

Wellbeing networks and asset mapping

Useful tools for recovery
focused mental health practice



Summary

This briefing paper is based upon research – the Community Health Networks study – and aims to raise awareness of wellbeing network mapping and the therapeutic potential of this research process, modified for routine mental health practice.

The study has led us to consider whether wellbeing could be improved and recovery enhanced by the following steps:



Having a conversation about usual or important connections.



Identifying activities, key people and significant places regularly engaged with.



Considering how connections enhance or hinder wellbeing.



Reflecting on and talking about what might be changed for the better, and how.



Thinking about what might help make those changes.

The paper is structured in sections covering:

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Foreword

We are really pleased that this short briefing paper has been prepared for our Shared Decision Making in Medication – Evidence, Efficacy and Alternative Paradigms conference. Our many recovery initiatives within the Trust including our position within the ImROC (Implementing Recovery through Organisational Change) programme has highlighted the need to extend approaches and tools to support recovery based practices.

At our conference we want to share ideas for building new ways of working. The research carried out by the McPin Foundation and Plymouth University from 2011 to 2013 which forms the basis of this briefing paper is very relevant to conversations about medication choices and shared decision making. It offers up an approach to providing support that is based upon understanding personal choices, aspirations and what is valued by a person as well as their resources, strengths, interests alongside challenges including setbacks. It links personal resources, the connections possessed by other people within one's network and community assets.

Wellbeing networks, as piloted in the research study, are co-produced in a structured conversation that recognises and explores meaningful activities, environmental and place connections as well as social relationships. This work has not been taken forward outside of a research study – yet. However, the research team led by the McPin Foundation are keen to explore the therapeutic potential of wellbeing mapping to support recovery focused practices in mental health. In West London we are pleased to be involved in a co-production project that will explore the potential of this approach, both in terms of wellbeing mapping and community asset sharing. We hope this briefing paper will help develop thinking about the relevance of wellbeing connections for supporting people with long term mental health needs.

We are very grateful to McPin Foundation for their support and interest in this conference. Not only have they created this paper but have also sponsored the folder, banners and the film of the conference.



A handwritten signature in black ink, appearing to read 'Sally Gomme'.

Sally Gomme
Recovery Strategy Project Manager
(WLMHT)

Our vision

Our wellbeing networks research study was conducted by a team of people from different health care and academic backgrounds, who were all united by a shared commitment to improving mental health services by (re)emphasising 'the social' as a crucial component for recovery. We cover general practice, social work, psychology, psychiatry, health services research and public and patient involvement in research. The study was funded by the National Institute of Health Research.

Our vision is for a system of health and social care driven by the needs of people with mental health problems that recognises, and builds upon, the assets and resources of individuals and organisations around us all. Our interest in asset based and network approaches stems from the idea that mental health recovery journeys, and personal "points of change" within them, might be better supported by wellbeing network conversations. We believe these conversations could facilitate the identification of resources individuals have access to that could be better utilised, gaps in resources, and support that could be developed.

Our project is not an isolated piece of work. Currently there are several UK based large scale research studies that link with this approach. First is the Connecting People Study – an evidenced based network development intervention led by the University of York. Secondly, the Royal Society of Arts (RSA) Connecting Communities study series, that has sites across the country including a piece of work in Hounslow. It is also an approach that features in services, including those for older people and people with long term health conditions using the 'care navigator' role. We also recently learnt of a Lambeth based programme in primary care run by a community connecting team and "connect and do" social networking online tool that supports people at risk of social isolation because of their mental health.

Our goal in compiling this briefing paper is to raise awareness of the potential benefits of a wellbeing network approach to supporting recovery. Much of the literature in mental health that considers networks emphasises *social* networks and social support. We have looked at three aspects of connection building: links to people, places and activities. We describe our approach and how it relates to recovery and mental health as well as asset based approaches.

Our work is coordinated by a specialist mental health research charity that focuses particularly on ensuring lived experience expertise influences mental health research – the McPin Foundation. You can find out more about this work at: www.mcpin.org.



