Mental Health Foundation
Scotland

What Works For You?

A Qualitative Research Study

March 2020

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Individual interviewees are not named to maintain the researchers' promise of confidentiality and anonymity. However we were assisted by the following organisations:

- Support in Mind Scotland
- National Rural Mental Health Forum
- Penumbra
- Moray Wellbeing Hub

The researchers would also like to acknowledge the participation of the many service users with lived mental ill-health whose experiences and insights helped produce this report.

The reflections in the report are those of the researchers and inevitably, a large volume of qualitative information has been condensed into this report. We hope we have done justice to the participants – any errors and omissions are, of course, the researchers.

We would especially like to thank all those with lived experience of mental ill-health who gave their time to be interviewed about their – sometimes sensitive and upsetting – experiences living in a rural area and the challenges on their journey towards employment.

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Executive Summary

A survey conducted last year by the National Rural Mental Health Forum[1] identified that for those with poor mental health in rural areas there is a strong need and desire to create ways for people to connect with one another before any personal crises occur.

The Mental Health Foundation were keen to examine what types of 'connection interventions' could assist those with lived mental ill-health experience move towards employment – and self-employment. Furthermore, it was recognised ideas that could help to develop a successful intervention could create opportunities for people with mental health problems to have greater financial independence which is also linked to enhanced wellbeing.

An Advisory Group including individuals from policy, practice and academia was set up to provide insight and support, advise on project structure, and give guidance and suggestions around organisations and employers to include in the research. The Group also advised on dissemination of the work.

Given that barriers to employment may differ by service user experience and that they may vary in depth and scale from one local authority to another, The Foundation chose four contrasting rural regions in Scotland: Dumfries and Galloway; Moray; West Lothian; and the Western Isles. The areas selected included both fully rural regions and a semi-urban region where there are larger towns within the local authority areas.

These rural areas however have many differing characteristics and issues from each other.

A participatory action research approach was utilised. This involved the employment of three peer researchers with lived experience of mental health conditions to undertake the research alongside a professional researcher. This enabled the issues and concerns of potential beneficiaries to be central to the process to ensure the findings were grounded in peoples' real lives.

The research methodology chosen was qualitative in nature and comprised 44 in-depth interviews and a focus group, with the research fieldwork involving interviewing three target groups living and / or operating in one of the selected areas: Mental Health Support Services with a presence in a rural area; Employers in rural areas; and Service Users who lived in a rural area – who were or had been in employment, or had expressed a desire to move towards employment in the near future.

To understand the additional barriers and challenges faced by those with mental health conditions living within rural areas when considering returning

to the job market, a look at the policy context and a small literature review was undertaken to better understand the external environment in which the research took place.

For those living in rural areas with long term mental health conditions the study found that barriers to employment can be exacerbated by their condition. The research identified two main types of barrier amongst service users in rural areas who expressed a wish to return to employment – the more tangible barriers such as access to transport and digital connectivity; and the more intangible, softer barriers – not as easily expressed – such as stigma, lack of confidence, and the personal impact of social and geographic isolation.

It was clear from those who live in – or work with – those that come from remote rural areas that transport issues were one of the main stumbling blocks to recovery as there was little or no local services to approach and keeping regular contact with services in the larger towns could be difficult. Digital difficulties in the form broadband and / or network coverage, or high connection costs also impacted on their ability to develop skills that could help with employment opportunities. Issues around stigma and social isolation could also be an insurmountable barrier which had a knock-on effect of hindering awareness of employment support help and seeking such help.

The third sector mental health support services the Foundation spoke to during the research are a fundamental part of moving those with lived mental ill-health experience to a place where they are considering employment in the future. This can only be achieved by regular contact and skills development over a relatively long period of time (although timescales of course will differ). If, however, service users have transport barriers to accessing such help, or their condition makes it difficult to travel, this has may reduce their motivation to attend and – with the absence of similar services or digital options in the local community – they may drop out of the service.

Although some respondents identified the benefits of online peer support – especially as an initial step to build confidence prior to face-to-face meetings – the majority were concerned about the efficacy of such a model in helping lead to more positive employment prospects.

They were in favour however of moderated forums for broader mental health issues. In addition – and more importantly – the continuing digital connection and access issues mean this may not be a reliable peer support model to develop for rural areas.

Organisations' interviewed espoused the advantages of gaining a voluntary position and how it can be a positive step towards paid employment for someone with a long-term mental health condition who is resident in a rural area. Interviewees stressed however the importance of tailoring the opportunity by ensuring the hours worked are not too arduous to their mental health; that they have the right level of responsibility; and that clear boundaries be defined in advance of a placement. However, lack of awareness of opportunities and confusion around the impact on welfare benefits means that many volunteering posts are overlooked by this group.

Self-employment is a real possibility for some people with long term mental health conditions, especially in rural areas, but there are several potential barriers that need to be overcome. The stress resulting from the demands of running a business must be balanced against the flexibility that self-employment offers. The financial instability that comes with inconsistent streams of work may be too much for some to bear.

However, if specialist support and training is available in the rural area, both to establish and to maintain a business, then self-employment can be a realistic alternative to employee status. The flexibility offered and the ability to manage workload around other responsibilities can mean that the advantages may outweigh the possible disadvantages.

The decision on whether to disclose to an employer, or a potential employer, is a difficult one – made more challenging due to living in a rural area and thus disclosure is unlikely unless circumstances necessitated. This mainly resulted from a fear of being seen or treated differently.

Support in work for people who had experienced mental ill-health was found to be extremely variable. Several interviewees had negative experiences, with employers making judgements on their future capabilities. There were also some good examples of supportive employers however, who worked with the employee to make adjustments and facilitate an easier return to work. There was a lack of awareness – amongst the employers we spoke to – of local mental health support services that service users may be more comfortable engaging with given the nature of their illness and the small communities many of these employers operated within.

The research study has given the Mental Health Foundation a clear broad framework for a viable intervention model – a community mini-hub – that can help in supporting people within rural areas to access and sustain employment. Our next steps would be to shape our proposed intervention model by identifying a geographical area and venue for a pilot community mini-hub through a mapping and research exercise followed by developing a more structured plan for delivery.

1. Background and Introduction

1.1 Background

The Mental Health Foundation is a UK based charity with counterparts in Scotland, Northern Ireland, England and Wales. The organisation is a public mental health charity with prevention at the heart of what they do.

Their vision is for a world with good mental health for all through their mission to help people to thrive through understanding, protecting and sustaining their mental health.

In line with their strategy the Foundation aims to achieve this through applying three public health approaches:

1. Universal (covering the whole population)
2. Selective (focusing on those that are at heightened risk and/ or face additional inequalities)
3. Indicated (targeted at those who already experience stress or distress but do not yet require specialist mental health services or who are in recovery).

In Scotland, the Foundation focus on social justice and inequality in mental health; raising awareness of mental health with the public; and working in partnership with community organisations, policy makers and researchers.

Previous research by academics, the Foundation, and others, has identified the impact that economic inequality and poverty can have on people with mental health problems – and its impact upon their recovery.

For example, a 2014 OECD report[2] indicated that rates of employment are much lower among people with mental health problems. Noting that rates vary with diagnosis, the overall employment rate for those with severe mental health problems was 40% compared with 64% for those with common mental health problems and 76% for those with no mental health problems.

Related to this, a plethora of research[3] also highlights the benefits that regular employment can have on mental health and wellbeing. Those with long term mental health conditions however – especially living in rural areas – face several additional challenges when attempting to enter the job market.

1.2 Introduction

A survey conducted last year by the National Rural Mental Health Forum[4] identified that for those with poor mental health in rural areas there is a strong need and desire to create ways for people to connect with one another before any personal crises occur. Furthermore, these connections need to be "low-level", in non-clinical and informal settings, through trusted people and networks, out with hospital environments and close to their own communities.

Taking the above into account, and what existing research tells us about employment/selfemployment and wellbeing, the Foundation was keen to examine what types of 'connection interventions' could assist those with lived mental ill-health experience towards employment – and self-employment. Furthermore, it was recognised that ideas that could help to develop a successful intervention could create opportunities for people with mental health problems to have greater financial independence which is also linked to enhanced wellbeing.

To allow exploration of these issues, primary research in rural areas of Scotland was required with the project essentially investigating the answers to the following question:

"How can we better facilitate informal connections to help improve the employment prospects for those with lived mental ill-health experience in rural areas?"

Thus, between June and December 2018, the Foundation undertook an exploratory research study interviewing service providers; employers and service users with lived mental health experience in rural areas of Scotland – to more fully understand how those with lived mental ill-health experience living in rural areas can better connect in ways which will help facilitate their path towards regular employment.

An Advisory Group was set up to provide support, advise on project structure, and give guidance and suggestions around organisations and employers to include in the research. The Group also advised on dissemination of the work. Furthermore, the Advisory Group provided informal specialist insights regarding the challenges and opportunities in rural communities and brought community development values and approaches to the project.

To ensure a broad spread from policy, practice and academia the Group comprised the following:

- **Jim Hume:** Convenor – National Rural Mental Health Forum
- **Professor Sarah Skerritt:** Rural Policy Centre Director, SRUC – Francis Simpson: Chief Executive, Support in Mind Scotland
- **Lee Knifton:** Director, Mental Health Foundation Scotland

The project was funded by the European Social Fund through their Social Innovation Fund and the remainder of this report details our findings.

2. Research Approach

2.1 Research Aim and Objectives

The main aim of the research was to explore new, low level and innovative ways for those with long term mental health conditions in rural areas to connect and help their journey towards employment.

Specific objectives to achieve this were to:

- Understand the barriers and enablers to employment for those with long term mental health conditions within specific rural areas
- Examine the mental health and employment services and support available within these rural areas
- Explore service users' level of comfort with digital means of accessing services and support
- Investigate attitudes towards the potential role of online peer support
- Examine employers' attitudes towards those with lived mental ill-health experience in terms of gaining and sustaining employment.

2.2 Geographical Areas Selection

Given that barriers to employment may differ by service user experience and that they may vary in depth and scale from one local authority to another, we chose four contrasting rural regions in Scotland:

- Dumfries and Galloway
- Moray
- West Lothian
- Western Isles.

The areas selected included both the fully rural regions of Dumfries and Galloway and the Western Isles and Moray, and a semi-urban region – West Lothian – where there are larger towns within the local authority area. These rural areas however have many differing characteristics and issues from each other – hence the mix of the above four. These differences include dominant industry type (e.g. tourism or agriculture), availability of public transport, and differing distance to access health services. In addition, broadband and network coverage varied between these areas.

Furthermore, the make-up of the first three of these regions could not be more different from the Western Isles, where connections between islands – and between islands and the mainland – are dependent on different modes of transport in the shape of ferries and local airline services, and where close-knit communities lie at the heart of local community support and services.

2.3 Research Methodology

A participatory action research approach was chosen. This involved the employment of three peer researchers with lived experience of mental health conditions to undertake the research alongside a professional researcher. It was felt that this would enable the issues and concerns of potential beneficiaries to be central to the process to ensure the findings were grounded in peoples' real lives.

The research methodology chosen was qualitative in nature and comprised in-depth interviews and a focus group, with research fieldwork involving interviewing three target groups living/operating in one of the selected areas:

- Mental Health Support Services with a presence in a rural area
- Employers in rural areas
- Service users with a long-term mental health condition – who were in employment or had expressed a desire to move towards employment in some form soon.

In-depth interviews were agreed as the main qualitative approach as they allow for a greater depth and breadth of information and engagement. In addition, it provided service users with a mental health condition a more private and relaxed environment within which they could be at ease, open and discuss their recent ill-health. In some cases, this involved both a sensitivity towards the discussion and ensuring that the respondent was signposted to other services if they became upset during the interview. Most of these interviews were conducted face-to-face in the respondents' home although some were conducted by telephone where the distance was a barrier or because a telephone interview was preferred by the respondent.

For both employers and mental health support services one-to-one depth interviews was a more convenient way to participate. In many cases due to time-schedules and /or distance many of the in-depth interviews were conducted by telephone.

We also conducted four 'scoping' interviews with members of the Advisory Group and representatives from the Department of Work and Pensions to increase our understanding of the specific issues regarding rural areas and employment of those with lived mental ill-health experience.

