

# SEN SCOT Briefing

## Mental Health and Wellbeing

### The Role of Social Enterprise



Ms	Miss	Mrs
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## Foreword

This paper is part of a series of Senscot Briefings which aim to showcase the approach that social enterprise is taking to address a range of complex social issues across Scotland.

This Briefing focuses on the role of social enterprise in contributing towards good mental health, including the provision of interventions for people experiencing mental health problems, and their active role in promoting good mental health and preventing mental health problems.

## What is a social enterprise?

A social enterprise (SE) is a trading business – selling goods and services – whose primary objective is to achieve social and/or environmental goals. Senscot recognises SEs in Scotland based on the criteria set out in the Voluntary SE Code of Practice.

## Who are we?

Senscot is a third sector intermediary established in 1999. Along with others, we have helped to develop a support infrastructure for SEs over the last 15 years. A key part of our work is to support Social Enterprise Networks (SENs) – geographic and thematic - across Scotland. See [www.senscot.net](http://www.senscot.net) to find out more.

## The context of this briefing

Poor mental health and significant health inequalities are an important public health challenge in Scotland.

The Scottish Government's 2017-27 Mental Health Strategy recognises mental health as being equally important to physical health and calls for a preventative and early intervention approach, recognising the broad range of factors required to collectively improve wellbeing.

Recent public health reform activity, has included the development of public health priorities for Scotland. 'A Scotland where we have good mental wellbeing' is one of six priorities identified.

A whole system approach is cited as a key principle underpinning the reform programme, with recognition of the need for closer collaboration on the priorities across the whole system of partners and organisations across the wider public sector, third sector and beyond.

This paper aims to demonstrate the existing contribution of social enterprise to improving mental health & wellbeing and highlighting opportunities to maximise the benefits – as well as suggestions to overcome current challenges.

## Background: Mental Health & Wellbeing as a Public Health Priority

Mental health & wellbeing is now widely accepted as a public health priority in Scotland. This is reflected in the recent [Public Health Priorities for Scotland](#) document which identifies 'A Scotland where we have good mental wellbeing' as one of six priorities.

Within the document are a number of concerning statistics which illustrate the scale and the human cost of this issue. The findings also demonstrate that mental health problems are strongly linked to health and social inequalities in Scotland. All of this reinforces the need for mental health and wellbeing to be treated as a priority.

**Approximately 1 in 4 people in the UK will experience a mental health problem each year.**

**Mental and substance use disorders are the third largest cause of death and disability in Scotland after cancer and cardio-vascular diseases.**

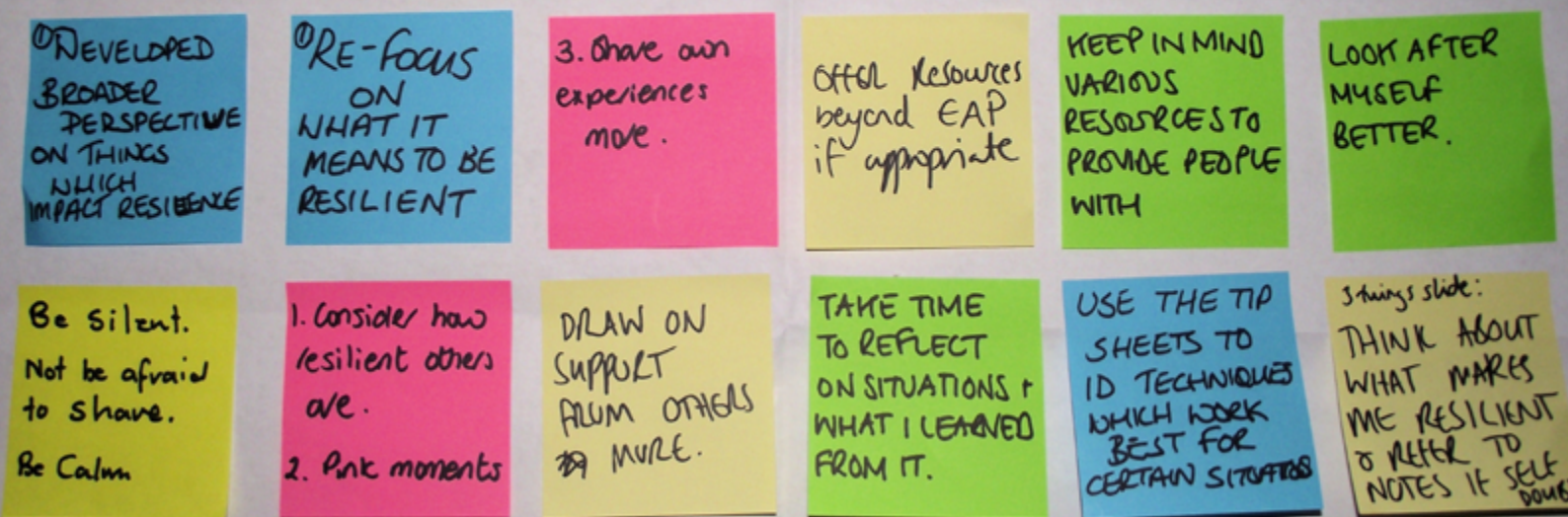
**11% of young people report having attempted suicide and 16% report self-harm at some stage in their lives.**

