

# Enabling mental health through social and cultural inclusion

**blueSCI is a not-for-profit organisation based in Trafford that aims to enable good mental health through facilitating progress towards personal goals and development for people in the local community. Alicia Clare, Elizabeth Collier and Steven Higgin describe this inclusive, person-centred, recovery-oriented service that has emerged from a boundary-breaking partnership between a mental health professional and a professional artist.**



Broome House

**b**lueSCI was born in 2004. The local authority was reviewing its community provision and invited proposals for use of Broome House, a large building that had for some time been part of mental health services in Trafford, used largely by the local service user group. blueSCI founder members Alicia Clare, a mental health nurse, and Stuart Webster, a professional artist, put in a successful bid to develop and run the project from Broome House.

One of the reasons blueSCI was successful in the bidding process was that it was offering an innovative service that was philosophically and practically different to traditional services. It was aiming to operationalise the spirit of recovery, which in this context is defined as a personal and continuing journey of growing and overcoming challenges, where mental ill health may be one of these challenges that individuals decide to address in order to regain control over their lives (Repper & Perkins, 2003).

It is perhaps the unique partnership between a mental health professional and a professional artist that has enabled blueSCI to develop in the way it has, as we hope this article will explain.

## History

As a modern matron on an inpatient mental health unit, Alicia commissioned Stuart, a professional contemporary artist (and project manager for LIME, a local arts and health organisation), to work with service users in a practice development initiative. Over the next four years, Stuart and other commissioned artists sought to engage the 'community' of the inpatient unit to improve their physical and psychological environments (see Webster *et al* (2005) for a detailed account of this).

Feedback from service users involved in the artistic work indicated that they felt a sense of empowerment – a sense of regaining control in such a limiting and potentially oppressive environment. A number of people who had been discharged from the unit were encouraged to return as volunteers. Retrospectively, it was realised that the approach was best described as one of 'recovery'. People were being referred to the project to access mainstream meaningful occupation and activities. The philosophy meant a change in focus from therapeutic activities as ends in themselves towards being part of a dynamic process that focuses on skills and achievements as stepping stones towards reaching goals that are meaningful to the individual in the context of their life.

It is known that mental health service users rarely have the opportunity to consider what goals they would like to work towards, or, where they have tried, they have found they have had to contend with negative expectations and discouragement (Warren, 2003; Social Exclusion Unit, 2004). The Mental Health and Social Exclusion report (Social Exclusion Unit, 2004) revealed that people within mental health services often feel that health and social care staff have low expectations and negative attitudes, and often make assumptions about the abilities of people with mental health problems that inhibit progress.

The approach of the 'art project' (as it was known on the inpatient unit) was in direct contrast to this, and attempted to address concerns such as these. It also tried to change relationships between staff and patients, creating an environment in which everyone was valued as equals, rather than separating 'patients' and 'staff'. This was a cultural change that built on work that the management team at the unit (including two of the authors) had been developing for some time (Collier & Pyke, 2000; Collier & Clare, 2002).

The publication of the Mental Health and Social Exclusion report in 2004 coincided with discussions about whether the art project approach could work in the local community, and provided the structure and aims on which the work could be developed further. The project was presented at national conferences and received positive feedback. Attendees at local events to present ideas for delivering this in the community indicated that they felt this was a service that could be important.

There were a number of other considerations that were important in the development of blueSCI. These included negotiations about careers, Inland Revenue

assistance and training, and ensuring implementation of legislation relevant to small businesses. This was all completely new to the directors.

The not-for-profit company limited by guarantee model was chosen because it recognises that blueSCI is a social enterprise, and does not pay dividends to shareholders. All monies are spent on service delivery and staff wages. Additional funding has subsequently come from successful bids to a range of sources, including the Big Lottery.

## Service user profile

The blueSCI service is open to all Trafford residents over the age of 16 years, with no upper age limit. This means older adults who are in need of this kind of service are able to access it, and it is therefore a unique opportunity in terms of mental health services for older people. blueSCI acknowledges the contributions that can be made by, and the social inclusion needs of, adults of all ages.