We were fortunate that a mental health support service involved with the study offered to convene a small focus group in a remote rural area which was the ideal environment to discuss employment experiences and build on each participants' response to improve the richness of the data being gathered.

Details of the recruitment approach for each of these groups is outlined below:

2.4 Discussion Guides

A broad discussion guide for each research group was discussed and developed with the peer researchers.

The topic guide was structured to elicit open and honest responses, to understand the issues and enable respondents to speak openly.

Research Group	Recruitment Methodology	Number
Mental Health Support Services	Emails and phone calls to mental health support services within the researched local authority areas. Also, the Foundation and Advisory Group contacts approached	**19**
Employers	Recommendations from peer researchers, support services, and online searches then follow-up phone calls and emails	**7**
Service Users	Requested permission from mental health support services interviewed to forward email to their service users who fulfilled our criteria. All who wished to participate completed a short recruitment screener which was followed up by Foundation staff to arrange time and date for interview.	**13**
Scoping Interviews	Mix of personal contacts and snowballing recruitment	**4**
Focus Group	Arranged through mental health service provider outreach service	**1 (4 participants)**

2.5 Qualitative Analysis

All interviews were audio-recorded with respondent permission and a transcript written up by either the researchers or a professional transcription service.

Thematic analysis was conducted using Nvivo software on these transcripts and compared across all interviews in order to identify recurrent themes and sorted by respondent type.

2.6 Note on Findings

This report is based on qualitative research. The nature of qualitative research means there can often be a wide range of differing views. Where a consensus was reached across many depth interviews this has been made clear – along with any caveats that should be considered.

Similarly, it has been indicated where any other findings should be interpreted with contextual caveats in mind.

3 Policy Context and Recent Literature

To understand the additional barriers and challenges faced by those with mental health conditions living within rural areas when considering returning to the job market, it is useful to look at the wider policy context around mental health and rural areas to better understand the external environment in which the research took place.

3.1 Policy Context

Several key policy areas clearly impacted on this project, primarily rural development, economic development and mental health improvement. All operate within the wider context of public sector reform in Scotland, as set out in the 2011 Commission on the Future Delivery of Public Services (the Christie Commission)[5].

Christie's recommendations focused on prioritising prevention and tackling inequalities by designing and delivering services with and for people and communities, based upon their needs, talents and assets; embedding community participation in the design and delivery of services; and maximising resources by better partnership working and integrating services.

The main policy document that influences this project is Scotland's Mental Health Strategy: 2017-2027[6] which recognises that there are likely to be specific issues around access to services and support for those living in remote and rural communities and on employment issues for people with mental health conditions. Relevant actions within the strategy include:

- **Action 12:** Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation.
- **Action 36:** Work with employers on how they can act to protect and improve mental health, and support employees experiencing poor mental health.
- **Action 37:** Explore innovative ways of connecting mental health, disability, and employment support in Scotland.

Furthermore, Scotland's Economic Strategy[7] (March 2015) also aligns to the issues raised in this report as it seeks to create a more cohesive and resilient economy that improves the opportunities, life chances, and wellbeing of every citizen. The Strategy recognises the links between good health and economic growth and the importance of the rural economy:

> ***"We will also continue to make a significant investment in the health of Scotland's population. A sustained effort on increasing healthy life expectancy, providing physical and mental health benefits for those in work ..."***

Finally, The Economic Action Plan 2018-20[1], also stressed that investment in rural infrastructure and the publication of a rural skills action plan was necessary to grow the rural economy. It also recognised the need to close health and economic inequalities as an economic, as well as health, imperative.

3.2 Recent Literature and Mental Health, Inequality and Rural Areas

Prior to conducting the primary research, it was important to place this study in the context of its contribution to understanding the issues around mental health, rural areas and unemployment, and specifically in a Scottish framework by looking at some of the literature around these subjects. Furthermore, given the research was looking at digital means of reducing barriers in rural areas this section also includes some recent literature around online peer support.

3.2.1 Mental Health and Deprivation

There is clear evidence of a strong association between mental health and deprivation, with people of lower socioeconomic status having a higher likelihood of experiencing mental health problems. Statistics from the Mental Health Foundation[9] show that children and adults living in households in the lowest 20% income bracket are two to three times more likely to develop mental health problems than those in the highest[2]. Furthermore, in many cases employment status is linked to mental health outcomes, with those who are unemployed or economically inactive having higher rates of common mental health problems[3] highlighting the importance of support in moving people towards employment.

3.2.2 Mental Health and Rural Areas

Due to several factors, there can be difficulties when measuring the extent of lived mental ill health experience in rural areas. Nicholson (2008)[4] suggests that the effect of rural culture on help-seeking, anonymity in small communities, and stigma may further affect the recognition, treatment and maintenance of mental health problems. He also suggests that the relative lack of mental health services in many rural areas leads to a higher threshold for treatment, and therefore statistics can appear low in comparison to urban areas.

Key Health Issues Affecting Rural Communities[5], a 2010 Briefing Paper from the Northern Ireland Assembly's Research and Library Service, suggests reluctance to seek outside help in rural communities, particularly in relation to mental health. Social factors, e.g. fear about confidentiality in small communities, can prevent access to services, while associated stigma can be intense, leading to under-reporting, under-diagnosis and a lack of timely treatment. Thus, the effect of these factors indirectly also leads to the lower likelihood of gaining or sustaining employment without assistance in over-coming the perceived stigma in local communities.

3.2.3 Rural Unemployment

Added to this is the general pattern of unemployment in rural areas. While unemployment is lower in rural Scotland than in urban areas, and employment and activity rates are higher, the pattern

of employment is different. More people are in part time employment or selfemployment in remote rural areas. Over two thirds of people in private sector in remote rural areas are employed by small businesses, compared with only a third of private sector employees in urban areas.

3.2.4 Barriers to Employment Amongst those with Lived Mental Ill-Health Experience

Given the issues around services and stigma in rural areas, those with a lived mental health experience living in a rural area have more challenges to overcome. Recent research by Professor Sarah Skerratt, Rural Policy Director at Scotland's Rural College (SRUC)[6] also identified a lack of investment in services, transport infrastructure and broadband and mobile connections as being some of the specific barriers driving growing social isolation, rural poverty and a rural youth exodus.

Skerratt's research suggested that people in remote rural Scotland have very limited access, or no access at all, to basic services due to poor infrastructure, including poor roads and public transport and limited broadband and mobile phone coverage. Among the key services mentioned are mental health and employment services, the NHS and access to urban regions – which are often the source of jobs and leisure services.

People with poor mental health are particularly affected and the social isolation which results from poor connectivity often triggers or aggravates their conditions.

In addition, in 2013 the Centre for Mental Health produced a briefing on Barriers To Employment for people with mental health problems[7]. This concluded that key barriers faced include discriminatory attitudes of employers, low expectations of health professionals and ineffective models of supported employment, including Government programmes such as the Work Programme and Work Choice.

A 2005 Scottish Government study[8] suggested that 79% of people with serious, long-term mental health problems were not in employment. Several other studies have also shown that people with mental health conditions are much less likely to be in paid employment, e.g. Marwaha & Johnson, 2004[9]; Rinaldi et al., 2011[10]. Furthermore, there is a great deal of evidence of discriminatory attitudes amongst employers.

Danson & Gilmore (2009)[11] found that while employers had sympathy towards people with disabilities, they were wary that their disability or mental illness might lead to future business difficulties and financial pressures. Biggs et al. (2010)[12] noted that employers were concerned that people with mental health conditions would need additional supervision and would be less likely to use initiative.

Fear of discrimination, and therefore anticipated stigma, has been found to be a key barrier to employment for many people with lived experience of mental health conditions. This makes the road to employment sometimes a difficult one to consider.

3.2.5 Lived Mental Ill-Health Experience and In Work Disclosure

Those with lived mental health experience still face challenges when they are in employment. A 2017 survey by the Mental Health Foundation[13] found 38% of workers would not talk openly about a mental health problem for fear it would affect their job prospects or security.

A further 45% said they would make up an excuse, such as a headache or stomach ache, rather than report taking time off work due to poor mental health.

In addition, the Our Voice Citizens' Panel report in 2018[14] found respondents were likely to discuss mental health with family members (81% very willing or willing) or friends (77%) but were far less likely to have discussions in a workplace setting. Only 40% would talk to their manager, 41% to their HR department and 42% to colleagues.

Worry about becoming unemployed also makes disclosure difficult. See Me[23] found that 48% thought fear of losing their job would make someone unlikely to disclose their mental health condition and a literature review[15] for the Department of Work and Pensions found that people with lived mental ill-health experience found it difficult to discuss their condition with others, often due to the stigma attached.

3.2.6 Online Mental Health Peer Support

The body of evidence around online peer support for those with long term mental ill-health conditions is still growing and so far the results are mixed, although many of the studies call for more research in the area given the limited empirical evidence specifically for mental health issues.

O'Dea and Campbell (2010)[16] explored the potential for online peer support for young people in rural Australia where they found nearly half their sample believed these sites could help with mental health problems and the National Endowment for Science, Technology and the Arts[17], published a report in 2015 where they found that online discussion groups and forums were particularly useful for improving knowledge and reducing anxiety, though people often used them for a limited time.

Melling and Houguet-Pincham (2011)[18] who summarised research exploring the efficacy of online peer support services for people with depression, also concluded that they could provide many advantages and Bauer et al (2013)[19] found that participating in online forums for patients with bipolar disorders and their relatives was important in making social connections to share emotions and to discuss their daily struggles with the illness highlighting the importance of ensuring relatives are also supported.

Rice et al (2014)[20] conducted a literature review into online support for young people with depressive symptoms. Their report concluded that online interventions with a broad cognitive behavioural focus appear promising in reducing depression symptomology, while evidence relating to networking or peer-based supports was mixed.

Hardin and Ching (2016)[21] studied the growth of online peer support programmes and concluded that there was significant potential for benefits. Citing the considerable personal, social and logistical barriers to accessing care for mental health conditions they identified the need for further research given the fast-growing nature of the online environment.

The remainder of this report details our research findings. Chapters 4-5 looks at the study areas chosen and who participated in the study. Chapter 6 examines the barriers and challenges for those with long term mental ill-health conditions living in rural areas as they move along the path to employment.

Chapters 7 – 10 looks at specific employment 'enablers' – mechanisms that may assist those wishing to get back into employment.

Chapter 11 examines employment policies that can assist in sustaining employment for those with long term mental ill-health, and the report ends with our conclusions and recommendations.

The appendix includes case studies of organisations who are currently involved in helping individuals with long term mental health conditions in their journey towards employment.

