Leicester Ageing Together
Learning - Leicester Ageing Together Mental Wellbeing Project

Introduction

Leicester Ageing Together has been an action research project. Not only have we been delivering services & support to Socially Isolated Older People (SIOP) but we have been learning along the way. We want to share some of this learning with other people delivering similar types of projects or designing services for older people. We hope people will use this information to provide better services for older people and to support them to lead happier, healthier lives.

This paper was pulled together to reflect on the learning from our Mental Wellbeing project. It considers what we learned in the early days of LAT delivery around mental health and how we sought to understand how we could have a positive impact on older peoples mental wellbeing. We would like to give special thanks to Rob Hunter who has helped drive our work around mental wellbeing and helped pull together these insights.

Our wellbeing jigsaw model is provided at the end of this report.

About Leicester Ageing Together

Leicester Ageing Together is a £5million Big Lottery funded programme aimed at reducing social isolation and loneliness amongst older people in Leicester. It launched in October 2015 and has been delivered by a partnership of 17 organisations. So far LAT has worked with over 5,000 socially isolated older people. It is one of 14 areas funded by Big Lottery Fund as part of their Ageing Better strategic programme.

To find out more about Leicester Ageing Together or to get involved visit our website www.leicesterageingtogether.org.uk,

Stumbling through Tanglewood

In the early years of setting up local services of a largely social, physical and educational nature, Leicester Ageing Together partners were faced with two questions:

* Our staff had met a number of disturbed older people in their neighbourhoods and sometimes their own homes. We had to consider how we could support these people, despite not being experienced mental health workers or therapists? We identified that these people were lonely and isolated and, in many instances, seemed only to need regular interaction and skilled listening to help them function more fully on a daily basis. We introduced Mental Health First Aid training to support staff and volunteers and ran the first of many Active Listening courses for community members as well as staff (100+ participants have taken these courses). We also set up a number of Listening Benches in the community.

* Did the offer we were currently developing include the taking account of 'the inner lives' of older people?

We were working in a landscape which was not straightforward. There was a conspiracy of silence around issues related to 'the mind'. Reference to 'mental health' was often seen as a euphemism for 'mental illness', and preventative approaches and interventions to improve mental wellbeing were seen as being on the margins and impractical, particularly in relation to...

* older people who, no longer being part of the workforce, were seen as low priority. For many, low mood, anxiety and depression were seen as an inevitable part of ageing rather than as being feelings or conditions which could be managed - 'I'm too old to change'. In some communities

mental distress was seen as a punishment from God for previous misdeeds; something to be borne or God would be displeased; or something which would bring shame on your family.

* confusion over our authority and capability to intervene. The Royal College of Psychiatrists estimate that over 2 million people over 65 suffer from clinical depression, but 80% of these people have no formal diagnosis or treatment. Some LAT staff and trustees– as well as many in the public at large – were wary of intervening in anything concerning the mind or relating to mental health, due to a concern that we were unqualified to do so. Was this a rational response?

* an absence of informed support to help us make sense of this landscape. No local authority or NHS service (with the exception of the Leicester Partnership Trusts' Older People and Mental Health Service) had the mental wellbeing of older people high as a priority on their agenda, and austerity meant this was unlikely to change.

We picked up on the notion of 'situational neurosis': a neurosis caused or aggravated by, in this case, loneliness and social isolation. But there were questions as to whether this was a helpful way of thinking.

As we progressed in our deliberations, we came across the NHS' Five Steps to Wellbeing. This was obviously valuable but, with its headlines and examples, was not always accessible to the communities we were working with. We researched Age UK's Your Mind Matters, Positive Ageing's Ten Steps, and the more left-field, Action for Happiness's Great Dream. They also helped, but we felt we needed greater focus on the inner lives of older people. It was often the erosion of a sense of self and lack of purpose that seemed to be at the heart of the loneliness

and social isolation experienced by many of those we worked with.

In some cultures, there is more emphasis on communal or collective purpose. This brings beneficial factors, including a sense of belonging, the opportunity to contribute to community and access to a support network. For example, many older people from South Asian communities, especially women, have never had the opportunity to focus on the 'self' as it has always been about others - family or community etc. Serving others is regarded as a worthy and rewarding act in the eyes of God and the community, whilst a focus on self can be perceived as selfish and therefore an alien concept. However, some older people may feel they are no longer useful to their families and communities and so feel a loss of purpose. Those who were previously active contributors to their families and communities may withdraw and experience further loneliness and social isolation. This loss, and not having a sense of 'self', can have a huge negative impact upon their mental wellbeing.

