

Inclusiveness and Wellbeing Workshop

What does Scotland do well in terms of rural wellbeing? SWOT Analysis carried out by work shop participants: Numbers indicate how many people identified the point made as one of their three key points. The three key points with the highest numbers were fed back to the plenary.

STRENGTHS

Community –led initiatives

We respect people and have old-fashioned values

Communities can be supportive

Caring culture of communities and familiarisation of local people

Rural organisations are acting as communities of interest/trusted networks (3)

People willing to open up their homes for elderly to enjoy a wee gathering and cake/tea.

Strong volunteering in communities

A lot of folk know each other (1)

Outdoor access (3)

Free NHS

We like talking to people to get the craic (1)

GP waiting times less

Rural Mental Health Forum (2)

Determination/good will of local communities to work together and support each other

Amazing natural environment (2)

Village halls as meeting places (2)

WEAKNESSES

Lack of education/support on who to go to for support (1)

Lack of consensus on what constitutes good mental health and wellbeing

Lack of good transport

Scattered populations

Accessibility

Few activity opportunities

GP's too ready to provide anti-depressants and not listen

Centralisation of services

We can't appropriately support people with serious mental illness close to home – families are stretched, budgets too.

Statistics dictate policy investment – current statistics are inadequate

Lack of connectivity

Poor phone service

Rely on volunteers taking initiative to arrange services or outreach

NHS 24 offers no mental health first aid or advice (4)

Lack of local housing, jobs and education

Lack of second opinion/diversity of care

Lack of support/social options for new mums and dads exacerbating PND

No privacy e.g. visit by psychiatric nurse

Lack of education on mental health issues and how to identify them

Lack of crisis care close to home means people have to be transported – stigma and not always done appropriately (2)

Lack of focus/support on recovery and prevention leading to relapse (2)

No local bobbies

Opportunities

Education in schools on how to spot mental health issues and where to go for help (2)

Further education – free university

Social isolation strategy (1)

Video/skype calls with other health practitioners

Mental Health Strategy includes support for the Rural Forum – gives us a way to intervene in the development of MH support (5)

Community groups to offer activities with appropriate funding available

Recognition of importance of positive mental health and wellbeing (3)

More older people – positive resource (1)

Technology can help (1)

Devolution of social security support

Amazing natural environment (1)

Access to targeted rural funding

Video calls

Free village taxis – short distances

Projects like 'Sources of Support' in urban areas (NHS Tayside)

Community hosted coffee mornings (1)

Threats

No community police

Lack of inclusion (LGBT, Disabled, elderly) (1)

Technology fear

Mobility – lack of transport (2)

Connectivity

Isolation

Lack of services/closures/reduced funding – GP's, post offices, banks, pools etc (5)

Accessibility – physical, internet, information(3)

No affordable housing/land

Stigma (opposition to change)

Lack of awareness

Poverty – lack of employment/under employment (2)

No neighbourly-ness (3)

Young people leaving (1)

THREE KEY POINTS

NHS 24 offers no mental health advice/support (clarified later that NHS 24 runs Breathing Space so point was amended to 'lack of awareness of NHS 24 services) (4)

Mental Health Strategy includes support for the Rural Forum – gives us a way to intervene in the development of MH support (5)

Lack of services/closures/reduced funding – GP's, post offices, banks, pools etc (5)