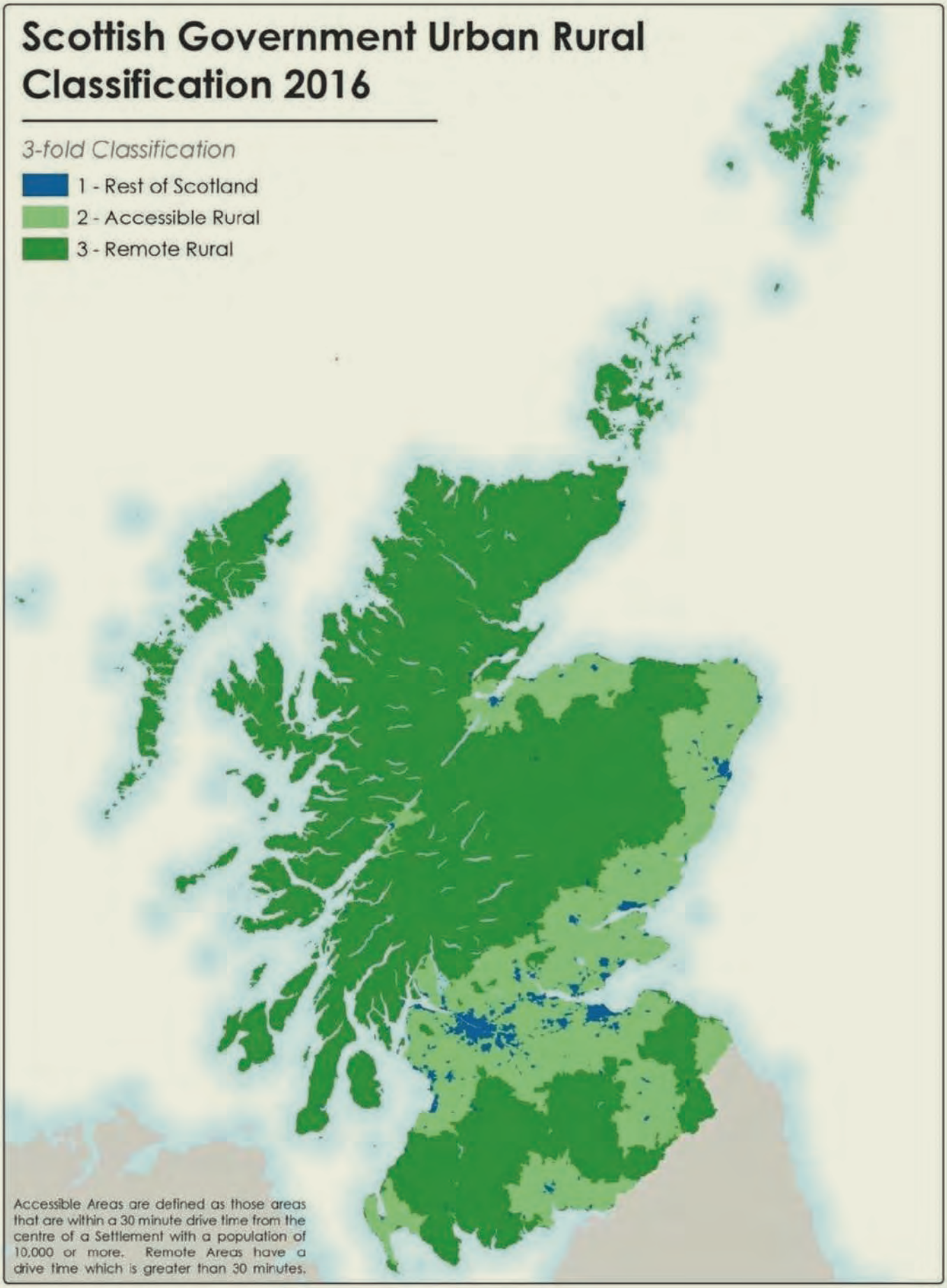
4. Study Area Profiles

This section gives a summarised overview of each of the rural areas included in the study.

It is helpful to first understand how rural areas of Scotland are classified. The Scottish Government Urban Rural Classification provides a consistent way of defining Scotland's urban and rural areas. The classification is based upon two main criteria: (i) population, as defined by the National Records of Scotland (NRS), and (ii) accessibility, based on drive time analysis to differentiate between accessible and remote areas in Scotland[31].

The classification is available in multiple forms, including a 6-fold classification which distinguishes between urban, rural, and remote areas through six categories, and an 8-fold classification which further distinguishes between remote and very remote regions. This report has used the 6-fold classification and as far as practicable – given the timescales and availability of respondents – ensured a mix of rural classifications 3-6:

Scottish Government Urban Rural Classification		
1	Large Urban Areas	Settlements of 125,000 people and over
2	Other Urban Areas	Settlements of 10,000 to 124,999 people
3	Accessible Small Towns	Settlements of 3,000 to 9,999 people, and within a 30minute drive time of a Settlement of 10,000 or more
4	Remote Small Towns	Settlements of 3,000 to 9,999 people, and with a drive time of over 30 minutes to a Settlement of 10,000 or more
5	Accessible Rural Areas	Areas with a population of less than 3,000 people, and within a 30-minute drive time of a Settlement of 10,000 or more
6	Remote Rural Areas	Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a Settlement of 10,000 or more


Scottish Government Urban Rural Classification 2016
3-fold Classification
1 - Rest of Scotland
2 - Accessible Rural
3 - Remote Rural
Accessible Areas are defined as those areas that are within a 30 minute drive time from the centre of a Settlement with a population of 10,000 or more. Remote Areas have a drive time which is greater than 30 minutes.

4.1 Dumfries & Galloway

Dumfries and Galloway is a mostly rural local authority with nearly half of the population living in areas classified as either accessible or remote rural. The main town is Dumfries (population 31,600) with two smaller main towns of Stranraer (pop. 10.800) and Annan (8,300). The area has a broadly aging population and between 1997-2017 the 75yrs+ age group saw a large increase (+44.2%).

The local economy is primarily based on agriculture, forestry and fishing, which accounts for 28% of all businesses. Food and drink is an important industry, employing around 14,000 people. Health and social care, a range of light industries and tourism are also significant. The largest single employer is the local authority.

Employment overall is higher than the Scottish average (78.3% vs 77.6%). Self-employment is also high at 13.5% compared with the average of 10.6% and many of the jobs in the region's key sectors often provide only seasonal employment. Data from 2014 shows that average pay of £432 per week was well below the Scotland average of £519[22].

SIMD data shows 16 data zones in the 20% most deprived in Scotland. The number of people who live in these areas is approximately 7% of the population. There are six areas of relative deprivation in the region: central Dumfries and part of Annan as well as areas in northwest Dumfries, Upper Nithsdale, the Machars and Stranraer. Between 2009-2011, 38% of households in Dumfries and Galloway were recorded as living in fuel poverty, substantially higher than the Scotland average of 28%.

The percentage of the population in Dumfries & Galloway prescribed medication for anxiety, depression or psychosis in 2014/15 was 17%, similar to Scotland overall (17%). The rate for psychiatric hospitalisations in 2011/13 was 288, similar to the Scottish rate of 292. The suicide rate in 2009-13 was 16, slightly higher than the Scottish rate of 15.

Dumfries and Galloway Council has invested £12.6m in the region's broadband infrastructure and the region is also benefiting from a share of a broader national investment of £264m. Access to high speed data links is being rolled out across the region.

4.2 Moray

Moray is situated in the northeast of Scotland between the Highlands in the west, Aberdeenshire in the east and includes part of the Cairngorms National Park to the south. The diverse landscape is mainly rural and includes a large stretch of coastal land. The population is 95,800 with a trend towards an aging population and out-migration of young people.

Most of the population lives in the coastal communities and market towns of Elgin, Forres, Buckie, Lossiemouth and Keith. Elgin is the central town with a population of around 23,000. Remote upland and agricultural areas are lightly populated and 42.2% live in areas classified as rural.

The largest employer in Moray is the Ministry of Defence due to local airbases, followed by health and social work services. Moray has few large employers (e.g. food manufacturers Baxters and Walkers), with 3,000 small and medium sized enterprises but the area boasts a strong micro enterprise sector with enterprises of less than 10 employees forming over 88.4% of all Moray businesses. Home working is frequent, and the self-employment rate is higher than average (11.6% vs 10.6%).

Employment overall is higher than the Scottish average (78.3% vs 77.6%), but this is composed of higher than average levels of part-time work (37.1% vs 33.3%). Moray has a low wage economy with nearly a quarter of workers estimated as earning below the living wage. This leads to a significant gender pay gap and an in-work poverty issue.

SIMD data shows that, outside of the main towns, the rest of Moray is ranked in the most deprived quintile for access. Public transportation issues include a decrease in bus services and community transport. The resulting strong reliance on cars has a corresponding financial impact for rurally diffuse communities. Census data shows travel to work is mostly by car (63%), and bus use is low at 3.4% compared to the average of 10% nationally.

The percentage prescribed medication for anxiety depression or psychosis in 2014/15 was 15%, lower than Scotland overall (17%). The rate for psychiatric hospitalisations in 2011/13 was 238, lower than the Scottish rate of 292. The suicide rate in 2009-13 was 19, higher than the Scottish rate of 15.

Digital Scotland data shows that many of the exchanges in Moray are fibre enabled and some properties have been linked, however extending this is a significant challenge[23]. Mobile data use is a popular route for many, but coverage can be patchy. In some places satellite broadband is an option, however this can be expensive. This is a significant disadvantage for those who work from home, those accessing universal credit online, and those looking for online mental health support mechanisms.

4.3 West Lothian

West Lothian lies on the southern shore of the Firth of Forth and is predominantly rural. West Lothian's population is estimated at just above 180,000. In recent years, it has been one of the fastest growing areas of Scotland. By 2035, the population is projected to be 205,345, an increase of 19.3% compared to the 2010 population.

The most populated area is the town of Livingstone with a population of 53,000 and a clearly different urban character to the rest of the area. 72,000 live in five small traditional towns that have a less urban character than Livingstone, with some rural characteristics. These are Bathgate, Broxburn and Uphall, Linlithgow, Armadale and Whitburn. 45,000 people live in 27 villages with 6000 people living outside the boundaries of towns and villages in a wide variety of farms, crofts and hamlets.

The top employers in West Lothian are West Lothian Council, Sky Television and NHS Lothian. Employment in the area is highly dependent on a few large employers.

Almost 9,000 people in West Lothian (5% of total population) live within some of the most deprived areas of Scotland. 13% of the population is experiencing income deprivation. Youth unemployment is higher than the Scottish national average.

Particularly affected are the communities of Whitburn and Blackburn, a ward that has a significantly higher rate of employment deprivation compared with both Scotland and West Lothian as a whole.

A major concern is the lack of adequate public transport. Although car ownership levels appear high with 75% across the whole of West Lothian, within some rural communities a significant proportion have no access to a car including Blackburn (34.5%), Brigend (34.3%) and Fauldhouse (31.6%).[24]

The percentage prescribed medication for anxiety depression or psychosis in 2014/15 was 18%, higher than Scotland overall (17%). The rate for psychiatric hospitalisations in 2011/13 was 341, higher than the Scottish rate of 292. The suicide rate in 2009-13 was 15, similar to the Scottish rate of 15.

West Lothian Council is investing £2.5 million as part of the Step Change Superfast Broadband scheme to deliver Superfast Broadband to more than 99% of homes and businesses in the county. The link to superfast broadband is seen as creating further potential which will include all areas in West Lothian.

4.4 Western Isles

With a population of around 27,000 the Western Isles is one of the most sparsely populated areas in Scotland and the population is projected to have the sharpest fall in Scotland over the next ten years, with a drop of 4.8% forecast by 2026[25]. This is largely due to expected natural decline.

Much of the population (around 20,000) live on the island of Lewis. The largest town is Stornoway with a population of around 8,100. The only other islands with over 1,000 residents are Harris, North Uist, Benbecula, South Uist and Barra & Vatersay.

About 77% of the total land area is held in crofting tenure. There are some 6,000 crofts distributed among 280 townships. Of these, 94% provide less than 2 days of work per week for their occupiers. Most of the large full-time crofts are in Uist.

The Western Isles, excluding Stornoway, are designated by Highlands and Islands Enterprise (HIE) as economically fragile. It relies on tourism, crofting, fishing and weaving and the public sector. Comhairle nan Eilean Siar (the local authority) employs around 2,100 people and NHS Western Isles around 1,000.

The business base is dominated by very small companies. 66% of employees work in enterprises with less than 50 employees, compared with 36% across Scotland. A 2014 Area Profile by HIE showed 14.3% of the economically active population to be self-employed compared with the Scottish average of 10.9%[26].

The Western Isles does not have any data zones in the 15% most deprived in Scotland (SIMD 2012). However, the methodology is known to be more applicable to urban areas as it identifies concentrations of deprivation.

The Scottish Housing Conditions Survey 2014-16[27] shows the Western Isles having above average rates of fuel poverty indicators – fuel poverty 56% (Scotland 31%) and extreme fuel poverty 22% (8%). This reflects higher fuel prices (12% more expensive) and a greater requirement for heating in the area.

The 2017 labour market figures show an employment rate of 83.6% of those of working age compared to a Scotland average of 77.5%. However, the figure for those classed as long-term sick is 36.8% compares to a Scotland average of 27.5%.

The percentage of people prescribed medication for anxiety, depression or psychosis in 2014/15 was 15%, lower than Scotland overall (17%). The rate for psychiatric hospitalisations in 2011– 2013 was 217, lower than the Scottish rate of 292. The suicide rate in 2009–2013 was 12, lower than the Scottish rate of 15.