A handwritten signature in black ink that reads "Vanessa Pinfold". The signature is written in a cursive style and is underlined.

Vanessa Pinfold
Research Director, McPin Foundation

1. What are wellbeing networks?

We coined this term in a research study which we undertook between 2011 and 2013 in the South West of England and in one London Borough. A 'wellbeing network' describes the current connections in peoples' lives not only through their social networks of friends, family, acquaintances, practitioners and colleagues, but also their connection to places they regularly visit and the activities they routinely do.

Importantly, they are the connections that also impact wellbeing. Mapping place and activity as well as social (people) networks is a unique approach – and we feel it adds value and context to help understand social worlds. We systematically mapped these three types of connection and asked participants to rate the impact on their wellbeing for each. The result is a personal wellbeing connection map, based upon the perception of the individual alone, at one point in time.

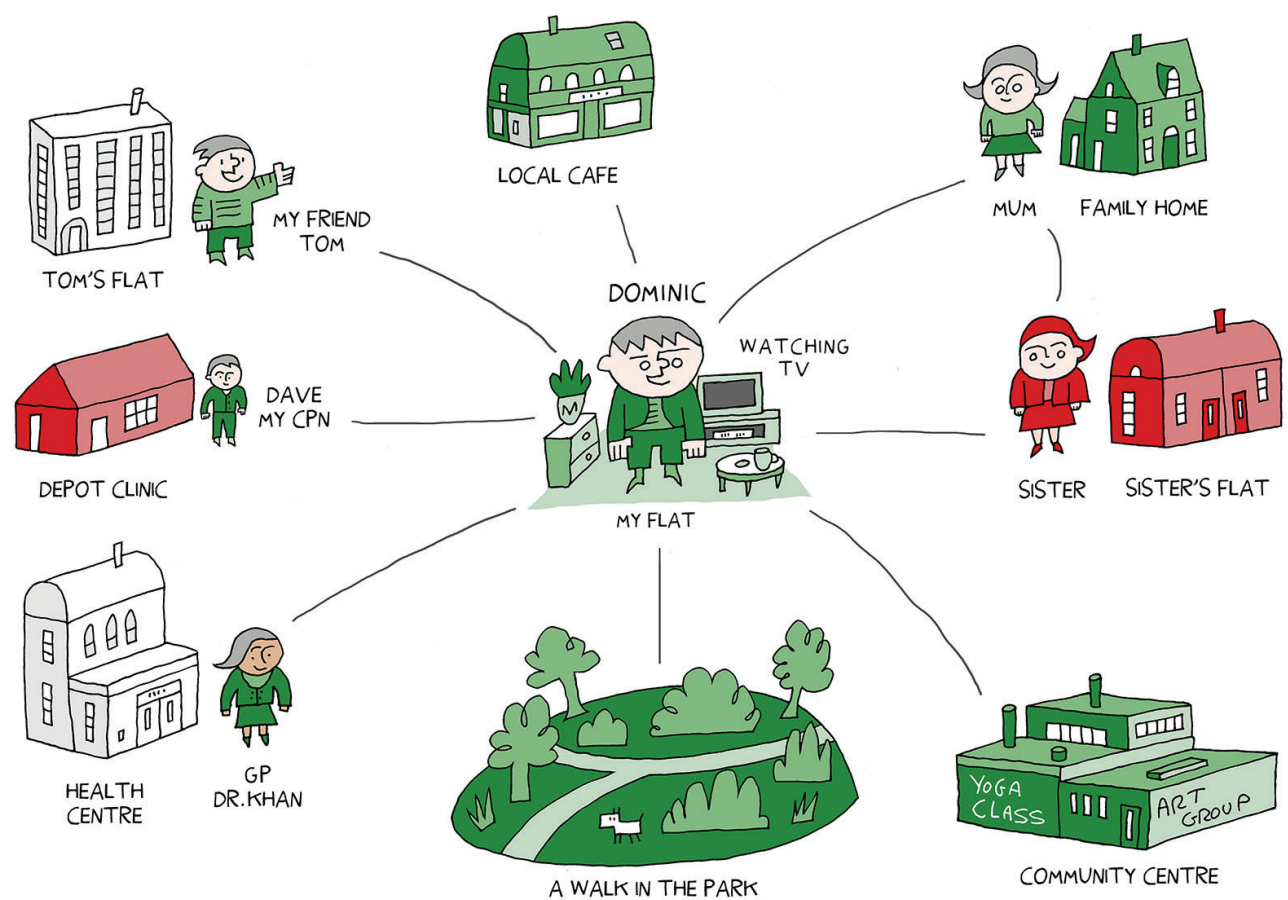


Illustration by Daryll Cunningham

Positive for wellbeing
 Neutral for wellbeing
 Negative for wellbeing

2. Why *might* wellbeing networks be important for recovery focused mental health practice?

"Doing voluntary work is important because I'm meeting new people and that's the thing. It's like needing a blood transfusion, you know, for your life and, um, it's important for me to meet new people. I'm going to be helping other people who are isolated, like myself, and I really understand how bad it is, you know, when you're totally on your own and you can't talk to people and you can't make friends." Pauline from London

"I paint... I've got to the stage where I think I can honestly say I am an artist. Paintings are getting good enough, now. And um I just went on holiday with a group of friends and um it was fabulous. I shed a lot of my illness there."

Neil from the South West

Wellbeing networks can address key mental health policy concerns that feature prominently in recent health strategy:

- Mental health care is delivered using **recovery focused practices**. As with recovery our wellbeing connection mapping promotes person centred care within a strengths based model placing the person using services at the centre of the care pathway and decision making (Shepherd et al 2008).
- **Parity of esteem**. Wellbeing connection mapping adopts a holistic approach recognising that people with mental health problems also have **physical health needs** which must be addressed to close a large mortality gap of up to 20 years (Department of Health, 2011).