**Mental health problems are estimated to cost Scotland £10.7bn annually.**

**Adults in the most deprived areas being five times more likely to have below average mental wellbeing than those in the least deprived areas.**

**Around 2.5 times as many anti-depressants are prescribed each year to patients living in deprived areas as those in less deprived areas.**

# WHAT 3 THINGS WILL YOU DO DIFFERENTLY AS A RESULT OF TODAY?



Case Study: MHScot Workplace Wellbeing has developed training courses to promote good mental health.

## Mental Health: The Need for a Whole Systems Approach

The 2017-27 Mental Health Strategy acknowledges that many mental health problems are preventable and almost all are treatable and highlights the need for improvements in prevention and early intervention.

The case for investing in the prevention of mental health problems, early intervention and promoting mental wellbeing has never been stronger, with this being consistent with the recommendations of the Christie Commission Report.

The NHS Health Scotland Briefing on Inequality (No10) recommends that actions across all policy areas are needed to help prevent mental health problems and reduce mental health inequalities. An understanding of this is reflected in the Public Health Priorities for

Scotland; "Poverty, education, justice, social security and employment are all identified as areas beyond the reach of the NHS acting alone" - with an acknowledgement that improved partnership approaches to public health can make the key difference.

Aileen Campbell MSP (former minister for public health) is clear in stating that the public health priorities are not just for public health professionals, stating that these are the "foundation for the whole system, for public services, third sector and others to work better together to improve Scotland's health and to empower people and communities".

Public health reform and the identification of mental health and wellbeing as a priority, presents an opportunity for public sector partners and others to work more closely together. This involves social enterprises currently active in helping to prevent mental health problems and promoting good mental health - and those currently providing interventions for people experiencing mental health problems to consider how these can contribute further to improving access and service provision.

## Key Documents

[Scottish Government](#)

[Scottish Government](#)

[Scottish Government](#)

[NHS Health Scotland](#)

[NHS Health Scotland](#)

[Mental Health Strategy: 2017-2027](#)

[Public Health Priorities for Scotland](#)

[The Christie Commission](#)

[Mental Health Inequality Briefing](#)

[Good Mental Health for All](#)

# Social Enterprise Activity in Improving Mental Health & Wellbeing

Social enterprise in Scotland contributes to improving mental health and wellbeing across the following areas:

- **Support (including treatment and care) for people experiencing mental health problems**
- **Early intervention**
- **Prevention and the promoting of good mental health**

The three case studies and SE listings within this Briefing aim to illustrate the diverse range of social enterprise activity, covering all ages, reaching numerous target groups and touching upon many policy areas such as poverty, employability, social isolation & loneliness, community support, community food, culture, education, transport, physical exercise & sport and more. Much of this activity embraces a 'whole system' approach, seeking to tackle both social and health inequalities.

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## Where does SE activity sit alongside NHS & other public partners focusing on mental health & wellbeing?