Poor telephone and broadband coverage have long been identified as a weakness of the area. However, HIE and Digital Scotland are investing £146m to roll out a fibre network across the Highlands and Islands.

5. Who We Spoke To

For the study, the Foundation spoke to a wide range of mental health support service providers, with a rural reach, and employers who operated – or who had a presence – in rural areas. In addition, we interviewed service users with lived mental ill-health experience living in a rural part of the geographical areas chosen. All had been, or were currently engaged with, one of the service providers. The respondent profile is detailed below:

5.1 Service Providers

Most mental health service providers in the study offered a range of support services to users – based on service user need – not just specific employment-skills based assistance. However, in many cases services are provided from the nearest town, rather than in local village or community. Where a user may benefit from additional support out with the remit of the provider such as assistance to help with job seeking, they are signposted on to other services that will help – such as specific targeted employability programmes. In most cases users had regular one-to-one meetings with a support worker to ensure they were moving forward, and plans were made for the future. There was a distinct lack of service provider outreach programmes in the remote rural areas of the locations within the study.

Specific employability service providers who work with those with long term mental health conditions were also interviewed. Here the support was targeted at getting people back into work. Such service providers tend to have many links with local employers and could negotiate work placements for their clients where otherwise little would be offered. Only one of the providers offered the complete suite of social development, employment skills and job finder services.

5.2 Employers

Employers that engaged in the study came from both the public and the private sector and all had a presence – or at least a workforce that came from – the more rural areas of their business location. In many of the areas there was dependence on the local authority and / or the local NHS board as an employer. Amongst the private sector respondents in the study, some were reliant on low skilled seasonal staff which increased the opportunity for local employment at certain times of the year, and service providers tried to ensure that some of their clients were included in this demand. All employers spoken to had specific mental health support policies.

5.3 Service Users with Long-Term Mental Health Conditions

Those we interviewed had a broad age profile between 21-55 years old, mix of genders and life stage and had tackled a range of long-term mental health conditions from depression and anxiety to severe and enduring psychosis.

Key findings

6. Barriers and Challenges to Employment in Rural Areas

For people who live in the more rural areas of Scotland, the additional barriers to employment they face has long been recognised. For those living in such areas who also have a long-term mental ill-health condition, these barriers can be exacerbated by their issues.

The study identified two main types of barriers faced by those with lived mental ill-health experience in rural areas and expressing a wish to return to employment – the more tangible barriers such as access to transport and digital connectivity; and the more intangible, softer barriers – not as easily expressed – such as stigma, lack of confidence, and the personal impact of social and geographic isolation. These are discussed below:

6.1 Transport

The infrequency of public transport was the barrier most mentioned by respondents in the research. In some rural areas, this translates as a three to four-hour round trip for an NHS psychiatric appointment and / or their regular Job Centre Plus meeting.

For most there was the added challenge of overcoming what can sometimes feel like insurmountable anxiety about travelling on public transport:

> ***"If you've got anxiety public transport is tricky... reading timetables is tricky... trying to make sense of a timetable when you're unwell... having to have the right amount of money... you're not sure what you should say... "can I have a return to Annan please..." or should I say "can I have a return to Annan and back to Brydekirk"... it's all so stressful so you decide not to bother..."***
> Service User, Dumfries & Galloway

> ***"The lack of local services means that to get the right advice, people have to come to Edinburgh and for reasons that we don't often understand coming to a big city is such a big step for someone who is facing mental health challenges. They just wind up shelving the idea..."***
> Service Provider, West Lothian

> ***"You've kind of built it up into an insurmountable task before you've set over the threshold... it's getting over the threshold that's often the biggest obstacle..."***
> Service Provider, Moray

This can cause a dilemma however – the support services that can help someone deal with such issues – whether in or out of work – is often not available locally and so result in the need for prolonged travel on public transport:

"It's very difficult to get to Dumfries. Carlisle is more straightforward because there is a bus service... but I'm still quite jittery on the bus...I still find it very difficult... but that's where the [mental health support service] is..."
Service User, Dumfries & Galloway

"A whole day on a bus just to go to one appointment... we see an awful lot of people who struggle getting on public transport... so that's one of the things we help them with..."
Service Provider, Moray

"I identified that when I first started working here... that people would miss their appointments because they couldn't afford to come, or they couldn't face sitting on the bus for so long..."
Service Provider, Dumfries & Galloway

The lack of transport in rural areas – can also make employers wary of 'taking a chance' on someone who may need travel time adjustments:

"We are a round the clock retailer, and you cannot have everybody working a 9-5 shift. We operate 7 days a week. So, the issue of getting to work at the right hours is important and we cannot adjust to everybody's needs..."
Employer, West Lothian

The solution for many – and for some the only one – is to have access to a car to increase the opportunities for employment; engage with support services; and to reduce the reliance, infrequency and struggle of public transport.

Unfortunately, driving a car may not be possible for some people with a long-term mental ill-health condition. The DVLA require notification if a person is diagnosed with a number of mental health problems from bipolar disorder to schizophrenia. Furthermore, the DVLA must be informed if any condition such as depression or anxiety affects your ability to drive or you have been prescribed certain medications for a mental health condition[28].

In addition, driving lessons are expensive, as is car purchase. If all these challenges can be overcome fuel costs still have to factored and – given the distances many must travel – this can be very expensive. For a lot of people in rural areas fuel poverty is a very real problem.

On the Western Isles, due to their specific island status they can have even greater transport challenges:

"Transport on the island can be tricky, the bus service is not great, if you don't drive it can be difficult to get to work for 9am – if you have a job. In the evenings there is no bus service at all... and that limits the types of jobs you can have..."
Service Provider, Western Isles

"Most people actually work in Stornoway and have to travel back and forth, so fuel is an issue... we've got high fuel poverty here... but a car is a necessity really... where I stay, I would not be able to rely on public transport to get to and from my work..."
Service Provider, Western Isles

6.2 Digital Barriers

The digital issues experienced by people in rural areas of Scotland can result in a myriad of problems. For those with mental health concerns, the lack of connectivity and / or access can also exacerbate what may be already stressful situations.

Although digital connectivity has improved in recent years, within the study areas many of the respondents were still experiencing difficulties with slow, dropped or lost broadband connections or lack / poor mobile coverage.

The Scottish Government fast broadband roll out has resulted in improved broadband – in some cases being upgraded to super-fast fibre broadband – but still a fifth of rural areas are unable to access a usable broadband connection (21%) and 23% of Scotland's land mass is still without access to at least one mobile service.[29]

Some of the respondents simply could not afford a tablet, PC or laptop and so any online activity had to be conducted via their smartphone – usually using their data allowance – which was an expensive and cumbersome way to fill out forms.

Even for those with stable home broadband, prices could be prohibitively expensive for those surviving on welfare benefits. Consequently, they had little access to online resources that could help them look for employment opportunities, apply for jobs online, or sign on to DWP's own job portal – which is becoming a necessity for some benefits:

> ***"If you are at home and you don't have a good connection online... quite often you have to submit online or prepare a good letter... and it's all on the internet. If you've got a problem, it can be quite a chore... if things aren't uploading or downloading it can exacerbate a service user's anxiety and they just give up..."***
> Service Provider, Western Isles

> ***"Here in the Western Isle where Universal Credit is just going online that is a real challenge if you don't have access [to the internet]..."***
> Service Provider, Western Isles

In such cases, those without digital connectivity at home and / or with no laptop or PC, are subsequently reliant on access at libraries; friends; job centres; or a mental health support service they may be attending. In many of the remote rural areas we researched however there was no local digital access as there was no library or travelling to the library entails yet another public transport journey.

Some respondents were reluctant to always rely on the goodwill of friends, and Job Plus centres and support services were also a distance away. One of the consequences of this digital access difficulty was the higher likelihood of those with lived mental ill-health experience deciding not to make the journey to where they could access the internet, and consequently in some cases, results in lack of digital skill development. Mental health support services in the study were keen to attract service users where possible for just this reason:

"If you have an ancient old pc and it doesn't have flash then it keeps telling you to update something and you're on a metered connection then you are using a huge amount of money... If we can get them in here, we can sit them in front of a good quality PC that has got everything for them to access their Universal Credit, access the job centre..."
Service Provider, Western Isles

Even for those with access to a PC there may still be an issue around a lack of digital skills. This makes it less likely that they will be aware of employability services and recruitment websites.

For those who may have suffered from mental ill-health for a protracted period and been out of the workforce for some time – their digital skills may have suffered as they have been unable to keep pace with technology. Others may not have had digital skills to begin with or they may not be comfortable using computers or fear such technology:

"You do have people that are claiming benefits and have lived mental ill-health experience... they know they need to become more digitally aware, but they just don't want to learn these new things... the whole idea is just too scary..."
Service Provider, Dumfries & Galloway

"They may have a smartphone, but they don't really know how to use it. People can come in here... they can go online in a supported environment. Quite a lot of people that come here don't have very many IT skills. So, it's just trying to get people familiar with keyboards and mouse and how to get online... how to get an email address...very basic things. If they can get to Dumfries... we have the help they need..."
Service Provider, Dumfries & Galloway

"They may be good at social media and things like that, but their IT skills aren't actually quite good... the average age of our referral is someone in their 40s. So, we still get quite a lot of people that either don't use a computer because they don't know how to... or they don't want to because they don't trust it so don't like it... so they're stuffed because just about everything you do now you have to use a computer..."
Service Provider, Moray

What was evident during the research however was that improving the digital skills of those with lived mental ill-health experience can do more than just make their everyday life easier, and increase their employability, but have wider emotional and life benefits:

"I have noticed that if they are able to do something difficult and are able to use computers with confidence, this provides a sense of achievement and their self-worth increases..."
Service Provider, West Lothian

"Sometimes it's the mindset someone can be in when they are not feeling well... where you kind of go "well that's it then I can't do it" and actually when you start to unpick it... and they've come here and gone through the project they've realised it's not as scary as it looks..."
Service Provider, Western Isles

6.3 Stigma and Rural Areas

People with mental health problems are often the subject of social stigma, and the discrimination they may experience can make their difficulties worse, and recovery harder. Consequently, many living in small rural tight knit communities may be less willing to disclose their mental ill-health to those around them. This also may have the add on effect of reducing the likelihood of engaging with any local outreach services specifically targeted at those with lived mental ill-health experience:

> ***"... you're worried about things spreading in a small community, you don't want to say anything because then maybe somebody else will know that you have difficulties and that sort of thing..."***
> Service Provider, Western Isles

> ***"It's such a small community and as an incomer, it's very difficult... I've had serious problems and trying to get back into work with that baggage..."***
> Service User, Dumfries & Galloway

This fear of stigma also permeates the workplace:

> ***"There's definitely more awareness that people may have depression or they're anxious or they're stressed or have an even more serious condition. But sometimes in more rural areas, they're still unlikely to tell people that they're off work with a mental health condition... for fear of that reaction..."***
> Service Provider, West Lothian

Such stigma worries can be exacerbated by what is termed 'self-stigma' where someone can start to believe and internalise the wider stigmatising views of people with mental ill-health being weak or damaged .