- Living with mental health problems can be an **isolating, lonely and distressing experience**, with the **stigma** associated with a mental health diagnosis causing problems in addition to symptoms (Thornicroft, 2006). Wellbeing network conversations provide a framework to explore how issues such as social relationships, stigma, daily routines and structure, or medication impact on daily living. They enable

service users and professionals to create person-centred goals to address prioritised concerns. In particular, wellbeing networks can help people to build new identities or revive an identity impacted by mental health problems.

Establishing meaning in life and routines, hope and optimism for the future, and developing sense of identity are all important for recovery (Leamy et al 2011). Managing mental health requires supports and approaches that can address a number of different areas of need, including biological, psychological and social. But, there are only a very limited number of therapeutic approaches on offer, particularly for those people who do not respond to pharmacotherapy or psychological therapies. Thus we urgently need new solutions, including social interventions, to support recovery across the health and social care system and wider community.

These solutions will not rest in established organisations alone; increasingly innovation is emerging through social movements and change is being driven by community entrepreneurs and health innovators. Linking together these different actors to provide care in a seamless, joined up way, is vital.

Wellbeing is shown to be influenced through giving, being active, taking notice, connecting and continuous learning (Thompson et al 2008). Using a network mapping approach allows us to identify all the important connections a person currently has, as well as consider those from the past that have been lost, and identify future goals through a conversation that covers diverse factors that impact on mental health and wellbeing, without prioritising any particular one. It is person centred – the individual is at the centre of their map of connections – and in having the conversation about influences on wellbeing, individuals might identify new strategies for supporting themselves, seeking help from within their own network and asking

for specific support from health or social services. In addition, the approach provides a structure to systematically map, discuss, goal plan, and monitor these issues.

An important aspect of our research was the contextualisation of networks; understanding why a small network might be appropriate for one person, but limiting for another; how practitioners were valued contacts in some networks but unwelcome in others. We also identified strategies for managing disclosure of mental health problems including not disclosing mental health problems to part of the network, keeping this identity hidden.

