

Rural Health and Care Alliance Seminar – Rural Mental Health 9 April 2020

Present

Cllr Sue Woolley (Lincolnshire CC), Kay Purle (Bishop Grosseteste University), Jim Hume (Support in Mind Scotland), Rev Alan Robson (Lincolnshire Rural Support Network), Sean Johnson (Lincolnshire CC), Johnny Haseldine (Office of Anne Marie Morris MP), William Gray (Lincolnshire YMCA), Amy Thomas (Lincolnshire YMCA), Jan Sobieraj (NCRHC), Jessica Sellick (NCRHC), Alastair Sheehan (HBV Ltd), Clodagh Crowe (Rural Support Northern Ireland), Graham Biggs (Rural Services Network)

Apologies: Dr John Wyn-Jones (WONCA)

Agenda

- 11.00 Welcome – Jan Sobieraj NCRHC Interim Chair
- 11.15 Presentation – Jim Hume Support in Mind Scotland – insights from Scotland
- 11.40 Presentation – Rev Allan Robson – work of Lincolnshire Rural Support Network
- 12.05 Presentation – Ivan Annibal – NCRHC - The impact of Farmer Networks on Mental Health and Well-Being – National Defra Project
- 12.30 Group Discussion – Introduced by Jessica Sellick
- 1.15 Concluding Remarks and Close – Jan Sobieraj

The discussion covered the following key themes:

Coronavirus

- The implications of coronavirus on the mental health and wellbeing of rural communities – access to services, transport, vulnerability, connectivity and technology and community, VCS and health system capacity.
- The mental health and wellbeing of frontline NHS staff and if/how this is being managed.
- Post coronavirus policy needs to take account of rural populations.
- Moving emphasis from Brexit implications to the emerging implications of coronavirus.
- How the delivery of mental health support is changing – moving services online/telephone.
- We know some of the vulnerable groups (older with care needs) but new vulnerable groups are emerging (e.g. active older who are normally fit and independent being asked to isolate, social distance and/or shield – unable to access their cash but not asking for help). How can we help these new groups? Using community centres for food delivery, supporting them to use online facilities = the issue with cash spreading the virus. How we can buddy people up – those with IT skills supporting those without them. This is about coordinating help. ***How can we learn from the work we are doing now to inform our future practice?***
- The role that charities and groups in the VCS play and ensuring they feel adequately linked to strategic policy making that tends to be led by the public sector.

Access to mental health support and services

Jim Hume introduced the work of Support in Mind Scotland. His presentation covered):

- The lack of anonymity, distance from services (transport) and stigma amongst people living in rural areas in seeking help with their mental health and wellbeing.
- The importance of mental health first aid.
- ***Research in Scotland reveals how people want to be looked after in their local community in a pre-crisis, non-clinical setting.***
- People may contact an organisation, e.g. the Samaritans, three times before starting to discuss their mental health.
- The challenge of how to manage the increase in demand for mental health support within the currently declining capacity of services.
- How we can support older people in a rural setting – e.g. extra care: with domiciliary care, Level 6 nurses, cash machine and access to other services. We need a bigger push on supported housing in rural settlements – it enhances their independence and outcomes.
- Younger people are more open to discussing mental health; LGBT community stigma around mental health.
- How to triage mental health support.
- Making mental health everybody's business – if people are isolated they must be interacting with somebody (e.g. post office, shop) and how to reach these people.
- The innovation we have found in rural communities to support the most vulnerable people with minimum protections.

Rev Alan Robson took the theme joining things up - from local to national levels. He covered the following themes:

- It is important to begin raising the profile of the services, activities and the support we can provide to rural communities - ***you need to have the capacity to meet the need.***
- The need for specialist (mental health) knowledge alongside traditional (rural community) support.
- The link between mental health and farm business issues and how organisations support these and/or refer on to other agencies. A farm business issue (e.g. debt, bereavement) can trigger a mental health crisis.
- LRSN developed a mental health package with the National Federation for Young Farmers and this has been shared with Young Farmer Clubs across the country (part of the NFYFC curve offer).
- Farming communities have a tradition of getting on with things and are often below the visibility of policy and decision makers.

Ivan Annibal with input from Clodagh Crowe raised the following points on measuring impact

- Measuring the social value of the work we are doing is valuable (e.g. how farmer support groups support farmers to improve their health and wellbeing).
- This work highlights the importance of communicating the collective impact of farmer support groups to policy and decision makers. Our approach using the Social Value Engine covers:
 - How to measure if you are engaging on a short term basis
 - What data do you have, how can you analyse it and share your findings?
 - How can we measure preventive outcomes – particularly in terms of health?
 - How to build the social capital of organisations in helping local people address local challenges
- Interest in social value by community groups – understanding how the work they are doing benefits the community.

Overarching discussion – Facilitated by Jan Sobieraj and Jessica Sellick

1) Mental health is everyone's business:

- Mental health first aid... funding training and train the trainer.
- Delivering mental health sessions directly to farmers – taking the support direct to farmers.

2) Infrastructure for rural mental health [a network similar to Scotland] is not happening in England. Mental health provider trusts, charities, funders, could all be part of the picture should we at the NCRHC develop a briefing paper?

3) We should focus on rural communities – more broadly than farming communities – helping people to remain living in their community is the ultimate aim. This is about recognising the links between loneliness, isolation, mental health and housing. Homes England work is being undertaken to gather national good practice. The question in terms of extra care is how can we deliver housing for older people in rural settlements? There are issues around economies of scale, funding etc. – you need 16-20 apartments on one site with 1 member of staff on site to make a scheme viable; this includes the use technology to connect residents to family – but this model gravitates to a town rather than sparse village.

4) In the light of the issues covered above if we produce a paper we need to provide short and medium term messaging with longer term solutions – there are immediate issues to deal with. What can we do now? The solutions may be medium and long term. We will discuss this further at the Board Meeting on 28 April.