

Conference Report

Drop-in & Mental Health Social Support Services : Meeting the Challenges

4th March 2008 : Conference Chair- Jackie Loxton

Introduction

In conjunction with the Learning Network North, the Robert Gordon University's School of Applied Social Studies hosted a conference on drop-in mental health services on Tuesday 4 March. Set against rapid changes in the funding, legal and policy orientation of services in Scotland, the purpose of the conference was to

- share discussion of the nature and benefits of Drop-in and Mental Health Social Support Services in the North of Scotland
- examine the nature of external changes confronting the services and
- explore the changing nature of the services themselves.

“Drop-in” is the common term for a range of usually strongly user-led initiatives in mental health-services provision. Characterised by informality, drop-in services are, by definition, at the user's disposal to “drop in” for support as and when need is perceived. The basis of the support experienced by users of drop-in services is that the informal social setting enhances social networks, improving self-esteem and promoting inclusion and participation, all of which helps to improve mental health and increase mental wellbeing. It is a well established and wide-spread format for voluntary services, with some drop-in services being 20 or even 30 years old. It is also in keeping with many of the more recent ideas in Scottish Government policy such as peer support and recovery.

On the other hand, there is a tendency to view inclusion and recovery as being concepts which are counter to any services organised around a specific group of people who are identified by their collective needs. By this way of looking at drop-in services, they provide a segregated service, when people ought to be encouraged to use the same non-mental health service supports which all citizens use.

In the current climate of restrictions on funding and rapid change in service structures, it is important to debate these ideas.

Presentations to the conference:

Delegates had the opportunity to hear from Charles Ord, who was strongly influential in implementing the movement towards service-user input in the North-east of Scotland. Although he is now retired, Charles was able to offer a highly personal perspective on the progress he has seen in this area during his career. From the basis of his personal history he spoke about how drop-in services had turned his life around from the desperation of profound depression.

Participants from Aberdeen's two main drop-in services, Pillar and the Alford Centre took part to offer their personal perspectives on their experiences in which they introduced themes of inclusion, participation and recovery. From a diversity of perspectives, they were able to contextualise the benefits of drop-in in relation to every-day needs of people whose lives are made difficult because of challenged mental health.

Rob Mackay, Lecturer in social work drew upon the research evidence base to highlight firstly that people with longer-term mental health problems often experience loneliness and have a small number of friends. He then drew upon evidence from a number of Recovery based research projects to highlight the beneficial effects of strengthening informal social networks, such as the work done by Informal Drop-Ins, and the importance of investing in social capital.

Mike Mass-Lowit, outlined the social policy back-drop underpinning service provision. He emphasised the legal duties that local authorities have to provide or secure provision of services which improve mental well-being (section 26, Mental Health (Care and Treatment) (Scotland) Act 2003), the shift to “promotion, prevention and support” (Towards a Flourishing Scotland, Scottish Government, 2007) and the aspects of “With Inclusion in Mind”, the Scottish Government’s report on implementing section 26 (2007). In contrast to these indicators that drop-in services are strongly in keeping with Government policy, he pointed to the complicated avenues of funding that flow from Scottish Government to voluntary organisations through local authorities, and the uncertainties incurred by the loss of ring-fenced funding for mental health projects in the new Concordat on funding between local and Scottish Government.

Workshops:

There were two sets of workshops, one in the morning inviting discussion on the strengths and weaknesses of drop-in services and one in the afternoon capturing the way forward in the current climate. It would not be possible to represent the full range of discussion from these workshop meetings of professionals, users and carers. However, here is a flavour of it:

The strengths and weaknesses of drop-in services:

In terms of strengths, many of the issues already discussed (inclusion, participation, peer support, recovery, belongingness etc) were mentioned. Some users are very fearful of professionals in formal situations such as consultant psychiatrists, CPNs, Care managers etc – but are able to put trust in professional workers in the informality of the drop-in situation. Not to be lost in this discussion are two repeated assertions-

- one comment is that drop-in is a place to go for comfort. i.e. that it is perceived as a safe haven from the scary formality of situations where powerful people may exercise the authority of the mental health act.
- The other comment is that drop-in services save peoples’ lives in a very real sense of keeping the potential for suicide at bay.

In terms of weakness, the following are sample comments from the discussion.

- Wider promotion required in that drop-in services may not reach all people who require them.
- Confidentiality may be problematic in the disjointed working (NHS, support services, care management)
- Drop-in services are not always viewed as professional services.
- It may be difficult to evidence value for money when the preventative function is difficult to demonstrate. How, for example can you prove that a service has kept someone from greater unhappiness or from hospital admission?
- Drop in is no panacea. It can't solve every problem.

What is the way forward in the current climate?

- Drop-in services need to build a body of evidence / outcome focussed measurement, which funders will now require.
- They ought to embrace some structure which agrees objectives and individual recovery plans to structure people's attendance.
- Drop-in services ought to establish a base-line measurement of service users against the Warwick / Edinburgh scale to evidence outcomes. (The scale is to be used to demonstrate local authority performance in improving mental well-being).
- More outreach is required to reach those in need who do not yet benefit
- Need work to local authority targets now!
- Need to embrace a whole life approach – i.e. physical / mental.

Conclusion

The general tone of this discussion is that drop-in services need to work in partnership with their funders to meet the requirements which justify spending of public money on them. They need to become more focused on defining general and service-user specific outcomes, so that they can target the funding on the greatest potential achievement. By evidence base and the testimony of the numerous service user contributors to this conference, it was also clear that the "drop-in" formula is highly valued by those who use it and that it enhances mental well-being of those who struggle to maintain it.