The essence of the approach if taken forward as a recovery practice tool would build on established practices including understanding values and preferences, assessing strengths, and supporting goal planning (Bird et al 2011):

- Wellbeing mapping is produced within a two-way conversation (not an interview) that relies on the engagement and skills of both parties building upon trust, an established therapeutic relationship and a clear shared purpose for undertaking the mapping process;
- The wellbeing network mapping process is structured in order to guide and support

individuals, but the conversation around it may roam in order to explore the meaning and context of connections. It might explore past relationships, experiences of healthcare, concerns for future and risk issues. It would identify if, for example, a medication review, or referral to an employment coach, is required. Satisfaction with current housing, welfare benefit and other finance issues, views on medication, beliefs about mental health, plus interests in local community can all surface. The conversation would also identify “building blocks” or “pointers for change” where individual agency and hope may thrive.

- Mapping a wellbeing network provides the basis for a co-produced plan of action. Drawing on the assets of both the staff member and the client, goals are discussed, resources required to achieve progress are explored, and plans with milestones are developed. When goals are reviewed, both staff member and client reflect on progress, expectations and barriers. Co-produced decisions on content of the “plan” are agreed. Thus using wellbeing mapping in routine practice would move from a process describing one point in time to one that describes and monitors change over time. It would also link to other goal planning tasks such as care planning and reviews.



3. The community health network study

We were interested in looking at wellbeing networks with two motivations:

- To describe the social networks of people with long term mental health needs, which have previously been reported as being smaller than those in the general population with fewer friends and fewer people to turn to in a crisis (MacDonald et al 2005), as well as lower levels of social support and social capital (De Silva et al, 2005). To also describe activity and place connections building three-layer networks to explore which formal and informal resources people access for wellbeing.
- To consider the potential for a community health network approach, used in our research as a data collection tool, to form the basis of an intervention or service available in routine health and social care practice. The process of mapping might uncover currently untapped potential for supporting recovery.

Summary of what we did

We worked with 150 people mapping network connections to people, places and activities, recruited as they had been in contact with services for support for a mental health problem, such as schizophrenia, psychosis or bipolar, in the last two years. We followed up these findings with 41 people using an in-depth interview to talk about their wellbeing network and how it changed over time.

Alongside this mapping process, we spoke with 44 practitioners about their role in developing wellbeing networks and to 30 leads within organisations responsible for supporting people with schizophrenia, bipolar, psychosis or providing public services including libraries, sports centres and educational facilities.

Our findings

In terms of the two key study objectives we found:

- **It is possible to map wellbeing networks** among people with mental health problems and obtain useful insights into living with mental health problems and recovery journeys.
- **People found the process therapeutic.** Between interviews people had made changes based on the conversations we had with them about their wellbeing networks.

Diversity in wellbeing networks

Considering the wellbeing networks and their characteristics, diversity of content was a key finding – all 150 network maps were different – individual strengths, resources and barriers were unearthed that would not have been found without a person-centred, open-ended mapping approach. Networks ranged from those which were small, inactive and dominated by mental health services to those which were larger, full of a variety of relationships, activities and places, while about a third were based around the family and the home.

Equally we found that some people were very active with hobbies despite having very few social contacts, while some were quite happy with one or two close contacts. Most participants spent more than half their waking time at home. We found little evidence of practitioners referring people to new places and activities – most of these were instigated by the person themselves or suggested by a friend or family member.

Our findings highlight the importance of person-centred approaches – people with mental health problems are not a group of people who are all isolated or who all have the same needs and interests.

Our qualitative interviews helped us to explore diversity further. We found evidence of individual agency – active choice and control – in many networks regardless of their size or quality and surfaced tensions, including: relationships with practitioners or families; dealing with the impact of stigma; employment and financial frustrations.

The value of connectedness in supporting recovery and countering the risk of isolation and loneliness was evident, through processes such as shaping identity, providing meaning to life and sense of belonging, gaining access to new resources, structuring routines, and helping individuals 'move on' in their recovery journey.

"It is easy to isolate. See, this is why I do my sports. This is why I do, you know... go to mass on a Sunday. It's a... it's... go to the supermarket every night, rather than buy your shopping for a week. It's to get you out of it [the house]."