Without that sense of being a contributor to one's community, combined with a loss of sense of self, increased longevity might be felt as a curse rather than a blessing.

Therefore, armed with this awareness and knowledge, and with some trepidation, we developed our own Framework. We called it the Jigsaw Framework and described it as a 'curriculum', to reflect the learning focus of the Workers Education Association, the LAT partner most involved in its development. It was designed to be constantly evolving in the light of experience and intended to provide both staff and local residents with: (a) something tangible to debate and (b) something against which to test the relevance to their own lives and those of others in their communities.

After a few months of testing out the

Framework, and coming up against ageism, sexism, racism and classism which affected the lives of so many of our participants, one key development was to model the curriculum in concentric circles – family and friends; community organisations and services; society's laws and systems. It was evident that external forces might also affect people's mental wellbeing – for good or ill – and such forces might be influenced both on an individual and collective level.

Testing out the Framework

Our initial task was to test out the broad concept of the Framework in various arenas. With support from the Leicester Partnership Trust we developed a Good Days/Bad Days model, posing such questions as : 'what makes for a good day in your life?', 'what makes for a bad day?', 'how do you turn bad days into good days?'. Group work, often using community languages, elicited delight and relief for people when they were offered the opportunity to respond to these questions, and to explore a multitude of possible personal and practical action to deal with bad days. Introducing the Framework alongside these exercises seemed to provide a number of benefits such as: boosting people's confidence that they were not alone with their distress; giving people a language in which to talk about their distress with staff or their peers; and identify ways in which they could manage their wellbeing and move out of victimhood. About 120 older people, the great majority of them from LAT BAME partner organisations, were introduced to the model in this way, in six different sessions, with many involved in follow up sessions.

The LAT Board allocated £40k to support the second half of the programme. At this point

we piloted a Life Review project: 'Your Story Counts', with six white older people (five women and one man) and two African-Caribbean women to addressing the question 'Connect with Yourself: Who am I? '

The standard format was:

* a volunteer 'biographer' gently probing with evaluative questioning for highlights, feelings attached to individuals and action etc. A transcript of the interview was provided to the participants and edited to produce a final document;

* 1:1 sessions with between three and six 60-90mins weekly sessions;

* sessions held in participants' own homes;

* a final session asked participants what they wanted to do next in their life, and how were they going to get there

The internal evaluation showed that all eight pilot participants found it: 'very worthwhile', 'good to be listened to and helped to reflect', and 'good to have my life story on paper: I can edit it for my grandchildren'. Some went further: 'made me realise my life wasn't as xxxx as I thought'. It appeared that for at least three people, being well-listened to over a considerable period and having their responses validated through comments, questions and the transcription of the reviewer's own words, had let them 'hear themselves think'. And that thinking progressed, so that when the focus turned to 'where next?', in the last session, participants not only had some positive plans but had already taken steps to realise them.

The WEA and a LAT external partner, 64 Million Artists, ran a three session programme entitled 'Make an Exhibition of Yourself'. As suggested by the title, this was based on artefacts introduced by each participant, plus life-story lines and artistic creations during the course, which led to reflection,

critical thinking, and often deep sharing. There were ten participants some of whom took some of the exercises into community group activities in their respective neighbourhoods.

Rehana Sidat, a WEA Tutor, had, outside of LAT, long been exploring learning linked to mental health, but had not before worked with older people or on the preventative mental wellbeing agenda. Rehana was heavily involved in the Good Days/Bad Days introductory sessions and, using her knowledge of relevant languages, of Islam, and her cultural sensitivity, was able to deepen and broaden the conversation about mental wellbeing among Muslim elders. She particularly explored the area where participants' view of what God might want, appeared to conflict with the emerging wellbeing agenda. Throughout the programme or with the Highfields Centre, Rehana ran several four to six week courses: Communicating with Confidence and Life After Loss, which were both freestanding and linked into community groups. These courses were for women only and often handled issues of authority within the community, whether that authority came from their understanding and interpretation of their faith; the local mosques; or the patriarchal culture within which the women lived. In addition to the sensitivities required by the content of the courses; Rehana's major contribution was her group management skills that enabled her to create space for in-depth individual conversations whilst other group members worked together or alone on other relevant tasks. This work was undertaken with women who often might not have ever before attended classes and been in a learning group. The feedback from these groups was very positive.