While some SEs have a close working relationship with national or local public partners, for others this is yet to be established. The relationships and organisational connections between SEs and public partners vary – and can include:

- **A partnership between one or more SEs and the public sector to develop / deliver a service.**
- **NHS or other public-sector body commissioning a SE to develop / deliver a service.**
- **Public sector body awarding a grant to SE to develop / deliver a service.**
- **Public sector body formally referring an individual to a SE to access support. (Payment may or may not be attached to the referral).**
- **Public sector body signposting or informally referring an individual to a SE to access support. (No payment is usually attached).**
- **For many SEs active in this area there will be no existing relationship with public partners.**

## How are the SE activities & services resourced?

Various business models have been developed by SEs to resource the wide range of mental health & wellbeing activities. These often include combinations of one or more of the following: public sector contracts, selling goods & service, grants, fundraising, investment – and volunteering also playing an important role for some SEs.

Whilst some activities & services generate an income (charges paid by individuals, employers, organisations), others will not. This may be because no one can afford to pay or is currently unable or unwilling to pay for the activity or service.

In this situation, if delivering the service is important to the SE's social mission they will seek an alternative way to resource it. This could be through subsidising the activity with income generated through other trade activities or securing grant income or a contract to deliver the service.

Although SEs will often provide a service that is free at the point of contact for the service user, this still requires the SE to secure a resource and this income cannot be guaranteed upon to continue resourcing the activity in the future.





Case Study: MsMissMrs has developed its Get S.E.T. programme, which helps women recover self-esteem after experiencing trauma.

## Maximising the Contribution from Social Enterprise

1. While it is encouraging that public sector partners recognise the value in the activities and services being offered by SEs in referring and signposting individuals to access support, there needs to be a discussion with public partners on how this support is resourced. We need to ensure that SEs can continue providing this in a sustainable way without placing themselves in a vulnerable financial position. This is particularly crucial when it relates to essential activities and services.
2. A wider understanding among public sectors partners of how SEs resource activities and the accompanying rationale for why some activities are provided free to the service user at point of contact, while others have a charge, is required. This is particularly important in addressing the misconception among many people that these activities are funded entirely via charitable grants and donations.
3. The current SE contribution in providing support and interventions needs to be acknowledged, along with data on their activities & outcomes, within the wider picture of vital services presented in the Mental Health Strategy: 2017-27. This is required to ensure an accurate reflection of the effort currently contributed from a whole range of partners, including SE to inform the estimated cost of improving services and to inform strategic planning.
4. As new SG strategies are developed, e.g. A Connected Scotland or SG commitments are made e.g. 250 additional link workers, it's crucial that the existing activity of SEs and others is considered and understood. Although the SE activities are not embedded in public sector structures or operate outwith a limited area, they present valuable learning and experience that can be shared at both local and national levels - with all partners. Failure to tap in to this can result in creating unnecessary duplication and additional structures.
5. Social enterprise has been described by some as the scaffolding around an unstable NHS. There is a sense that there's a lack of acknowledgement of the necessity of SE contribution to not only improving mental health and wellbeing, but the contribution to the health economy. Recognition of SE and the wider third sector as an equal partner is very much required for a 'whole system' approach that can collectively improve mental health and wellbeing – for communities all across Scotland.

## Case Study

# Crisis Counselling

Erskine

# Counselling in Progress

Established:	1996	Workforce:	Paid Staff - 2 FT Volunteers - 2 Finance, 84 Therapists & Associates
Turnover:	£152,000	Legal Structure:	Co. Ltd by Guarantee

## Activities

Founder Jean Cummings set up Crisis after witnessing a lack of support, guidance and counselling available during her time working within the NHS.

Over 20 years later, Crisis operates as an early intervention service which works across all communities. There is a strong focus on preventative care at Crisis, although the team also respond to clients presenting acute trauma and emergency support requirements on a daily basis.