Kevin from London

"It [the mapping process] reminded me of things, having another look at it. Um, instead of just blundering my way through life, I'm sitting down and reminding myself of how everything is."

Agnes from South West

Role of practitioners in wellbeing networks

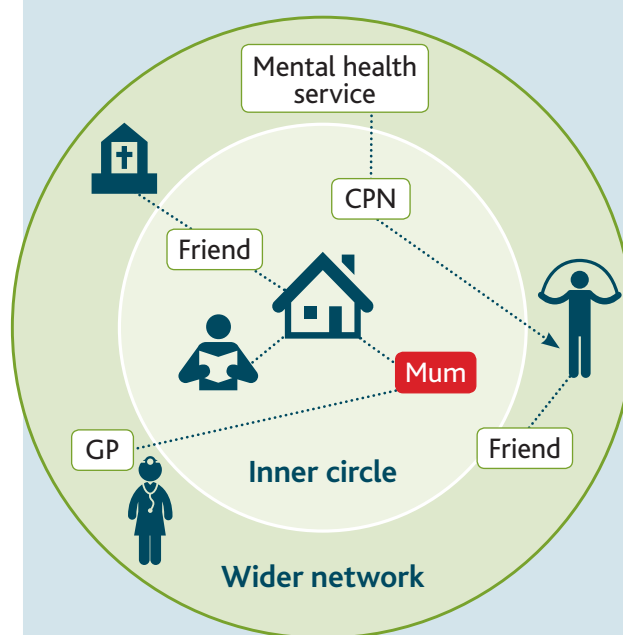
Our interviews with GPs, psychiatrists, car-coordinators and third sector staff also provided important insights. We wanted to explore the role of practitioners in wellbeing networks from the perspective of both individuals using mental health services, and practitioners themselves.

The practitioner role varies but broadly falls into categories of sign poster and referrer (bridge builder), skill builder, motivator, navigator and co-pilot, or network member providing friendship. An example is provided in Figure 1 where the CPN provides a bridge building role linking the individual to the Gym, and is also viewed by the individual as a friend thus being placed close to the individual, in their inner circle. This example is a relatively small network and another feature of note is how the person spends 75% of their waking day at home.

Regardless of network size, we found 23% of networks had a practitioner within the inner circle of emotional closeness. Practitioners did share concerns about their role in developing networks, as shown in figure 2, and highlighted barriers for taking forward an agenda to develop networks.

The practitioners we interviewed recognised that people, place and activity connections are important for wellbeing and recovery, but reported barriers to their involvement in network development. These barriers included the perceptions that practitioners had of how able people living with mental health problems were to participate in wellbeing network opportunities.

