The role of practitioners in wellbeing networks of people with severe mental Illness?
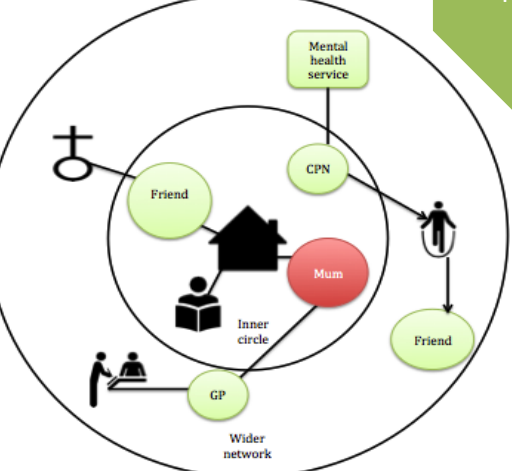
Pinfold V[1], Sweet D[1], Porter I, Byng R[2], Griffiths C[3] and Billsborough J[1]

AIM: To explore the roles played by practitioners in building wellbeing networks among people with severe mental illness (SMI) in two locations of the UK.

BACKGROUND: Social networks and meaningful activities are important dimensions of recovery[1]. Access to social capital, opportunities for social inclusion and addressing stigma may be addressed through network development[2]. This research was funded by the NIHR HS&DR programme (09/1801/1069). Views expressed those of authors, not NIHR.

METHODOLOGY: Mixed methods study. We carried out 41 in-depth interviews, followed up from 150 participants with SMI whose connections to people, places and activities were mapped, 44 interviews with practitioners (GPs, psychiatrists, voluntary sector staff and care coordinators) and interviews in 30 organisations with strategy leads.

RESULTS: The role of the practitioner varies in wellbeing networks but broadly falls into categories of sign poster and referrer (bridge builder), skill builder, motivator, navigator and co-pilot, network member providing friendship. An example is shown in figure 1, where practitioners provide access to gym on prescription – the bridge building role - and encourage the development of new contacts within their church by talking about network development opportunities based upon the mapping process. This person has a small network (5 social contacts compared to mean in study 19.9), spending 75% of time at home alone with a negative contact in 'mum'. The CPN was viewed as a friend. Regardless of network size, we found 23% networks had a practitioner within the inner circle of emotional closeness. Practitioners did share concerns about their role developing networks, as shown in figure 2, and highlighted barriers for taking forward an agenda to develop networks.

Figure 1: Network example where home, the gym and GP practice are accessed with practitioner support

Barriers to practitioner involvement in network development

- **System issues** - deficit view mental illness, service reorganisation, resource pressures, poor partnership working , risk adverse practices
- **Staff skills** - lack of training, knowledge and capacity to work in this way
- **Community resources** – services not set up to support SMI, public stigma, budget cuts to community facilities, groups and projects

Factors supporting practitioner involvement in networks

- **Leadership** - practitioners championing social factors in recovery and policy emphasising social factors
- **Recovery process** - including empowerment
- **Specialist staff** - leading network development with SMI group
- **Availability of resources** – dedicated and supportive community facilities

Figure 2: Overview of practitioner views on network development

PLACES

PEOPLE

ACTIVITIES

CONCLUSIONS: Practitioners recognise people, places and activity connections are important for wellbeing and recovery, but report barriers to their involvement in network development. When practitioners deliver interventions to address social isolation and loneliness, social support or activity based programmes around themes of employment and training, physical health and well being it is not framed in terms of outcomes addressing network goals or networking. We recommend further research on the potential of wellbeing network interventions for people with severe mental illness.

1   Leamy M, Bird V, Le Boutillier C, Williams J, Slade M. Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. The British Journal of Psychiatry 2011;199(6):445-52.
2   Webber, M., Reidy, H., Ansari, D., Stevens, M. & Morris, D. (in press) Enhancing social networks: a qualitative study of health and social care practice in UK mental health services, *Health and Social Care in the Community*