*Existing NHS services are trained to deal with very specific client groups. Psychiatric services are trained to deal with people with severe to enduring mental health problems but they're getting more and more domestic referrals, which could potentially lead to severe to enduring mental health problems, but the thing is, they won't get to them until it becomes a mental health problem, so we need to have the preventative services all around that, right around the country.*

Jean Cumming, Founder

Crisis' aim is to reduce suicide and self-harm, reduce the risks associated with poor mental health and allow clients to make healthy life choices. A large part of Crisis' work involves guiding clients through periods of transition, reconstituting family systems, and reintegrating clients into education, the workplace or the community.

Crisis averages around 1500 face-to-face referrals each year, 40% of which are children and young people. A large number of referrals also come from military veterans who have unresolved issues from their service, or those who are struggling to re-adapt to civilian life. Crisis also support migrants and asylum seekers who have experienced issues in their transition to life in Scotland, or who have perhaps experienced acute trauma before fleeing their home.

Crisis' corporate Employee Assistance Programme can help provide significant benefits to the employer, including reduction in staff turnover, improved productivity and better staff morale.

"Our main client groups come through a variety of transitions: early years to primary school, primary school to secondary school, secondary to further education, through to employability," Jean explains.

"Health transitions, life transitions, we also deal with a lot of end of life cases as well, where people have no family left and no one to discuss their wishes, or just to reflect on their past life. So we go through from cradle to grave, basically."



Crisis were winners of the 2018 Queen's Award for Voluntary Service.

## Revenue Streams

Crisis' enterprise activities ensure that it does not rely on grant funding for its regular income, instead using grants sporadically to fund specific projects.

Crisis has developed a number of service level agreements and other contracts with local authorities to deliver services in partnership with health and social care.

These cover two main areas: private business, and other third sector bodies including social enterprises, housing associations, voluntary organisations and other charities.

It is the Employee Assistance Programme (EAP), however, that remains Crisis' unique selling point. EAPs are employee benefit programmes, designed to help employees deal with issues that might impact their work performance and their health and wellbeing.

Crisis' first client for its EAP was Arriva Buses in 2002 and it now boasts a client list including Lothian Buses, Edinburgh Trams, Kibble and a number of housing associations.

The EAP works on an annual retainer basis, with clients able to send referrals to Crisis, who will then determine what course of action to take, whether it be trauma counselling, cognitive behavioural therapy or visiting a psychologist. Crisis uses post graduate students from Glasgow Caledonian University to fill counselling placements, selecting students who have over 400 hours of counselling experience to work on its EAP.

"Our clients love it. They just have to fire the referral through and forget it. They pay us an annual retainer, they claim back whatever they can and it goes straight into our counselling services and into the community. It's a win win," says Jean.

## Social Impact

Crisis has supported 840 young people in the last year alone, 7% of whom have attempted suicide. A further 37% have self-harmed before accessing services through Crisis, with many more at risk of developing severe to enduring mental health issues which could contribute to family breakdown and sustained exclusion. Over the same period, Crisis has supported 1100 adults who have presented themselves with complex needs, acute trauma, or prolonged duress.

By its 20th anniversary since opening in 1996, Crisis had supported over 40,000 clients face to face, mainly funded through its business model and the contribution of volunteers.

## Typical Service User

When a client is referred to Crisis Counselling, generally they present themselves as suffering from a single issue.

Often, a discussion with one of Crisis' gatekeepers can reveal that there is a complex network of issues which is the underlying cause of the client's suffering.

Once this is understood, the gatekeeper can match the client with the right counsellor and an appropriate intervention.



*At the point of contact, our people are most trained. We try to get as much as we can at that point, so your gatekeepers are your most important staff. That's where the most important training is invested. That can save so much later on, because they go from that first contact onto that form and directly onto the counsellor that they've been matched with – and we get such good outcomes from doing things like that.*

Jean Cumming, Founder



## Case Study

# MsMissMrs

Glasgow and Beyond



Established:	2013	Workforce:	Paid Staff - 2 FT, 5 Freelance Volunteers - 6
Turnover:	£56,000	Legal Structure:	CIC

## Activities

MsMissMrs is a social enterprise based in the north of Glasgow which works with women and girls to improve their self-esteem, often after traumatic life events.

Using her own experience as a framework, founder Sylvia Douglas has designed Get S.E.T., a six-week recovery programme based around developing self-care techniques and providing women with the tools to manage their physical, mental, social and emotional health.