There were other small scale interventions including a three session course – 'MOT Your Relationships', and some explorations with members of community groups to identify how they saw the process of learning in later life.

There were also informal conversations between LAT staff, especially Community Connectors, who talked with individual project users, listened and gently encouraged them to challenge negative internalised messages. They promoted the messages that looking after themselves made sense; that they had contributed more positively to situations than they might feel they had; and that their values of 'and everyone took part!' were integral to a thriving community.

Staffing and Staff development

LAT lacked the staffing capacity and capability for consistent work in this area. Two members of WEA staff who had played an important part in the early days of the Mental Wellbeing project had moved on to new jobs. Two attempts were made to fill gaps and remedy this situation:

* the FulFILL course worked with 14 LAT staff and WEA tutors over a five day programme based on Older People, Mental Wellbeing and Social Pedagogy. While the course was well-received, there was not the resource or workload capacity to take the learning from the course into new areas of the Mental Wellbeing Framework.

* the Tutor Challenge engaged 7 WEA tutors to either develop new approaches in this area, or to integrate mental wellbeing content into their ongoing courses. Again, this proved valuable to individuals, but currently it remains unclear as to how the benefits of the project have fed into ongoing tutor practice.

Overall learning from the Mental Wellbeing Project

The National Lottery Fund's exhortation to 'test and learn' was epitomised by LAT's work in the area of mental wellbeing. A few key staff felt that the work, although leftfield in terms of the dominant paradigm, was needed and that we were probably in a better position than others, in what was a

very sparse field, to address it. So, in summary our learning has demonstrated that:

* attention to mental wellbeing is an important element in addressing and preventing social isolation and loneliness. An eroded sense of self, along with persistent rumination and self-blame, undermine the self-confidence required to enable satisfying emotional and social relationships. Our perceptions and findings were particularly supported by Guy Robertson's article, Understanding the psychological drivers of loneliness: the first step towards developing more effective psycho-social interventions (August 2019) which validated, extended and challenged our approach;

* language and terminology around mental wellbeing is often confusing. In BAME communities, the word 'mental', even as an adjective, invokes the spectre of mental illness which is often linked to concepts of God's displeasure, shame and even criminality. There is often no language to describe emotional or mental distress. For instance, in Gujarati there is no word for 'anxiety';

* our Jigsaw Framework, although requiring constant refinement, provides a valuable organising concept. While the concepts behind 'Take Care of Your Mind' and 'Connect with Yourself' can be hard to grasp, they have led to valuable discussions. There is an appetite for the creation of safe spaces where people can be listened to; talk about their feelings; and give and receive support;

* we have tested out both introductory and more in-depth interventions. Our psychoeducation courses have been beneficial for many elders who would otherwise have been considered hard-to-reach. Our biography work likewise has strengthened participants' sense of self, and motivated them to take initiatives in the later part of their lives. We are beginning to trial the work in a care home;

* we are aware that the work relies on commitment, cultural sensitivity and skills which are not always easily available;

* there is limited headroom in 'the local state' to concern itself with the mental wellbeing of older people. Yet not to address this issue risks wasting a substantial individual and collective resource for healthy communities

Recommendations

We need to find the resources to:

* Promote the concept of mental wellbeing to older people by popularising the Mental Wellbeing Framework

* Embed more tools and practices alongside the Framework to support older people in looking after their own mental wellbeing

* Recruit and support a pool of skilled staff from different cultural backgrounds to take on and develop this work

* Develop psychoeducational opportunities to support social prescribing. Also to train social prescribing staff and volunteers in psychosocial approaches to assessment and community connection

* Seek to demonstrate more clearly that attention to mental wellbeing in older people can enable them to become creators not consumers in their own lives; as members of their families and friendship networks and in their local communities. Support for the grandparenting role may be one way to address this positively

Leicester Ageing Together - Wellbeing model overview

Take care of your body

Connect with others

Keep Learning

Take care of your mind

Connect with yourself

Your family, friends & neighbours (Micro)

Faith & Community Organisations, communities, & local services (Meso)

Laws, systems, culture & Media (Macro)

What now?

To find out more about Leicester Ageing Together or to get involved visit our website www. leicesterageingtogether.org.uk, where you can find out about our work and our learning