A general rule of thumb is also that 'if you think the service is for you, then it is'. Having this approach offers the potential to meet the needs of a diverse population. This, in turn, enables capacity building within the organisation through peer support, buddying, volunteering and employment opportunities.

This has positioned blueSCI as a user and carer-led organisation that includes service users and carers as partners in the development and delivery of the service. For example, one person who came to the service identified that she had low confidence and self-esteem. However, she also realised that she had aspirations to make use of her art degree, so over time she worked alongside an artist and subsequently went on to deliver her own arts workshop as a volunteer. Later she went on to work as a commissioned artist, thus building her confidence and putting her skills into practice in a safe and supported environment. She is now an employee of blueSCI.

Over 60% of blueSCI's core staff are service users. The core staff team includes two directors, support time & recovery (STR) workers, a senior STR worker, a receptionist, a housekeeper and an administration/data collection worker. The catering staff are not employed by blueSCI, but by an independent organisation, Food Guru (based on social firm lines), which has free access to the kitchen and facilities.

Within this delivery model, the title or description of staff, carer, volunteer or service user is difficult to define, as individuals may be any or all of the above, depending on where they are on their recovery journey. For example, some staff are participants in the workshops/sessions, while some service users, carers and volunteers deliver workshops and sessions, depending on their needs. Defining individuals as being at different stages of their recovery journey embraces a 'can do' philosophy of hope and empowerment. This challenges stigma, demonstrating that individuals can and do take on many roles, and need different levels of support or interventions at different times.

## Partnership

One of blueSCI's strength has been joint collaborations with a range of partners who have a shared agenda around social inclusion and recovery. These partners make up the Trafford Cultural Strategy Partnership, who have shared concerns relating to the key life domains – employment, education, arts and culture, leisure, faith and communities, and health and social services – highlighted in the Mental Health and Social Exclusion report (Social Exclusion Unit, 2004).

People who access the blueSCI service have identified the importance of feeling connected to their local communities, and that they are making a meaningful contribution as citizens to the life of Trafford.

Artists and cultural practitioners have been commissioned to deliver a wide range of activities within the building and with local communities. This enables the service to be truly flexible and responsive to the needs of the diverse local population.

## Activities

The facilities now available within Broome House include:

- a professional music studio
- a dance studio
- an arts and graphics studio
- a complementary therapy room
- an internet café
- a training room
- meeting rooms
- a quiet room for spiritual contemplation
- a shared office space with 'hot desking' arrangements
- a community allotment.

As a community resource, blueSCI offers a safe and supportive environment for people to work towards their personal goals using the above facilities before moving on

to access mainstream facilities in their local community. For example, 'sport support' is facilitated by a STR worker who will accompany someone who has been spending time exercising in the dance studio to join their local leisure centre. Similarly, people accessing one-to-one computer skills education at blueSCI may enroll on further education programmes at a local college. The STR worker may begin to withdraw once the person gains confidence and starts to build their own support and friendship networks that enable them to continue to attend independently.

All people coming to the project are first shown round by an STR worker, who discusses with the person what they have previously done, what they are currently doing and what their aspirations are. During this discussion, the STR worker may encourage the person to join activities, workshops or sessions currently provided in the building or in the local community, and link them with like-minded individuals with a shared interest. Alternatively, if the individual identifies something that is not currently being provided, the STR worker will explore ways to enable this to happen, drawing on the resources of blueSCI, partner organisations and the individuals themselves. This creates a dynamic and flexible approach to service delivery.

Steven Higgin's story (see right) illustrates how the service can (and is intended) to work.

## Bridge to the community

The blueSCI service based at Broome House has proved to work well as a brokerage service, linking and connecting people. Services can often become 'building-based', which risks creating an attachment that is then difficult to change. People can find it difficult to move on from this, and the building becomes the focus. Similarly, developments for modern services tend to focus solely on a community locus. Local experiences have shown, for example, that the use of community halls does not necessarily break the pattern of 'building-dependent' services, as there is no sense of ownership, and service values are not always reflected (eg. respecting diversity but not providing prayer rooms; valuing personal safety but not improving security measures). Also, the buildings are not likely to be fit for purpose. People do not necessarily manage to engage with the community just because a service positions itself there. Broome House acts as a transition or conduit between the building and the community.