Such negative attitudes can be harmful because it may stop someone from seeking or receiving treatment for their mental ill-health and doing anything such as applying for jobs because they believe they cannot do it, or do not deserve the support, or they fear they will experience direct stigma or discrimination. Therefore, self-stigma can impede a mentally ill person's ability to recover:

> ***"We are a small island, and we all know each other, people are very familiar as well. So, if you are looking for a job you will be more likely to know the people that are applying...and that can cause additional concern and fear..."***
> Service Provider, Western Isles

> ***"They may have already experienced stigma in their workplace previously, or just from friends or neighbours because of where they live... so they think 'why try' as they think they will fail anyway – or be discriminated in some way... and so don't even consider looking for a job..."***
> Service Provider, Moray

> ***"I just knew everyone was thinking I had lost it... so I didn't really want to go out... I certainly didn't want to network... who was going to employ me if they knew..."***
> Service User, Dumfries & Galloway

Thus, for those with long term mental ill-health living in rural areas, their ability to recover and plan a return to employment can be impacted by self-stigma and instead may result in withdrawing from their community, feeling angry and frustrated with themselves, and experiencing low self-esteem and lack confidence in their future:

> ***"It's confidence... they maybe don't want to be in too much of a public role because they live in a small community. So, for example working in a local shop might be quite difficult, speaking on the phone, also getting up at the same time every day can be quite difficult sometimes..."***
> Service Provider, Western Isles

> ***"Their stress and anxiety, and the perceived stigma that is out there and the resulting lack of confidence... we have to get it to a level where it is manageable for somebody to get back into the labour market – or entering the labour market for the first time – it's a major challenge..."***
> Service Provider, Dumfries & Galloway

6.4 Social Isolation

Another common barrier that was raised by respondents as having a significant impact on a person's wellbeing, recovery and community participation is social isolation. For some people, their mental ill-health coupled with perceived stigma and discrimination, and in some cases a lack of nearby emotional support and friendship, can increase their anxiety and hinder their coping ability – and so they retreat – making engagement with services and future employment – in any form – extremely difficult:

> ***"It can be a culture of fear... of being in this village and not having ventured out too much and being confined by a sense of 'this is how things work in our village'..."***
> Service Provider, West Lothian

> ***"If you're suffering mental ill-health, and you are stuck in the house... do you have to recover before you can get a job, or do you get a job and the job helps you to work towards recovery?"***
> Service User, Dumfries & Galloway

> ***"I think they often feel alienated by and wary of the world of work... quite often people do not know what they can access either... which might put them off going out in the first place..."***
> Service Provider, West Lothian

6.5 Lack of Awareness

A consequence of struggling with the barriers detailed above is that it can lead people with long term mental health conditions in rural areas to lack awareness of the mental health support services that could help them move forward on the journey towards employment.

Furthermore, an added complication was raised around the method of referral to such support services. Most support services we spoke to for the research tended to be referral only and so they were unable to advertise to the general public. Their service users were referred from the GP, Community Mental Health

Team or the Social Work department. Thus, there is a knock-on effect if the person is not attached to any of these services then they will not be referred. Most of these services acknowledged the benefits of self-referrals, but due to their funding, resources or organisational structure this was not possible:

> ***"Because we only accept clients referred by social workers, we can't advertise what is available and what people's rights are. So, there are areas where people are left behind..."***
> Service Provider, West Lothian

Conversely in the Western Isles respondents however felt that being part of a smaller community resulted in those with long term mental health conditions both being more likely to be aware of services that can help them and be easily referred to such services:

> ***"I don't think in terms of services they suffer... it's kind of a smaller community... it's tighter knit... and I think they rally... will go the extra mile to help the Service User..."***
> Service Provider, Western Isles

> ***"Social work is very prominent in Uist and Barra... and they are very supportive of service users and signpost them where they need to go and try and access what might help them... I don't think they suffer any more for being a wee bit more remote..."***
> Service Provider, Western Isles

> ***"Self-referral would be great because we could reach more people... but then you have the problem of raising awareness in a lot of the outlying villages around here – which takes time and resources... and then it's getting them to come into Dumfries... which sometimes involves one-to-one work with a client just to tackle public transport... so it's just not possible with our current workload... even if we were allowed..."***
> Service Provider, Dumfries & Galloway

> ***"Everybody has a right to get the information they need to lead inclusive lives. That shouldn't be dependent on a social work referral"***
> Service Provider, West Lothian

Summary

It was clear from those who live in – or work with – those that come from remote rural areas that transport issues were one of the major stumbling blocks to recovery as there was little or no local services to approach.

Digital difficulties in the form of broadband and / or network coverage, or high connection costs, also impacted on their ability to develop skills that could help with employment opportunities. Issues around stigma and social isolation could also be an insurmountable barrier which hindered awareness of employment support help and seeking such help.

As most of these services were also referral only there was no opportunity to advertise and so become aware of what was available.

7. Mental Health Support Services as Employment Enablers

The service providers included in the study offered a broad range of services to enable those with lived mental ill-health experience to move towards consideration of paid employment.

For some services this involved working with people whose mental health has left them effectively housebound and unemployed for a long period of time, exacerbated by their rural location. This can mean starting with the basics – such as ensuring they have a place to go at a regular time, on a daily or weekly basis, or starting with in-home support. Such services also allow people to engage with social opportunities – teaching mindfulness for example – and in some cases, selfhelp CBT programmes – all with the longer-term objective of getting them back into a worktype routine:

> ***"If people have severe anxiety about travelling due to their mental health condition, we will collect them on their first visit and get them on the bus for the second visit and build them up to a point where they are able to self-travel because they need to be able to do so to sustain a job..."*** Service Provider, West Lothian

> ***"We work all the way through to making sure people have got a CV and can cope with an interview, do they know what an interview feels like?... and in between those two extremes are all the other things we do...confidence building...making sure that people have got the social skills to cope at work etc..."*** Service Provider, Moray

> ***"We start at a really low point, so our first requirement with people is to turn up every week. Turn up on time and if you can't come, let us know. Because if you get a job and you don't do that...you lose your job..."*** Service Provider, Dumfries 7 Galloway

The organisations in the study were all doing some incredible work with great success – with service user needs at the centre of what they do. However, many were based in the main towns of the local authority. Consequently, they did acknowledge that they lacked a presence in the more outlying remote areas, where support services were more likely to be sparse and little support was available to access nearby:

> ***"Do I think we're missing a lot of people that need help? Of course I do. We would love to do an outreach service to more remote areas... having something like this would be great... I know some of the teams do refer from such areas, but people just don't want to travel that far...it can be a round trip of 4 or 5 hours for some..."*** Service Provider, Dumfries & Galloway

> ***"I did like going... they really helped me with getting better and sorted out my CV and work placement... but on bad days I just didn't want to***

go... it was just so far away, and I had to go on 2 buses so I had to be really motivated to catch that 7.40am bus. I just wished they were nearer...I wouldn't have missed so many days..." Service User, Dumfries & Galloway

A minority of organisations however did operate a limited outreach service to outlying areas. By offering a drop-in service one day a week in the local community for example:

"We've 80-odd people on our service at the moment. And more than 30% of them live in a village...they get referred to us but getting them in is a nightmare...so we have to try and go out to them..." Service Provider, Moray

"It's the only drop-in service we have at the moment...so on a Friday anyone that's using our service they don't have to come to Dumfries... we have the service here in Annan instead...just less of a long journey for them...so they're more likely to come...and once a fortnight we will go to Castle Douglas and see service users there too...it works well... we just wish we had this type of drop-in hub open more days..." Service Provider, Dumfries & Galloway

We also spoke to some organisations who focus on employability skills for those with lived mental ill-health experience. Many of their service users have been referred to them from providers similar to those discussed above – when it was felt they are ready to move into a more employment focused environment. The Job Centre will also signpost people to employability services.

Here there is much more focus on CV building, enhancing digital abilities, interview skills and role play, and identifying and arranging training opportunities and employment

placements. The services tended to have long standing relationships with the Job Centre and local employers and in some cases can assist with transport funding for those from more remote areas.

Very few do outreach work however and most are based in town where they see service users, so the same transport barriers exist. The services tend to be delivered on a one-to-one basis where they will always try to match the person with lived mental ill-health experience with some sort of training that fits both their skills set, their rural address, and takes account of their recovery:

> ***"We try to put people on work placements, so they have the opportunity to demonstrate that they are not defined by their lived mental ill-health experience...that they are able to move past it..."***
> Service Provider, Western Isles

> ***"We have been quite successful at getting people in supported permitted work where they can do a set number of hours and still get the pay and the benefits..."***
> Service Provider, Western Isles

The issue of the service users' place of residence however can still cause some problems for the service.

Some potential employees are still required to travel quite a distance in some cases to be able to take the support offered, and it only takes a cancelled bus or bad weather to reduce their motivation to attend given the long distance:

> ***"Our approach to doing employability is to identify what we think and what employers think are employability skills and then work towards supporting people to improve or develop those skills... but that takes time... and keeping regular appointments with us... but if it takes 2 buses to get to us... and we want to see you twice a week – and one is cancelled... well... one missed appointment becomes two, and so it goes on... sadly we can't go to them..."***
> Service Provider, Dumfries & Galloway

Summary

Clearly the third sector mental health support services in these areas are a fundamental part of moving those with lived mental ill-health experience to a place where they are considering employment.

This can only be achieved by regular contact and skills development over a relatively long period of time (although timescales of course will differ).

If, however service users have transport barriers to accessing such help this has may reduce their motivation to attend and – with the absence of similar services in the local community – they may drop out of the service.

8. Mental Health Peer Support

With such barriers within rural areas reducing opportunities to access support and the National Rural Mental Health Forum's survey identifying that there was a strong need and desire to create ways for people to connect in non-clinical, informal settings, the Foundation was keen to explore if local mental health peer support could be one solution and help support those wishing to move towards employment.

Not all organisations in the study had a peer support service, and not all those interviewed with lived mental ill-health had experience of it. Given the objective to look at the potential role of peer support interventions as a way for those with long term mental ill-health conditions to connect and assist on their journey towards employment however, the Foundation was keen to explore whether peer support and mentoring could also be a facilitator to assist people – not just towards recovery – but into work.

The term peer support is widely used and covers a range of different interventions, including one to one peer support, peer support groups and various less structured forms of delivery. It can be delivered in person, over the telephone or online, or in some cases by a combination of methods. Those delivering the support can be employed, working in a voluntary capacity or simply be members of a formal or informal group of peers.

There is no one, universally accepted definition of peer support. Within a mental health setting however the Foundation define it as:

"The help and support that people with lived experience of a mental illness are able to give one another"[40]

It's advantages within a mental health setting have been well-documented and there are benefits for both the person delivering the peer support in addition to the person or persons receiving it. Both peer support workers and the service users they are supporting feel empowered in their own recovery journey; have a more positive sense of identity; they can feel less self-stigmatisation; have more skills; feel more valued and have greater confidence and selfesteem.[41]

8.1 Formal Peer Support

This type of peer support is identified by having people who have personal experience of mental health problems who are trained and paid to work in a formalised role in support of others in their mental recovery.

Service Providers

Across the four research study areas only a minority of service providers offered formal peer support (paid and/

or unpaid) within their suite of services. In these cases, those with lived mental ill-health experienced had been trained and employed to support others on a one-toone basis.

Providers highlighted that having such a structured approach to peer support – where the service user's needs were assessed, and a plan drawn up – ensured that the primary focus was on specified recovery outcomes:

> ***"Some small organisations are much more informal, offer informal peer support, more like going out to coffee with someone or having a wee chat, which is different to us because we're more goal-orientated, so we have more of a structure..."***
> Service Provider, Moray

In most cases – where service users lived in remote areas – transport could be provided but mention was made of the benefits of peer support in the local area:

> ***"If someone comes from [remote area] a taxi service will pick them up and drop them off. It would be better though if we could reach out and go to remote areas..."***
> Service Provider, West Lothian

> ***"Having peer support [group] which is local is more accessible to people. When you are talking about similar issues and problems or achievements or even just sharing a joke...that is shared strength. That has a positive impact on people...the only problem is that it is often a problem hiring a suitable venue in small villages..."***
> Service Provider, West Lothian

None of the providers spoken to had mental health peer supporters trained to provide specific employment-seeking / job related peer support however, as they felt this was a secondary recovery outcome:

> ***"Before employability, participants often need help and peer support with life problems, which could be mental health, alcohol, self-esteem, motivation etc..."***
> Service Provider, West Lothian

Service providers with peer support services stated that service users whose health and wellbeing had improved would be signposted to local employability services at that time and if it was felt appropriate. However, such services were based in larger towns which means the same transport barriers applied.

Employers

Amongst employers in the study (and within some service provider organisations themselves) there was also evidence of models of peer support and mentoring albeit they were not mental ill-health specific. These tended to be where an employee may be new, have additional needs, or was returning to work after a period of mental ill-health.

The main objective of this was to help the employee settle in, ensure problems could be ironed out and ultimately increase the likelihood of sustaining employment for the employee. For organisations in rural areas this would include trying to resolve any work-related transport issues.