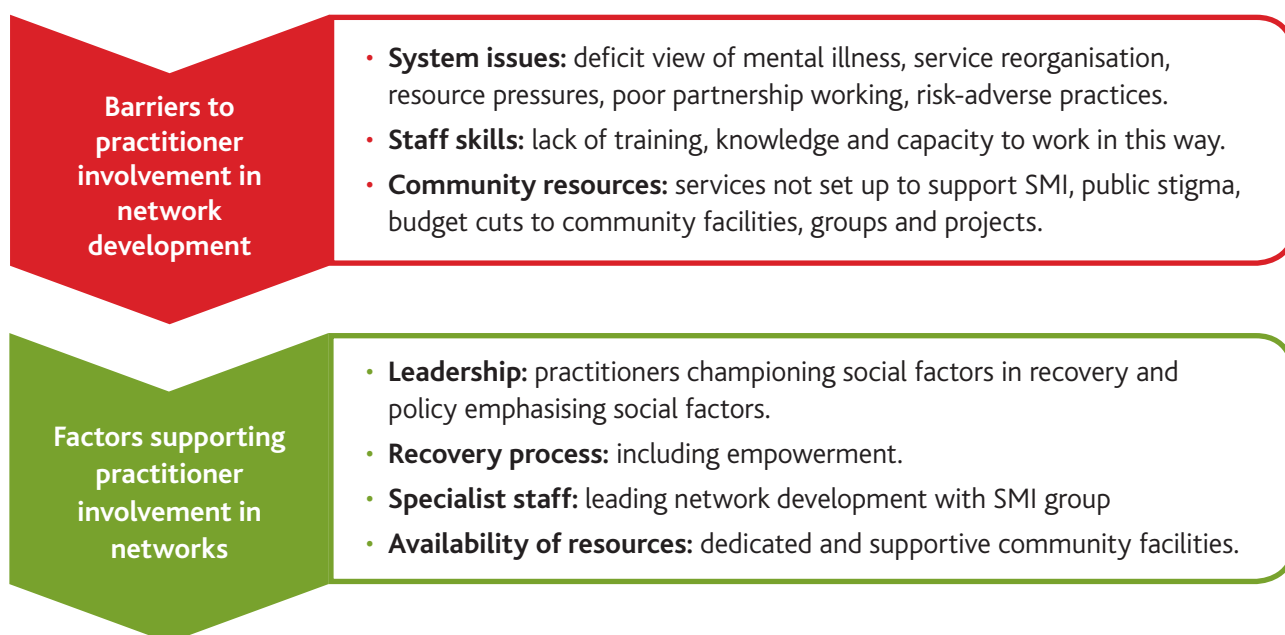
Figure 1: Wellbeing network example



Example of a network in which this individual's CPN helped them access the Gym, where they met a new friend. Reading is a hobby this person does at home – there is potential here to join a book club and grow the network further.

The church might also offer opportunities to develop more social contacts if desired. This person's Mum is a negative (red) contact and knows their GP – this network relationship might need to be carefully managed.

Figure 2: Summary of practitioner views on network development



Final reflections

The process of carrying out wellbeing network mapping and exploring our data set has led us to believe this approach could be useful in supporting the recovery of people with mental health problems. This is consistent with research by the Connecting People study team, who have developed a network intervention (Webber et al 2014).

Individuals found the mapping process useful for reflecting on their network, valuing contacts within it as well as motivating them to make changes, although developing new connections is not easy.

"I think it makes you think, like, you probably should value, value the people a bit more."

Brynony from London

"It makes you realise who's in your life and where they come really." Jackie from South West

"I think it clarified for me where, that actually what I thought was a network of supportive friends, really came down to two or three people."

Ed from the South West

"It made me realise that I need to go out a bit more, maybe to talk, um, but I have done that. There's not much improvement, um."

Donna from London

We found practitioners willing to engage with the wellbeing network as an idea and evidence that social connections, therapeutic places and meaningful activities can become under prioritised in the health system. We recommend further research on the potential of wellbeing network interventions for people with mental health problems is carried out.

"If I saw someone with schizophrenia I may just be monitoring their schizophrenia but I wouldn't be looking at encouraging them to go and play football, for example, at that initial stage. But maybe a year or two down the line then it may be different; you're trying to encourage social interaction again." GP from South West