*We see that more emphasis is being put on the emotional wellbeing by the fact that we've got local GPs on board who are suggesting that women get in touch with us if they're long-term depressed or they've got issues with self-esteem. We're very supported by the NHS and we think that our work complements the NHS very well.*

Louise McAllister, Community Relationship Manager

"We generally come in when women have tried all the other services. They've experienced counselling, they've been on medication, they could have gone onto family mediation or sought help from their GP and just felt that the solution had to come from themselves in the end," community relationship manager Louise McAllister explains.

Big Lottery money funds places on the self-care plan for individuals, but organisations can pay for groups of up to 10 women to take the course, which comes with an ASDAN Life Skills accreditation in self-awareness.

The programme largely is run from the MsMissMrs wellbeing hub in Glasgow's Maryhill, a safe space where women can come to relax, regroup, socialise or simply catch up with the team over a cup of tea, although larger groups can see the course moved to other spaces.

More recently, MsMissMrs has developed a Get S.E.T. workbook for girls and young women, an education

programme aimed at young women and girls aged 12-16 years old. Content is developed to encourage healthy self-esteem and personal strategies for coping with the challenges of adolescence. The programme, structured around a 72-page workbook, is currently being piloted in schools across Glasgow after a number of schools showed an interest in the programme.

MsMissMrs also provide yoga classes and other holistic therapies to the public, while conversation cafés are held for women to share and discuss issues when resources allow.

## Revenue Streams

The Get S.E.T. programme is funded through the sale of 'Empowerment Pants': quirky, fun and striking underwear initially designed as a one-off fundraiser to kickstart MsMissMrs' activities. Due to their popularity, however, the pants have become a regular income stream and have so far funded places on the Get S.E.T. programme for over 100 women.

"We still have people buying the pants and wearing them over their leggings for marathons and things like that. We've also had people buying them when they're going through their chemotherapy treatment as well – they really are used for empowerment, which is amazing," beams Louise.



Empowerment Pants: a popular choice for marathon runners these days!

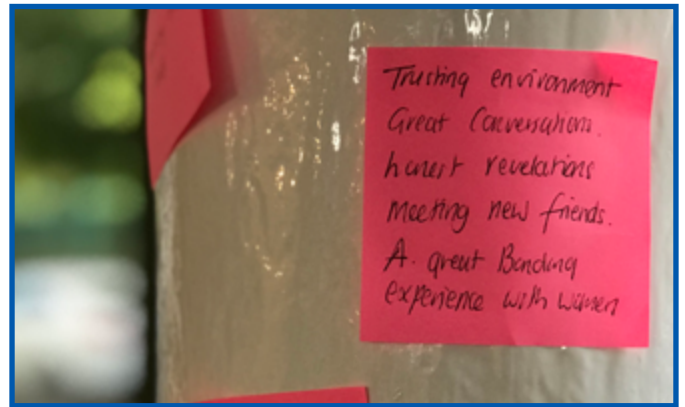


## Social Impact

Over 300 women and girls have completed MsMissMrs accredited programmes so far.

Both schools that the team has worked with over the last year have reported a marked decrease in antisocial behaviour, while all of the girls on the programme surpassed expectations during their exams.

Working with employers to implement Continuing Professional Development programmes also helps to reduce stress and anxiety in the workplace, leading to higher productivity and fewer sick days.



MsMissMrs' wellbeing hub provides a safe space for women to connect.

Since becoming fully accredited, MsMissMrs has been able to charge organisations for running the Get S.E.T. programme for women in their workforce, while the hub is available for hire for other activities which promote wellbeing.

Get S.E.T. has been extended to teachers and youth workers, who receive training to work through the 72-page workbook independently, using the hub as their accreditation centre.

One of the financial challenges facing MsMissMrs is the increasing number of referrals they are receiving from link workers: "There are paid workers in place to seek out activities for clients to do during the day and during the week – we've been identified as one of them.

"That means we see money going into workers, development workers, project workers, rather than activities or programmes, or other departments of the NHS trying to come up with programmes maybe rather than adopting ours, which is already there."