Although these programmes were formalised policies within the organisation none were focused on mental ill-health specifically, nor did we find any evidence of a structured planned outcome approach to the support offered:

> ***"We've actually got a couple of members of staff that have done mentoring and coaching and that has worked... especially with service users with additional support needs..."*** Employer, Western Isles

> ***"Yes, we do have people supporting people in a post, maybe just for a few hours a week or supporting volunteers...how to get to grips with the role..."***
> Service Provider, Western Isles

In addition, one of the organisations in the study ran an enterprise mentoring project for entrepreneurs and people looking into set up a business who may have lived mental ill-health experience. However, they were keen to point out that the discussions and mentoring was not necessarily only about their illness.

For other respondents – although some had been offered peer support – there was still issues around the structured approach to meetings which some disliked or resented:

> ***"It can put too much pressure on you... it's just another appointment you have to go to... I mean he was a great guy, but he wasn't my friend... he was too old... but they would call and ask why I hadn't met him..."***
> Service User, Dumfries & Galloway

> ***"I'm very much a loner, I've never felt the need to sit in a group like that..."***
> Service User, Dumfries & Galloway

8.2 Informal Peer Support

The Foundation also interviewed organisations that espoused informal peer support – where friendships are made within group sessions – which could then develop into supportive roles to the benefits of both service users in most cases. For these organisations this model of peer support worked for them as the friendships grew out of shared experiences discussed in an informal environment and allowed informal support to continue outside the groups in their own local area:

> ***"We have peer support going on here all the time...but it's not formal. It just happens... If you try and formalise it, it actually spoils it. If you try and set it up and recruit peer support workers... we had that years ago and it fell flat on its face... too contrived... if you just let it happen it happens..."***
> Service Provider, Dumfries & Galloway

> ***"I see peer support providing strength from shared experience and a place where someone can go on an informal basis because sometimes formal groups are a little threatening, particularly to people living in small communities..."***
> Service Provider, West Lothian

An employer also gave an example of where this peer support has developed in their company:

"We've got someone who had really bad depression when they were younger...they now actually support someone who has just come back to work. They meet for half an hour or an hour every week and chat about things...if anything is bothering them...it works very well..."
Employer, Western Isles

Furthermore, when a local peer support service in their community was suggested (formal or informal) this was perceived by some service users as being extremely beneficial, particularly where there has been no access to this kind of service previously – in some cases it can be their only point of social contact:

"Oh yes, if there was a group locally I could attend I'd love it...you see the amount of energy it takes to organise myself to get to Dumfries... I'm tired by the time I get there... so I can't be bothered sometimes... but if there somewhere nearby...once a week...where I could meet others like me... well that would be easier..."
Service User, Dumfries & Galloway

"Just having someone nearby to help me with paperwork and stuff... just to chat to...that understood what I was going through...especially when I have a bad day...well that would make a difference..."
Service User, Dumfries & Galloway

8.3 Online Peer Support

The lack of mental health support services in remote rural areas and the difficulties faced by many accessing mental health peer support in the larger towns – and public transport barriers being mentioned by many in this research – highlights the need for innovative ways to improve access to such services. Online peer support is one such model which has gained in popularity.

Many types of online peer support now exist for those with experience of mental ill-health. From the informal social media sites such as Facebook groups, to the more formal, structured moderated mental health forums where there can be scheduled real-time discussions with a trained peer support worker leading and moderating the chat.

There are clear benefits to online models of peer support which reduce many of the barriers discussed earlier for those with lived experience of mental ill-health living in rural area:

- It is an accessible alternative
- It removes the perceived stigma many may feel entering a locally known mental health service provider
- Service users can feel safe in a non-threating, confidential, supportive community where they can share experiences and solutions helping others
- Online groups can be set up for specific mental ill-health problems
- For those with chronic illness or mobility issues who may be socially isolated due to significant trouble leaving the house it can be a practicable way to start interacting with others again
- Furthermore, people living in a small tightknit community may feel more comfortable talking to people online under an anonymous username.

All mental health service providers in the research had a web presence, either a broad national site that signposted to their own local services or their own site. In some cases, these sites also signposted to other mental health support services either in their local area or nationally – dependent on their age and / or specific concern. One organisation was considering developing an online peer support service in the future to add to their site, and another service provider offered face-to-face peer support and an online forum for members.

Only a minority of service providers saw the benefits of online peer support and perceived this model as a positive step forward:

> ***"I think it would complement our services very well...especially to be able to reach those in the more rural parts of the area... at least as a starter for ten...and then moving them on to face-to-face work...it at least removes the need to deal with buses!"*** Service Provider, Dumfries & Galloway

> ***"It's something to think about I grant you...it's a safe space isn't it...if done right...and some people will find it easier to express themselves, their feelings, online than sitting across from someone..."*** Service Provider, Moray

> ***"I would've loved something like that 'cos my biggest problem is talking to anyone...even my support worker..."*** Service User, Dumfries & Gallowa***y***

> ***"I think it would be really useful for our younger service users... get them away from the social media...from the online bullying and into a more positive moderated environment... especially when there's no services locally..."*** Service Provider, Moray

Most respondents in the research however were not yet convinced of the benefits of most online peer support other than those that were strictly moderated and thus there was little enthusiasm due to their concerns.

Mostly their concerns were around how to support someone in a crisis online during an online chat without strict structures in place. There was also concern around the moderation of online forums and message boards and how they established and archived a digital trail to ensure adherence to safety, data protection and ethical considerations. In addition, given the rural nature of the areas there was serious concerns repeated around the basic technology necessary:

> ***"the problem here is digital issues. Some of our users have no broadband at home at all and even their mobile phone connection can drop regularly...it may work for some and not for others..."*** Service Provider, Dumfries & Galloway

> ***"there's a number of problems with online peer support .... Firstly, you're assuming everyone has fast broadband at home, in a private area and on a device that they can chat freely and have the digital skills to do so – many of our guys only have a smart phone that they can just about use. Secondly, if it's peer support***

that's being offered then what are the qualifications of the peer support workers...they would have to have training in this specific field in order to offer it...in such a virtual world you could end up having unhelpful members who do nothing to aid recovery. So, who moderates the site?" Service Provider, Moray

When asked to go further and explore the idea of online peer support however, with a focus on employment skills such as CV building, interview skills and support with job hunting there was even less enthusiasm with their issues falling into four main areas:

- **Skills development:** it was argued that many of the skills necessary to move someone forward towards employment could only be learned face-to-face
- **Peer Support Workers Training:** there was concern around both mental health peer support training and employability peer support being necessary to be able to offer such digital peer support
- **Miscommunication and misinformation:** It can be difficult to fully understand the tone of someone's messages and this can result in miscommunication and the relationship between the peer support worker and the service user make break down
- **Scheduling:** it may be difficult to only offer employment support in such an environment where a service user may have several issues that need to be addressed and this could be problematic during a time limited live chat.

"How do you figure out what sort of jobs they could do? How do you build their confidence to go for an interview when you are only talking online? It would be impossible to see progress or any soft positive outcomes..." Service Provider, Dumfries & Galloway

"I can see it working via email when two people are trying to develop a CV for example and where you are supporting someone around interview but that could only come after face-to-face meetings. It's a non-starter really..." Service Provider, Moray

Summary

Although some respondents identified the benefits of online peer support – especially as an initial step to build confidence prior to face-to-face meetings – the majority were concerned about the efficacy of such a model in helping lead to more positive employment prospects.

They were in favour however of moderated forums for broader mental health issues. In addition – and more importantly – the continuing digital connection and access issues mean this may not be a reliable peer support model to develop for rural areas.

9. Volunteering as a Means of Moving Towards Employment

The benefits of volunteering on mental health are well known and evidence shows that volunteering can improve a range of mental health conditions. For example, a 2013 review found that volunteering had favourable effects on depression, life satisfaction and wellbeing[42]. Crucially, this study revealed not only that volunteering is associated with improved mental health, but also that it causes the improvement.

In addition to giving something to the community and carrying out a wide variety of useful roles, volunteers can also gain in self-confidence, meet new people, and learn new skills. For those with lived experience of mental ill-health, volunteering can also help to counteract the effects of stress, depression and anxiety and improve their sense of self-worth. In some cases, volunteering is an end, but for others it can be a first step back into community life and the skills and experience gained through volunteering can also provide a stepping stone into paid employment. This is especially true in rural areas where communities may be closer and opportunities less.

9.1 Volunteering and Effect on Benefits

During interviews conducted with those with long-term mental ill-health there was a little confusion and some worry regarding the detrimental impact volunteering may have on their eligibility for Universal Credit, Employment Support Allowance (ESA) and / or Personal Independence Payment (PIP). In a minority of cases this has led them to dismiss volunteering as a means of improving their mental health and / or moving towards employment.

The Department for Work & Pension's (DWP) guidelines on combining universal credit claims with volunteering, however, were set out in March 2013 in response to an information request. This made it clear that as long as it was declared and agreed that job hunting hours could be reduced – this would have no effect on their benefit and that the volunteering organisation can pay travel expenses:[43]

"Voluntary work can be incredibly useful for a person who is looking to develop skills and experience in order to increase their employability. It's particularly useful for someone who has been out of the labour market for some time and is looking to build up their confidence and their CV at the same time.

Therefore, Universal Credit advisers will be able to reduce a claimant's expected hours to up to 50% in order to accommodate voluntary work. However, the claimant is not restricted to the number of hours they wish to do."

Although the rules are similar for those on ESA and/or PIP – that is, the voluntary work itself would not affect a person's eligibility – if the nature of the voluntary work means that their daily living and/or mobility needs have changed there is a requirement for the claimant to tell the DWP. Thus, some respondents were fearful that the DWP would assume that they were 'better' and therefore able to job seek rather than taking into account that the nature of their mental health condition may mean that their health may vary from one day to the next:

> ***"it can suggest to the Benefits Agency that if the person's well enough to volunteer, then they may well be well enough to work. And it's what puts people off volunteering."***
> Service Provider, Dumfries & Galloway

> ***"We used to have quite a lot of informal volunteers in the service but since the benefits... even any sort of volunteering mean that you're actually work ready, so it's cut down quite a lot."***
> Service Provider, Dumfries & Galloway

It would seem therefore that both organisations who assist in organising volunteering positions and those considering such offers should bear in mind whether the activities undertaken whilst being a volunteer would constitute 'work ready'.

9.2 Support Services Attitudes to Volunteering

All the mental health support servicers interviewed saw the clear advantages of volunteering for their service users, both as a boost to their mental health and as a potential step towards paid employment:

> ***"We use volunteering and work experience and supported volunteering and supported work experience as a good route to getting back into the labour market."***
> Service Provider, West Lothian

> ***"To get from that transition from not working... not be in employment... to doing this, building up their confidence, with the support from us and then moving on to a paid job... great."***
> Service Provider, Dumfries & Galloway

Those working within mental health support services did however highlight that volunteering should only be an option after ensuring that the person is mentally ready, and the opportunity is tailored to both the needs of the service user and the organisation. For those living in a rural location, the effect of their travel mode and the travel time on their mental health was highlighted as an important area that must be considered – in addition to actual hours of volunteering. Furthermore, all expectations should be made clear – on both sides – prior to any volunteering post being taken up to ensure there is no misunderstandings or disappointments on either side.

The service providers and employers included in our study endeavoured to ensure that volunteering placements were designed carefully to meet service user needs. This necessarily includes a high degree of flexibility given that many may not be fully recovered, and their rural location may require a rather long travel time:

"It is a voluntary position. It's not like a job where there's a more structured set of hours. They can come and sign up for whatever day suits themselves. You can come, for example, just in the mornings or you can come just in the afternoons." Employer, West Lothian

"The organisations we use tend to be very sympathetic and understanding to the needs of those with mental health problems. From a volunteering position, we would hope to work this into a work experience placement, moving from a volunteering organisation where the chances of gaining paid work are very slim to a commercial company and we have lots of people working for a variety of companies that are more than happy to take people on placement schemes." Service Provider, Dumfries & Galloway

"It's worth saying that anyone we have as a volunteer who has lived mental ill-health experience, we never push them beyond their comfort zones. They may say "I am comfortable doing x,y and z but I am uncomfortable doing a or b", and that is absolutely fine by us. I will cater to the specific needs of each individual..." Employer, West Lothian

9.3 Volunteering Experiences

Amongst the service users in the research there was very few with volunteering experience. Many however were interested in volunteering opportunities and mentioned the benefits of having somewhere to go a few days a week in addition to the possibility of developing skills that could assist them in future job hunting. However, they all lacked any awareness of volunteering opportunities in their area, services that could help, or websites that could provide them with support and information. Furthermore – as mentioned earlier – there was confusion around its impact on their benefits.