Engaging mainstream partners to come into the building positions it as a community resource accessible to all, and this has given people the confidence to try things outside of the building. It is the starting point or stepping stone for a lot of people who want to try things out in a safe and supported environment. Having a wide range of relaxed activities that are generated by those using the service creates meaning, and a genuine opportunity to come together in forming positive relationships.

In further developing the work from Broome House, a key element is the role of the buddy bridge builder (BBB). Many people who experience mental distress also face unemployment, discrimination, low expectations, poor



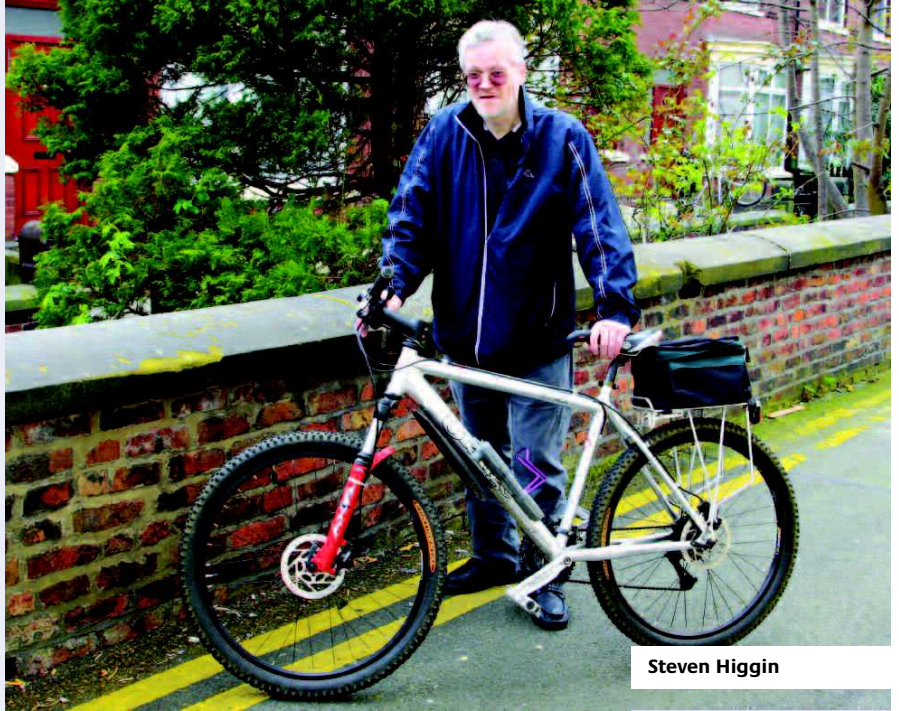
blueSCI members working on the allotment

## Steven's story

I was admitted to hospital following a very distressing period of hearing voices, which exacerbated my agoraphobia. This affected my confidence in meeting people. However, with the support of an occupational therapist (OT), I accessed blueSCI. She thought it would be a good way for me to meet people, build my confidence and do something I was very interested in, which was computers.

I was a little unsure as I had never been to Broome House before, but when I got there I found it very nice and welcoming. The staff were charming, which put me at my ease straight away. I chatted with a member of staff and told her about the things I am interested in. At this point I thought I should take it slowly and focus on the computer course, to see how I was.