## Typical Service User

When women first contact MsMissMrs, they have usually exhausted the usual avenues for support and have reached the end of their tether.

MsMissMrs largely work on a self-referral basis, with women presenting themselves after visiting their GP, having gone through counselling and other options.

These are some of the issues faced by a typical service user of MsMissMrs, before they have undertaken the Get S.E.T. recovery programme.

*We generally come in when they've tried all the other services. They've experienced counselling, they've been on medication, they could have gone onto family mediation or sought help from their GP. It seems to be because of our self-referral system that women are taking ownership of the issue and they want to make changes themselves. So they come here in a state of 'I've had enough and I need to make changes for myself'.*

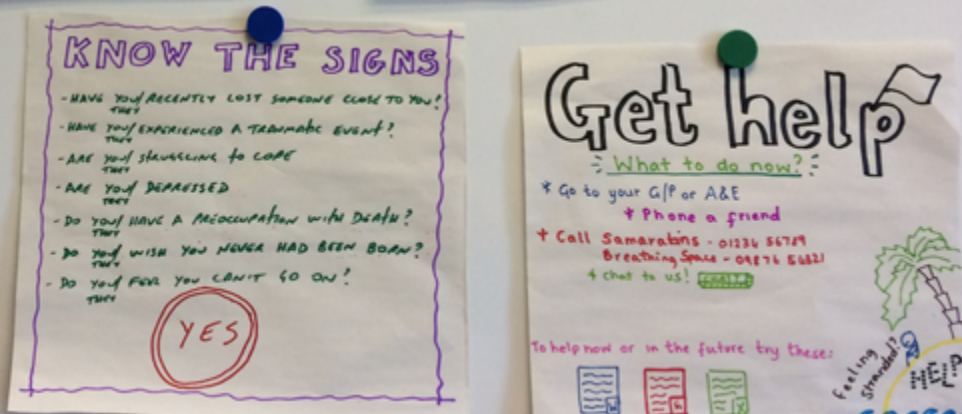
Louise McAllister, Community Relationship Manager



## Case Study

# MHScot

Edinburgh



Established:

2014

Workforce:

Paid Staff - 2 PT

Volunteers - 2, plus 2 Associates

Turnover:

£18,486

Legal Structure:

CIC Ltd by Shares

## Activities

MHScot Workplace Wellbeing offer a range of training and consultancy services to help employers and employees engender a healthy environment in the workplace.

After launching in 2014, MHScot initially kept its activities broad in scope, focusing on courses, workshops, awareness sessions and digital learning around workplace policies and best practice concerning mental health.

Now with over four years of experience, MHScot offer more specialised modules with an emphasis on educating and mobilising change – with person-centred workshops tailored for both employers and employees.

*In the workplace, poor mental health can often be related to workloads and time pressures. Bullying in the workplace is still quite a significant challenge, but I think the most common thing is definitely heavy workloads and the amount that people are trying to do in the hours available to them.*

Catherine Eadie, Founding Director

A wide range of in-house training courses and workshops are available, including mental health first aid training, awareness workshops, suicide awareness sessions. MHScot offer over 12 face-to-face topics to help employees overcome work-related mental health problems, including resilience building, stress management, healthy communication and self-care. Employees can then take a 'pick and mix' approach to create a specific programme to suit their needs, which can be turned into bite sized modules or more in-depth training days.

MHScot's approach within workplace environments is to ascertain whether conversations about mental health and wellbeing have already started. If they haven't, they look to facilitate these discussions with the aim of making them a normal part of day-to-day activities.

MHScot has also recently introduced Scotland's Mental Health First Aid programme for supporting young people between the ages of 11 and 17. The aim is not only to support those working in education, who are increasingly struggling and experiencing significant stress, but to try and turn the tide on the number of young people who will be joining the labour market with unresolved significant mental health issues.

*What's happening at home – whether it's relationship challenges, financial, caring responsibilities – can make work overwhelming for people. Then that impacts the relationships within the workplace; they can become short with people, they become irritated or snappy or upset.*

Catherine Eadie, Founding Director

## Revenue Streams

Founding director Catherine Eadie earned a place on a year-long learning programme with the School of Social Entrepreneurs – benefiting from a £4,000 grant to support start-up costs.