The research did identify a small number of examples of positive volunteering experiences that illustrate how – if developed within a structured, considered skills programme – a volunteering post for those working towards considering employment could be a positive step in the right direction to tackling social isolation in rural areas. A case study detailing a charity's approach to volunteering for those with long term mental health conditions is detailed at the end of this report.

"I got involved with the Langholm Initiative... a charitable set-up to help people get into work... it's trying to create opportunities for people... they set me up with a volunteering opportunity in one of the shops here. The rationale behind that was that if I got my face known and started to make links in the community and people got, you know, that would be a very useful stepping stone into employment." Service User, Dumfries & Galloway

"We've just set him up on a volunteer placement at a country house that has a walled garden. He's a keen gardener. But it's 32 miles from where he stays in the other direction. So luckily the people that own the house and the gardens are going to pay him travel costs." Provider, Dumfries & Galloway

Summary

Organisations' interviewed espoused the advantages of gaining a voluntary position and how it can be a positive step towards paid employment for someone with lived mental ill-health experience who is resident in a rural area.

The research identified however the importance of the service user being healthy and ready. Interviewees also stressed the importance of tailoring the opportunity by ensuring the hours worked are not too arduous to their mental health; that they have the right level of responsibility; and clear boundaries should be defined in advance of a placement.

Even more importantly given the rurality of their residence, it is important that any transport barriers to volunteering are considered and specific solutions found.

Providers, employers and service users interviewed all saw the positive aspects of volunteering. If done well, the opportunities for both health benefits and increased likelihood of eventual fulltime employment can be realised. However, lack of awareness of opportunities and confusion around the impact on welfare benefits means that many volunteering posts are overlooked by this group.

10. Self- Employment as a Route to Work

Self-employment is often touted as an appealing route as it has many advantages over being employed by someone else and as part of the research, we wanted to look at self-employment as an alternative to traditional routes to employment.

By becoming self-employed a person has autonomy that can lead to greater job satisfaction. In addition, those who are self-employed can set their own hours and fit their work around other commitments – which can lead to an improved quality of life. In addition, working from home – if applicable – means that there is no daily commute.

For these reasons, self-employment is often cited as a potential path back into employment for many people.

For those with a long-term mental ill-health condition there are also additional benefits:

- there is no need to deal with the fear of disclosing to a potential employer
- it is especially useful to those who have been unsuccessful in the past maintaining a job due to their mental health condition
- the flexibility it allows means changes in their mental health can be more easily accommodated within their work.

Furthermore, the percentage of people who are self-employed is higher in rural areas than the average for Scotland as a whole, with self-employment in Remote Rural areas running at 32%; Accessible Rural 22%; and the rest of Scotland only 14%.[44] In part, this is due to the prevalence of crofting and traditional craft industries, where full time employment is less common. There are specific examples of self-employment around more traditional industries such as weaving on Harris.

While this work cannot usually fully sustain a service user, it can provide additional income to someone employed part time or crofting as their main source of income. Craft work can also be a useful income stream in downtimes for those who rely on seasonal employment through, for example, tourism. In addition, in remote rural areas and island communities, selfemployment can have additional advantages given the long travel times that may be necessary to a place of employment.

A minority of service users within the research were either currently self-employed or had considered this as an option. Respondents who were already self-employed were clear of the benefits to them:

"For me, at the moment, self-employment is ideal. I don't have to be somewhere at 9am and I don't have to worry about childcare."
Service User, Dumfries & Galloway

"I haven't been 100% well in the past few years and if I am having a rubbish day or my son is ill, I have the freedom to decide to do the work tomorrow. That is definitely a plus. I like the flexibility of being able to take time off if I'm having a bit of a rough day."
Service User, Dumfries & Galloway

Mental health service providers in the study – whilst agreeing with the benefits to those with long-term mental ill-health – cautioned however that if self-employment was being considered by one of their service users there were several barriers to be overcome that the service user would have to be made aware of.

The main issue that was flagged up by respondents here was the stress and anxiety that could be triggered by the task of running your own business and having responsibility for your own income. The potential welfare benefit withdrawal and income fluctuations, coupled with the continuous search for work and lack of sickness benefits, could have a negative effect on their mental health and result in poorer mental health rather than better.

There is also the issue of social isolation. Self-employment may mean long hours at home or working by themselves which increases the likelihood of social isolation in a rural area which already may have limited social contact opportunities:

"If you are under a lot of pressure then that can increase anxiety and that can trigger existing lived mental ill-health experience, stress is the biggest factor, if you have lived mental ill-health experience that come and go then stress can often trigger that."
Service Provider, Western Isles

"I spent five months off work after I was diagnosed because I was not fit to work. Being self-employed puts extra strain on your finances: you don't get sick pay that I do as a council employee." Service User, Western Isles

"Somebody sets up something more successful than they expected and then all of a sudden they find themselves in the middle of this stress situation, and if you're self-employed you don't necessarily have the network around you to manage that." Service Provider, Western Isles

Finally, technology is often seen as an enabler into self-employment through home working. But in some remote rural areas – as discussed earlier – the necessary connectivity simply is not there on a reliable basis:

"I know of people within the Uist who try to work from home but they just don't, they had big plans because it was advertised that the roll out of broadband would come all the way down the isles but it seems to have missed out one or two areas so people can't work from home." Service Provider, Western Isles

Consequently, given the additional issues that those with a long-term mental ill-health condition may experience moving into self-employment whilst living in a rural area, they may require specialist support to help them thrive.

From the interviews three types of support was identified. Firstly, the general self-employment business planning and management support from the specialist agencies such as Business Gateway; support from a financial institution; and in addition, support from a mental health support service that has employment advisers.

Summary

Self-employment is a real possibility for some people with long term mental health conditions, especially in rural areas, but there are several potential barriers that need to be overcome. The stress resulting from the demands of running a business must be balanced against the flexibility that being in charge of their own enterprise offers.

The financial instability that comes with inconsistent streams of work may be too much for some to bear. However, if specialist support and training is available in the rural area, both to establish and to maintain a business, then self-employment can be a realistic alternative to employee status.

The flexibility offered and the ability to manage workload around other responsibilities can mean that the advantages may outweigh the possible disadvantages.

11. Sustaining Employment

Finally, as the journey towards employment for those with mental health conditions can be difficult it is relevant here to look at how those with long-term mental ill-health who are employed, can try and retain their employment.

Given the stigma that still surrounds mental illness people can be reticent about disclosing their own experiences. This can be even more prevalent in small rural communities where there may be fear of identification within a physical mental health setting or others in the local area knowing about a person's mental ill-health. Furthermore, the fear of being judged and the perception of being less likely to secure employment means service users are less likely to disclose during the recruitment process – especially within a tight-knit community. Even where there is no evidence that this will be the case – the anticipated stigma and resulting apprehension of a reduced likelihood of a positive outcome during recruitment will be a strong factor in the decision not to disclose.

For those who are in employment, an episode of mental ill-health has an added element of stress as they may be concerned about the reaction of their employer. Many employers however now have policies around supporting employees with lived mental ill-health experience. However smaller employers may not have the resources to offer such employee assistance schemes and may fear the impact of a lengthy staff absence on their business – especially if that business operates in a rural area.

11.1 Employer Policies Towards Mental Health Amongst Workforce

Interviews with employers in the rural areas contained evidence of sound policies in place around employee assistance, delivered either in house through Human Resource (HR) teams or contracted out to more specialist providers:

> ***"we have an employee assistance programme. So, if you need someone to talk to and don't want to talk to a colleague or your manager, or can't talk to someone at home, we have this group you can contact. And anytime someone is off with stress or a bereavement we make sure they have the contact details so they can contact them from home..."***
> Employer, Western Isles

There was also evidence within the research of best practice and policies in place to enable individual tailored adjustments to be considered when an employee was unwell, either as part of a return to work process or as a means of attempting to prevent a more major episode:

> ***"Something that is "reasonable" in one post may not be appropriate in others. However, it could encompass changes to working hours and patterns, building more rest breaks***

into the day or adjusting start and finish times. We have considered reduced working hours, both on a temporary and in a permanent basis." Employer, West Lothian

"if we find out down the line we're not just going to say, wait a minute you've got depression, so we don't want to employ you. It's more like, ok you've got depression so let's see what we can do and when you're in the workplace we'll give you all the support we can." Employer, Western Isles

"Certainly, reduced hours are something that we have looked at before, possibly involving temporary lighter duties. It also depends whether it is a long-term condition requiring permanent adjustments to job responsibilities as opposed to short term problems requiring interim measures. We also have the mandate to look at redeployment in cases where the person is no longer fit to carry out his or her present role." Employer, West Lothian

In some instances, however there was some concern that sound policies would not necessarily lead to the type of practical support that employees required being put in place. For example, in one company, there was a fear there may be conflict between specialist advice from occupational health, and the support services available to a line manager.

There also appeared to be a difference in emphasis between meeting the needs of the employee and ensuring that the employer was complying with legal requirements.

"This would also encompass advice from the occupational health advisor about what adjustments to the Service User's working conditions could be made that we should be looking at." Employer, West Lothian

"I know that they are very worried about what legally where they stand [the employer], what can they do... and also who they can refer people to. And that fits in again to you having services available for that." Service Provider, Western Isles

It was also clear that in some companies there is a lack of information about what practical steps can be taken by managers and what entitlements employees have. Some employers had no knowledge of the local mental health support services that could help. One manager spoke of the need to know where employees could be referred for help:

"But I just struggle sometimes if I've somebody in here and I feel they're really, really not in a good place. At least if I can pass them a card, pass them a piece of paper, pass them a phone number and say, when you go out of here, phone that number." Employer, Moray

Smaller employees are unlikely to have employee assistance programmes in place. And within the research there was an element of perceiving a conflict between caring for an individual and the needs of the whole staff team, and indeed the economic needs of the business itself:

"... if you have someone that needs to take a lot of time off and you are

a small employer, especially in the islands, it can put a massive stress on the other workers because everyone else has to cover. So that is an issue when you are a small business, a big issue." Employer, Western Isles

11.2 Disclosure

Service users interviewed who were currently in work generally had not disclosed their mental health status to their employer, unless they had no choice as a result of absence through sickness or due to the local nature of the job where the community knew about his illness. This appeared to be a deliberate decision resulting from fear of labelling, and being treated less favourably than other employees, or indeed not securing a job in the first place:

"I haven't told them, they know nothing about it, and this is my... the reason I don't want them to know, but I think what they would do is... walk on eggshells... treat you a little bit[differently]... I wouldn't want the sympathy." Service User, Dumfries & Galloway

"there is a fear about opening up around their own challenges and barriers because an employer, they believe, an employer will see it as a challenge and a barrier." Employer, Western Isles

What was evident however that although employers in rural areas we spoke to had policies in place in most cases, the fear of being discriminated against is a powerful deterrent against disclosure. This appears to be even more of a stressful situation when people in their local community may have no knowledge of an individual's status either. Furthermore, there was lack of awareness of locally available help employers could signpost to / or ensure employees were aware of – to allow them to access anonymous support off-site.