I returned to do the course for the next six weeks; this was part of my discharge plan. I regularly met with my OT to discuss my progress. She had seen a marked improvement and was encouraged when I started to make plans to resurrect another interest of mine – repairing bicycles. I thought it was a shame that there wasn't a bicycle repair workshop or bike ride activity available at Broome House, and as I didn't think I wanted to get involved in any of the other activities at blueSCI, my OT suggested I talked to the staff about it. They were beaming, and thought the idea of a bike repair workshop was great. Their enthusiasm was infectious and, before long, I had a poster advertising the workshop and a room to work from. People soon heard about me, and I was busy repairing bikes, meeting people and sharing ideas. With some support from a volunteer, I wrote to the local police to enquire if they had any unclaimed bikes in their lost property. A reply soon came back to say that I could choose five bikes. I then put my computer skills into practice to look up cycle routes in and around Trafford. This generated a lot of interest and I began to support people on one-to-one short rides around Trafford to build their confidence in getting on a bike and being aware of road safety. I am now working as a volunteer with blueSCI doing the one thing I love and that's bike repair and bike riding. I feel I've come a long way. I have been fortunate to have the support from staff and the enthusiasm that helps you believe that you can do things. My confidence has improved and I feel I am helping others.



Steven Higgin

*“I am now working as a volunteer with blueSCI doing the one thing I love and that's bike repair and bike riding.”*

health, poor housing, social isolation, lack of direction and a detachment from the main stream of life. BBBs support individuals to access a range of integrated community services. The aim is to promote independence, improve mental health and expand the person's community networks, thereby creating long-term support mechanisms. Supporting service users to access their local communities offers real opportunities for social inclusion and citizenship.

This initiative was born from the motivation of the service users to develop the role. BBBs themselves will have experienced mental distress and used mental health services. This personal experience enables BBB to offer a mutual 'recovery-focused approach'. A BBB supports and empowers a service user on a one-to-one basis to identify and pursue their lifestyle interests and ambitions in the mainstream community. This role also supports and empowers the mainstream community to be more inclusive of people suffering mental distress. This model thus offers beneficial outcomes to both service users and BBBs.



Music making in the studio

## Lessons learnt

We've learnt some key lessons along the way. These include:

- not making assumptions about the needs of the local community and the type of service they may require. It is important to work with community champions and leaders to identify the often subtle requirements of groups and individuals, and that requires a responsive and flexible approach
- having a small core team of staff that provides consistency and familiarity for service users, but also working with partners, such as artists and leisure trainers, librarians, and disability employment advisors, who enable the service to be responsive and flexible as these partnerships change and grow over time
- not trying to 'reinvent the wheel' by duplicating services and activities that are already out there
- working together and sharing resources – for example, by offering free use of rooms in our building (room hire is often a drain on the resources of small community groups); offering access to equipment or negotiating joint purchase of equipment to reduce costs; putting in joint funding bids, which strengthen the chances of success, and sharing local knowledge and networks/contacts. This way of working aids capacity building, longevity and sustainability
- recognising that change is often difficult for people and by its nature can be unpopular, and that communicating a clear recovery message and not offering what cannot be delivered ensures a consistent approach that helps win trust and overcome opposition.

Positioning blueSCI as a community arts and cultural service has helped make it more accessible by reducing stigma (see below). However, it has also been important to underpin this with a clinical evidence base that gives the service credibility among health and social care professionals.

## The future?

Much of the work of blueSCI workers involves meeting with local community groups, explaining what the service can provide, and exploring its potential with health care users and staff. GPs, for example, can refer patients to

blueSCI under their social prescribing arrangements, and the blueSCI website has a direct GP referral service to make this easily accessible.

Other groups that have expressed an interest in blueSCI include a support group for people who have experienced strokes, young black fathers, Asian men and women, Somalian men and women, and lesbian, gay and bisexual groups. From talking to these groups, it has been found that the use of the term 'mental health' can be off-putting, with its connotations of psychiatric problems that are stigmatising for many people. blueSCI is therefore described as an arts and cultural centre that aims to support people in a relaxed learning environment to build skills and confidence and develop social networks, which goes beyond simple participation in activities.

The future of blueSCI is dependent in many ways on the diversity of the people who arrive at its doors and their ideas for new opportunities, based on their skills and interests. There are many goals for service development at blueSCI. These include developing training around recovery, and service user consultation. But, with the as-yet untapped and unknown skills and ideas of the people who will use the service in the future, the potential for development is endless.

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