This covered the outlay for marketing, equipment, insurance and accounts, but since then MHScot has moved into a position where its turnover is 100% generated by trading activity.



Organisations can build a programme of workshops to suit their needs.

Under MHScot's model, its beneficiaries – employees and volunteers – do not pay for its services.

Using employers' responsibilities under health & safety Law, it is an employer's duty to protect the health, safety and welfare of their employees and other people who might be affected by their business. Employers must therefore do whatever is reasonably practicable to achieve this, and it is employers who pay for MHScot's services.

In circumstances where employees do not wish to involve their employers, face-to-face sessions and workshops can be purchased directly from MHScot, with discounts available for those on benefits or low incomes.

## Social Impact

Since 2015, MHScot has delivered 53 courses and workshops, 75% of which were two-day Mental Health First Aid courses.

A total of 842 participants have engaged with MHScot's

services to date, with nearly 50% of these having come from the third sector.

After completing a training workshop or course, 32% reported improved knowledge, 24% improved confidence and 23% improved skills.

Additionally, feedback suggests that after completing a course people begin having conversations in their workplace which then enables employers and employees to take the next step in taking action.



MHScot deliver a certified mental health first aid course for employers.

## Typical Service User

MHScot Workplace Wellbeing works both with employers to develop a training programme, and directly with employees who are experiencing difficulties

When employers approach MHScot, it is generally when they are seeking to address issues which have developed in the workplace. These issues may be having an impact on employees, affecting productivity or staff morale. Employers may also simply wish to take advice on best practice in the workplace.

When employees approach MHScot, it can be because they feel their employer is ill-equipped to deal with the mental wellbeing of its workforce, or because factors outside of work are beginning to impact on their performance in the workplace.

*We want workplaces to get to the stage where they are looking at the promotion of good mental health in the workplace and taking preventative measures.*

Catherine Eadie, Founding Director





# Social Enterprise Network

## Member Activity Around Mental Health & Wellbeing

Below is a map of SEN member activity around mental health and wellbeing in Scotland. The map illustrates the depth and geographical spread of work already being undertaken by the social enterprise community.

1. [1st Step Bikes](#)
2. [Auchinleck Community Development Initiative](#)
3. [Badenoch & Strathspey Community Transport Co.](#)
4. [Bike for Good](#)
5. [Clydesdale Community Initiatives \(CCI\)](#)
6. [CFINE](#)
7. [Community Central Hall - Plusone](#)
8. [Community Renewal Trust](#)
9. [Cope Scotland](#)
10. [Craigsfarm](#)
11. [FEAT Trading CIC](#)
12. [Freedom Unlimited Enterprises](#)
13. [Glasgow Association for Mental Health](#)
14. [Good Morning Service](#)
15. [Instant Neighbour](#)
16. [Libertie Project](#)
17. [Life-Pod CIC](#)
18. [Make Do and Grow](#)
19. [Mellow Parenting](#)
20. [Moray Wellbeing Hub CIC](#)
21. [My Time](#)
22. [Nature Unlimited C.I.C.](#)
23. [Partick Thistle Charitable Trust](#)
24. [Possibilities](#)
25. [Potential In Me CIC](#)
26. [Project Ability](#)
27. [Respite Now CIC](#)
28. [S.M.I.L.E Counselling](#)
29. [Showcase the Street](#)
30. [Talking Mats](#)
31. [The Ecology Centre](#)
32. [The Piano Project CIC](#)
33. [The Spark](#)
34. [Theatre Nemo](#)
35. [The Village Storytelling Centre](#)
36. [Tribe Porty CIC](#)



Note: this map is only a snapshot of the SE activity based on the response of 35 SEN members. There is likely to be a huge amount of work also being done by other SEN members, and indeed other social enterprises in Scotland who have not yet joined a network. For a full list of SEN member activity and more information on each SEN member, please visit:

**[sencot.net/networks/sen-member-mental-health-activity](https://sencot.net/networks/sen-member-mental-health-activity)**