11.3 Support in Work

Several of the Service User interviewees we spoke to from rural areas told of past episodes of mental ill-health and described the reactions of their employers. Many of these were very negative experiences:

"I'd been unwell at (deleted), so the manager was a bit reluctant to have me back. I could see it in his face... there was definite fear there. So, there is this lack of understanding, lack of, you know...does that make sense?" Service User, Western Isles

"I had a nervous breakdown and I was referred to the mental health team. It nearly finished my career, because it was a weakness and damaging to your appraisals. It put a stop on postings and promotions. That is why you don't talk about it." Service User, Moray

"When I was signed off work because the doctor decided I wasn't fit to be at work I had to go there and hand in my sick note to this person I had never met. I was basically cornered into an office with him and his wife, who I'd never met either. It was ridiculously intimidating, they were horrible about it and demanded access to all my medical records. Basically, he didn't believe I had a mental health problem despite the fact that I had a note from the doctor." Service User, Western Isles

However, there were also examples given of where employers had provided excellent support, making adjustments to enable the employee to return to work such as reducing hours if necessary or a phased return to work:

> ***"I was very lucky to be supported by the council and they allowed me to take time off. Then they transferred me to a 15hr a week post..."*** Service User, Moray

One manager explained their company's supportive approach to a phased return to work for someone who had been absent for an extended period.

> ***"We use our experience, so if people come back to work after a period of time we'll put them on a glide path, so we don't expect someone to come back and hit all their targets like before they were off. We'll work with them over six to ten weeks to get back to where they should be. If someone flags something up to us, we'll support them as much as possible."*** Employer, Western Isles

Several interviewees talked of the need to change the culture of companies around mental health, seeing this as a necessary first step towards improving practice.

> ***"A lot of organisations have a lot of catching up to do in terms of their being open to employing people with mental health problems and promoting this widely. Usually nothing is said about it, rather than promoting the support there is for people."*** Employer, West Lothian

> ***"Because we're a small group, and folk have been here so long, you can see when someone is a bit down or a bit low or that something external is affecting their work. Managers will have a word or ask a friend to have a word to make sure they are ok. It's done in a family type way rather than in your face."*** Employer, Western Isles.

Summary

The decision on whether to disclose to an employer, or a potential employer, is a difficult one – made more challenging due to living in a rural area and thus disclosure is unlikely unless circumstances necessitated. This mainly resulted from a fear of being seen or treated differently. Support in work for people who had experienced mental ill-health was found to be extremely variable. Several interviewees had negative experiences, with employers making judgements on their future capabilities.

There were also some good examples of supportive employers however, who worked with the employee to make adjustments and facilitate an easier return to work. There was a lack of awareness – amongst the employers we spoke to – of local mental health support services that service users may be more comfortable engaging with given the nature of their illness and the small communities many of these employers operated within.

12. Conclusions & Recommendations

The study has illustrated the number of additional barriers those with long term mental health conditions, living in remote and rural areas, face when considering employment and in many cases such barriers reduce the possibility of some reaching the point of considering employment.

Although the findings clearly point to the need for local, accessible support, the concept of online peer support for those in rural areas was universally dismissed mainly on the grounds of connectivity and social isolation concerns. Rather, the findings point to the need for a much more tangible intervention, broadly in line with the National Rural Mental Health Forum's findings – be informal, low-level and in a non-clinical setting.

We believe that small, broad based community 'mini-hubs' – set up as small social enterprises – could be a viable intervention model to support people to access the right help and support they need to move towards employment.

This locally-led 'mini-hub model would be developed within the community and through local community participation and engagement and work towards playing a central role in both supporting those with long term mental health conditions in their recovery and protecting good mental health and wellbeing. This would be done through fostering social inclusion, connectedness, fairness, and enabling access to resources and services but within a local environment where many would feel more comfortable.

To ensure that this model incorporates peer support, digital innovation and challenges the barriers we have identified, and given the findings from this study, we believe that such a community 'mini-hub' intervention model would need to consider inclusion of the following elements:

1. Open to all as a community resource – reducing the likelihood of stigma and discrimination that may be associated with the term 'mental health hub'
2. Have a number of broadband connections to enable digital skills development
3. Access to mental health peer support and mentoring – to allow frequent and regular contact, with an emphasis on employment skills (including self-employment) and volunteering opportunities
4. Develop pathways to connect to other mental health and employment services in the wider area to grow outreach services
5. Build a network of local employers to enable opportunities for work placements and volunteering and to advise on mental health at work policies

The project has given the Mental Health Foundation a clear broad framework for a viable intervention model that can help in supporting people within rural areas to access and sustain employment.

Our next steps would be to shape our proposed intervention model by identifying a geographical area and venue for a pilot 'mini-hub' through a mapping and research exercise followed by developing a more structured plan for delivery.

Case studies

Case Study 1

Bùth Bharraigh: More Than a Community Shop

Bùth Bharraigh is a community shop situated in Castlebay, in the south of the Isle of Barra in the Western Isles. It is a clear example of a local community hub that has grown out of need.

Established in 2013 as a social enterprise, it grew from popular monthly markets held on Barra and neighbouring Vatersay, and a community desire to create access to local produce throughout the year. As well as offering a central route to market for food and craft items, the shop provides a community hub that supports employability, tackles social isolation and enables digital access.

The shop is open year-round, enabling it to utilise financial opportunities linked to tourism. It delivers much needed community services including a café area, free high-speed Wi-Fi, computer hire, craft workshops, a laundrette, tourist information and bike hire. This income sustains three members of staff and twelve volunteers, with any additional external funding focusing on developing the social enterprise itself.

Future expansion plans for purpose-built premises that will include processing facilities and workshop space for accredited courses such as food hygiene are ongoing.

Bùth Bharraigh contributes positively to the local economy in several ways. For over eighty crofters and microenterprises the shop provides a reliable and fair return on produce of 70-80%, support on pricing and packaging, and a physical space to deliver workshops and encourage collaboration, combating the social isolation that is a risk factor in self-employment.

Another key aspect is digital inclusion. "Some of the island has just got fibre (broadband) put in. However, they have missed out a lot of houses," explains Sarah Maclean, Development Manager. "But we have free Wi-Fi access in the shop...anybody's got access to it, they don't even have to buy a coffee."

This coffee shop style space encourages informal and sustainable digital support without the cost of a dedicated digital inclusion worker and avoiding any referral or sign up that may attract stigma. Anyone needing more intensive digital support is signposted to linked local services, such as the training centre Cothrom.

"We also have a laptop that we can hire out for £3 for 30 minutes, but most people have their own devices these days. We don't mind how long people sit there for either, they can sit there all day if they like," said Sarah.

Services also include community information and signposting, practical informal support around cooking and leisure activities, as well as vital social connection such as in-house groups that include a weekly 'Craft Ceilidh'. Accessibility is encouraged through seven days a week, flexible opening, based on ferry timetable changes, as well as a strong online social media presence.

Employability is core to their work, Bùth Bharraigh provide self-employment support and informal training to encourage local people to produce items for sale in the shop, as well as employment-based experiences. "We would be quite happy to take people on both in employment and as volunteers to build up confidence...help them overcome any fears they have or anything around the work environment," Sarah stated.

Through trading as a walk-in business, rather than a traditional issue-focused service, reach is increased, and a sustainable business has been created. The shop meets community needs for emerging services such as stocking specialist items unavailable elsewhere on the island (wholefood, yarn, fishing equipment) as well as service continuation when other businesses leave the area. For example, the recent addition of tourist information provision after the Visit Scotland office closed on the island.

Provision of support to producers, crofts and other local businesses has helped them to diversify and develop. It is estimated that Bùth Bharraigh has brought more than £260,000 into the local economy (figures February 2017).

Case Study 2

Volunteering at The Dogs Trust

The Dogs Trust, formerly The National Canine Defence League, is Britain's oldest and largest animal welfare charity. Founded in 1891, it has a network of twenty rehoming and adoption centres around the UK.

The centre at West Calder, West Lothian, operates a work experience scheme for volunteers which, in the past year, has focused on providing work acclimatisation opportunities for people with mental health conditions, most recently in collaboration with the Supported Employment Service run by West Lothian Council.

Participants start off undertaking tasks that do not involve direct contact with animals, such as cleaning out kennels and ensuring that dogs are fed and warm.

As their confidence grows, they can progress to handling and caring for the animals under the supervision of a staff member.

In placing the latest volunteer, supervisor Garry Lee liaised closely with the Supported Employment Service before meeting the volunteer to discuss the parameters and limitations of the role.

The results have been gratifying. "Scott (name changed) is very reliable", Garry explains. "He is very keen to learn. He wants to improve himself. He wants to push himself.

"However, it is worth saying that anyone we have as volunteers who have mental health problems are never pushed beyond their comfort zones. We cater to the specific needs of each Service User on a case by case basis.

"We do have a lot of volunteers with mental health issues and it does seem to help their recovery."

Once the volunteer has acquired the necessary experience, they are free to apply for jobs as dog carers at the Centre, as and when they become available. Of the ten most recent volunteers, two are now employed in paid positions.

"Because they had received the training to the level required by the post, they were able to take up the responsibilities of the new job very quickly," Garry continues.

"Former volunteers have also joined other animal welfare charities in similar positions and have followed career paths opened up by the work experience they have received."

Like many enterprises based in rural areas, access to the workplace has proved an occasional problem. "We have had prospective volunteers who, because they don't have public transport to us, have not been able to join us", says Garry.

"We are about three miles away from West Calder and there is no bus service from there."

To help alleviate the problem, Garry negotiated a special discounted rate with the local taxi service – although, to date, only one volunteer has used it.

Garry is keen to stress that the scheme is entirely voluntary. There are no fixed hours and people turn up when they want to.

"We don't make a formal offer of employment," he concludes. "It's entirely up to the Service User. We have a s pecial mechanism for volunteers to apply for a position on our website, but we don't advertise any place under the scheme and people apply entirely on their own volition."

Case Study 3

Moray Wellbeing Hub – A Local Peer-Led Social Enterprise

Established in 2017, social enterprise and social movement Moray Wellbeing Hub (a Community Interest Company) aims to harness the power of life experiences to create sustainable change at a local level, encouraging everyone to live more mentally healthy lives.

The Hub's approach focuses on creating change through peer-led activity at every level of community life, from personal to civic. This is delivered by local Champions – members of the the Wellbeing Hub's social movement. Current membership stands at 175.

Champions are offered training, networking and a central pool of resources for travel and childcare to better understand and self-manage their wellbeing. They then become the key delivery resource, providing support for the wider community in roles such as peer-mentors or in delivering outreach, gaining vital employability skills and experiences in the process.

Opportunity also exists for career progression: for example, individuals are encouraged to explore selfemployment roles as freelance peer-trainers.

Moray Wellbeing Hub is led by local people. It gives those involved the opportunity to share their experiences with others who have similar backgrounds and to learn from each other. This provides a strong and sustainable network of support, a naturally evolving community of people working together for the benefit of all.

Moray health demographics identify challenges around underemployment and low educational aspiration. Champions tackle this for themselves, and as role models and supporters for others. They use the Hub's resources to expand their individual suite of personal and work-based roles, creating and harnessing opportunities that services cannot traditionally reach.

One of the Hub's Champions explained, "A key strength... has been embodiment of the capacity to work to people's strengths and evolve with people. This has helped to engender a sense of collective ownership and helped participants to feel truly involved and self-directed – it's been successfully coproduced, 'done with, rather than 'done to'."

This is made possible by focusing on reframing personal experiences, combining these with research and local resources, to tackle the stigma of mental ill-health from the roots. This reverses the viewpoint that life challenges are something to be hidden but instead harnessed as a transferable skill for an emerging wellness market.

The Hub has grown over several years and has developed from a grassroots empowerment and anti-stigma project into a sustainable peer-led social enterprise. Based on human rights and recovery values, the focus is on coproduction and partnership across all sectors to increase reach and opportunities for Champions, but also to deliver activity through hosted brands such as their 'Wellness College', a mechanism for delivery of courses that build emotional literacy and skills in mental health. This brand promotes opportunities delivered out with the hub as a central point for community members to access courses and increase aspirations.

Initially funded by the ALLIANCE and See Me, the Hub has now attracted a range of income streams and works with several key national and local partners, including Scottish Recovery Network and Moray Health and Social Care Partnership. It also generates income through delivery of training and consultancy. Overheads are kept low by using a pop-up method for meeting and delivery spaces, partnering with venues in rural localities rather than owning or renting a central building.

Projects delivered so far have included running self-management workshops, organising community health and wellbeing events, seeding peer support groups and working alongside service providers in health and social care to better promote the concept of recovery. Emerging work is around younger people and those affected by drug and alcohol misuse; this includes partners such as Moray College UHI and other employability organisations.

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