

Mental Wellbeing, Social Isolation and Loneliness in Rural Scotland

Key Messages 20th February 2019

VHS presented this one hour workshop at The Gathering, in partnership with the Scottish Rural Health Partnership. The aim was to shine a light on issues distinctive to mental health and wellbeing in rural Scotland and to give space to explore collaborative approaches to addressing these issues. There were 127 registered delegates.

This report captures the key messages shared and discussed during the workshop.

Chaired by VHS's Chief Executive Claire Stevens, there was a keynote presentation from Karen O'Hanlon, Business Development Manager, Scottish Rural Health Partnership. A panel discussion followed, with Jim Hume, Convenor, National Rural Mental Health Forum; James Jopling, Executive Director for Scotland, Samaritans; and Paul Southworth, Specialty Registrar in Public Health, NHS Health Scotland.

Rurality and mental health: setting the scene

95% of Scottish landmass is classed as rural or *accessible rural* and can be seen as Scotland's *third city* as it is home to over a million people. Where there is much discussion about urban socio-economic inequalities not much is heard about rural inequalities or about inequalities between rural specifications, all of which have implications for people's mental health and wellbeing.

Rural areas have their own unique health and care issues and two reoccurring themes are an ageing population and mental health. People in rural areas are also vulnerable to loneliness and social isolation and those receiving care at home are further isolated as they may have limited contact with people. Those suffering from multi-morbidities in rural areas may also be affected by poor mental health. There is a lack of high quality accessible support services and places that offer a safe space are facing closure. Issues with communication, access to services, transport, broadband and connectivity, as well as rising fuel costs exacerbate these issues.

Rural areas also face a push to centralise services that makes it difficult for people living in remote areas to access these services. There is limited access to staff who are trained to deal with mental health issues and many healthcare professionals do not have mental health training.

Stigma related to mental health issues is also particularly problematic. Rural areas are known to have strong communities and whilst this can act as a protective factor for people with mental health issues it can also be a barrier to them seeking and accessing services due to the perceived stigma of their circumstances.

Suicide and Highlands

Depending on how we look at the statistics Highland has the second highest suicide rate or the fourth highest in Scotland. When we look at data on the issue from the perspective of urban and rural classification we find that the highest rates of suicide exist in urban areas and the lowest rates are found in *accessible rural* areas.

Research and data supports the assumption that suicide rates in rural areas are rooted in issues of socio-economic deprivation. The Scottish Rural Health Partnership highlighted that, middle-aged men living in deprived communities in rural Scotland are most at risk of committing suicide. They also highlighted that the Inverness based project HIVE, that supports people aged 17 and over who are feeling low or depressed, reports that men seek help very late and that approximately 75% of their service users are female.

The Samaritans conducted in-depth research with 22 participants from Skye to Fort William, of whom 18 had attempted suicide. The findings of the research showed that participants fell broadly into two categories: “*off-system*”, that is they were not accessing services or support and sought suicide as a solution to a temporary problem, and “*in-system*”, where people are known to services but cannot get access to the right services. The participants were all impacted by stigma and felt they would be “*vilified*” and “*their story would be spread across town*”. The research also found that participants did not see mental health as a health issue but as a self-imposed problem that had to be dealt with by themselves.

These pieces of research raise a number of questions, such as what can be done by organisations and services to enable them to reach out to most vulnerable people who are falling through the gaps and in a timely manner. Moreover, with Local Authorities like Argyll and Bute that have relatively low rates of suicide but are adjacent to Highlands we need to better understand what the solutions are.

What works?

It was noted that decision makers do not have the same level of information and evidence regarding rural areas and this makes it harder to come up with solutions. It is therefore important for initiatives such as the Scottish Rural Health Partnership and the National Rural Mental Health Forum to develop partnerships and collaborate, in order to raise awareness of issues faced by rural and isolated communities but also work together to identify and implement solutions.

The Scottish Rural Health Partnership is establishing an ‘Ecosystem’ for the Highlands and Islands that will bring together a range of organisations and stakeholders to deliver a joint agenda around rural mental health and active healthy ageing. The impact of the partnership will be realised over the next 2 to 3 years.

The National Rural Mental Health Forum has over 80 members from the third and private sectors as well as academics who come together to share intelligence, try to find solutions and act as a catalyst for positive action on rural mental health. They also try to raise the profile of mental health across a range of platforms and promote Mental Health First Aid training.

It was also noted that there is a long pathway that leads to poor mental health and suicide that is preventable. There needs to be collaboration across sectors and organisations to provide the right support at the right time, and not just provision of mental health services. Instead of prioritising our own organisational needs and bidding against each other for the same pots of money, we (third sector included) need to see the bigger picture and collaborate fully to develop better services.

Delegates also highlighted groups that are particularly vulnerable including new mothers. The delegate from Breastfeeding Network noted that although her organisation is not a mental health service provider they work to support new mums with poor mental health. A delegate from Deaf Scotland explained that people with hearing loss or difficulties are two to four times more likely to suffer from anxiety, depression and other mental health issues, but face greater difficulties in accessing services. He highlighted the opportunities that digital technology could offer.

The speakers noted the importance of looking at mental health not just as being unwell but through the lens of mental wellbeing. There is a need to support policy and decision makers to understand mental wellbeing and its impact, not only on individuals but on wider society, in order for them to make better decisions.

Places and spaces that promote mental wellbeing and offer a safe space were noted for their protective effect on people's mental health and wellbeing. Initiatives such as Men's Sheds and those run by the National Trust for Scotland offer people opportunities to engage in a protected environment and at a time when safe places such as community centres and libraries are closing down in many rural areas. We need to be more innovative about the spaces we create to support mental wellbeing in rural Scotland. One such example is the rural mobile cinema.

Delegates pointed out that Highland and other rural areas have stronger participation in volunteering and that this should be harnessed to tackle mental health issues. The speakers noted the paradox about rural areas having stronger communities and high propensity to volunteer but at the same time the lack of anonymity makes it harder for people to disclose their mental health issues. We need to change the culture around mental health and wellbeing and breakdown the stigma surrounding it, by getting better at talking about mental health issues.

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