4. Next steps for developing the wellbeing networks approach

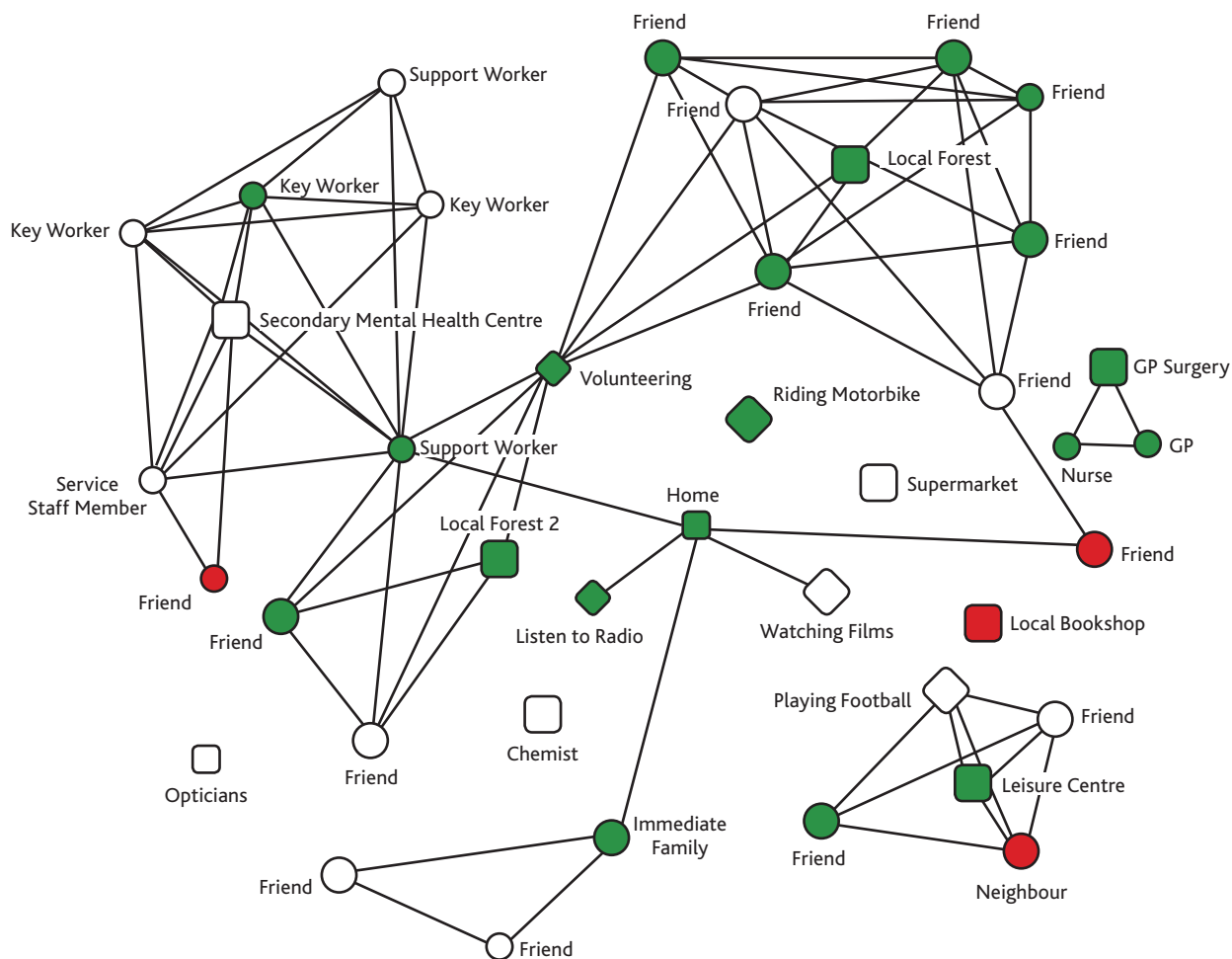
The full research report is available from the McPin Foundation. We are looking at further work to develop our research process into an approach used in routine practice. Pilot work with practitioners and people using services is planned, and further research may also follow.

We are currently working with Hounslow Clinical Commissioning Group and the whole systems integrated care programme to co-design new approaches to delivering support for people with long term mental health needs in Brentford and

Isleworth following co-production principles. The co-produced programme drawing upon the expertise of local partners including practitioners, people using services and carers seeks to embrace community assets and wellbeing approaches to address problems of social isolation and poor physical healthcare for local people with psychosis and other long term mental health needs.

Interested in finding out more, please email vanessapinfold@mcpin.org

Figure 3: Can we turn a map produced in research, shown here for a person with a diverse network, into something useful in mental health services or primary care for supporting recovery?



5. What you can do now?

Practitioners

Do you consider wellbeing connections when working with clients? Do you use this information to help them identify recovery goals? Are you interested in adopting this approach?

