away from an appointment without them having to do something.”

Firm Foundations worker

We also work hard to help people feel more confident navigating public services. It is small things like encouraging people to make a phone call, opening their letters and dealing with them, that makes a difference in the longer term. But benefits, housing and health care systems are all complex to navigate.

Connecting people to community support and activity

We do not work alone. Making sure people can access activities and community support that is right for them is not something that we do alone. We recognise that our work is part of wider network of support that we help people navigate.

Our staff connect people to these things by knowing what support services are out there and having access to information on groups and activities.

Each person needs to be at the right point in their journey. If it is a support service, that means they need to be motivated to engage. If it is a community activity, it means having the confidence and being well enough.

Introducing people to activity. Being there for people when they take that first step to go to a new group or activity is really important. And that supports looks different for everyone – it might be information about buses, knowing which building or entrance it is, or making sure someone will welcome them at the door.

“We don’t just say go there. We say, can you get there? Would you like some help to get there? Do you need someone to come along with you and introduce you?”

Living Life worker

Supporting groups. Ageing Better Middlesbrough works with groups to help them be more inclusive and welcoming to new members. Something as simple as a smiling face at the door and a cup of tea really helps to build the confidence of people who are taking that first step to reconnect with people and activity.

We also recognise that the people setting up groups need time to come together to build confidence and trust before the group can be sustainable. This happens by giving people the chance to meet over and over again in the same place, with lots of initial support from staff.

“People need to build a relationship with the staff member, then each other, then feel connected to the group before you can consider leaving them to it. And that’s fine. We know it takes time.”

Ageing Better Middlesbrough worker

This type of work requires different skills from those that our staff who work one to one with people have.



Conclusion

Supporting people to improve their mental health is fundamental for social prescribing to work across Teesside.

In this report we have described and evidenced what will work to deliver this. We hope it is valuable and that it can be used to inform planning going forwards.

Done right, and using the learning that we have, we believe social prescribing has the potential to support the most vulnerable in our communities. However, if we ignore the complex nature of people's lives and impose a one size fits all approach there is a risk that social prescribing will inadvertently widen inequalities.

We would love to talk more about this with organisations and individuals who are working on and interested in the social prescribing agenda.



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