Here are some steps to get you started:

- **Explore your own wellbeing network:** Draw your own network. Consider who are the important people in your life and map them using a concentric diagram like the one in Figure 4. Reflect on the process. Could it be useful when working with people on your case list?
- **Start the conversation:** Ask one of your clients if they would like to map their wellbeing network. Alternatively, you can start the process for them listing connections and start the conversation by asking if you have understood correctly. Suggest the person works

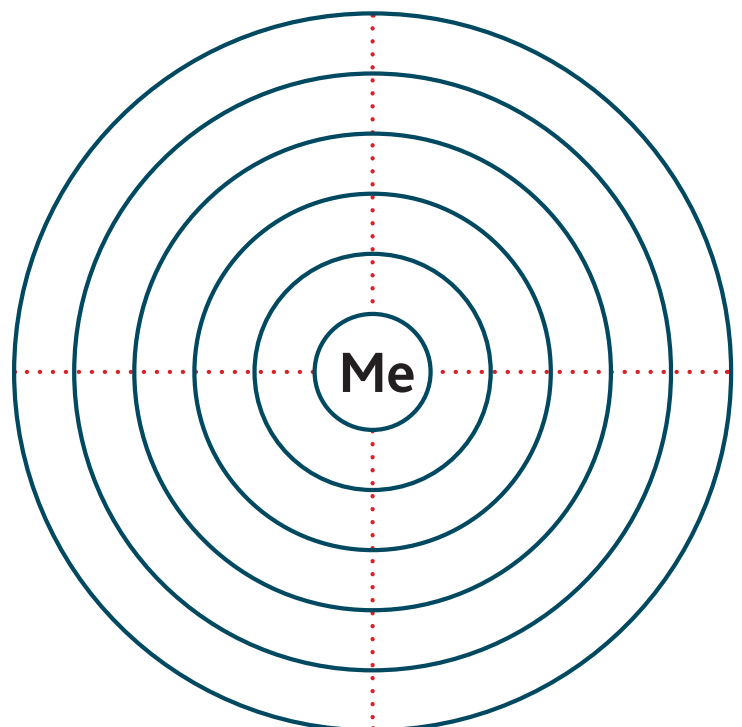
with you to understand the map – drawing each social contact on the concentric map denoting closeness. Adding in place and activity connections afterwards. Once drawn discuss how the map links to their recovery goals. Integrate the approach into care planning and goal setting.

- **Collect information about local resources:** Do you have a knowledge bank of local resources, or know where you can find one? Talk within your team about how to collate and share local knowledge about different facilities or groups to help your sign posting or referral decisions.
- **Identify your own goals and barriers:** what support might you need to adopt a network approach with clients?
- **Reflect:** What is the role of practitioners in developing wellbeing networks among people using mental health services? Have a team discussion – are there different views?

Figure 4: Mapping grid

People you feel closer to placed nearer the centre

Connections between people you know drawn





What you can do now as a person using services?

We have summarised an approach taken within a research study. We are considering if it has any place in routine practice. What do you think?

- Does wellbeing mapping sound like a useful strategy to support recovery focused mental health practices?
- Do you have any concerns about this approach?
- In your experience, do mental health services take sufficient interest in wellbeing connections to people, places and activities and their potential role in recovery?

Get in touch with us and share your thoughts. We are keen to hear from people with views on wellbeing networks and asset based approaches. Email: vanessapinfold@mcpin.org

6. References and resources

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Connecting communities from RSA:

www.thersa.org/action-research-centre/community-and-public-services/connected-communities

Connecting People study from University of York:

www.connectingpeoplestudy.net.

In particular the intervention network development model and manual is available.

Five ways to wellbeing from the New Economics Foundation:

www.neweconomics.org/projects/entry/five-ways-to-well-being

Refocus research project from Kings College London:

www.researchintorecovery.com

Lambeth Community Connecting Team and "connect and do" online networking resource from the charity Certitude:

www.connectanddo.org

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The McPin Foundation is a specialist mental health research charity based in London but working across England. We exist to transform mental health research by placing lived experience at the heart of research activities and the research agenda.

Our work includes:

- Guidance and expert support on public and patient involvement in mental health research
- Collaborative research studies in partnership with organisations interested in user focused mental health research
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