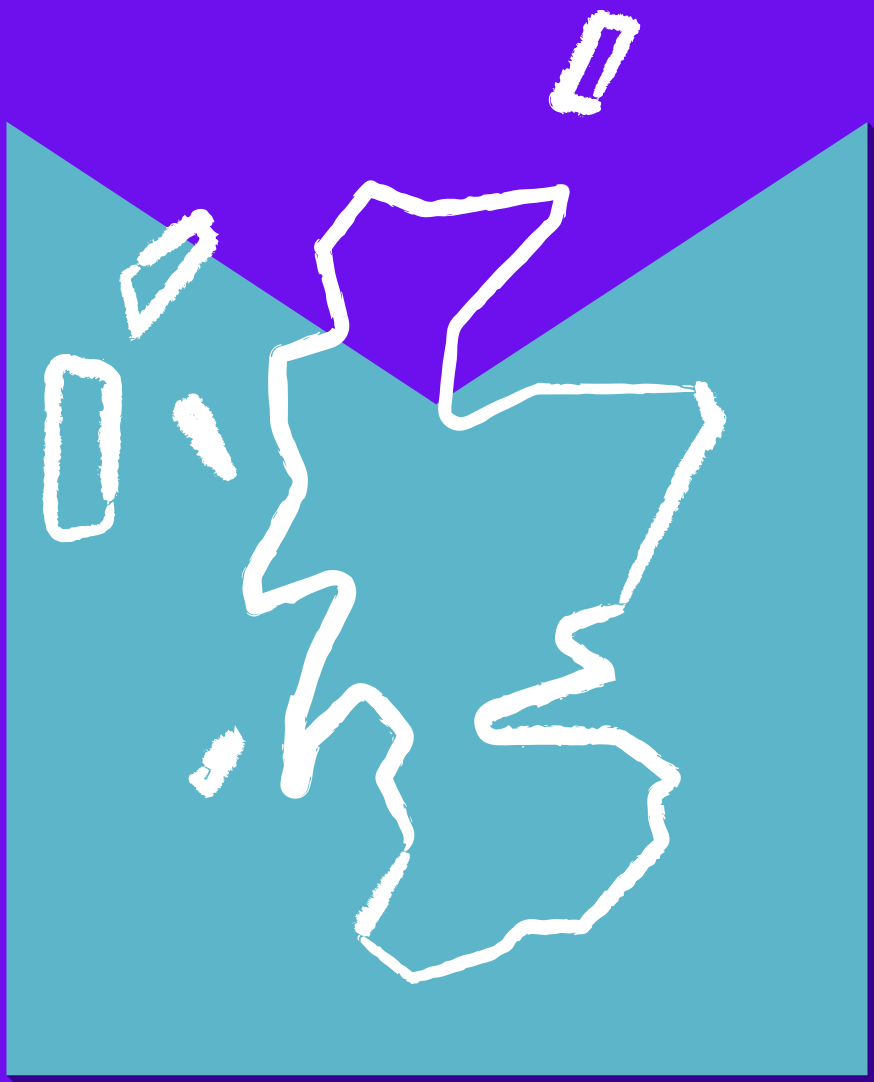
Mental Health Foundation and Poverty Alliance Training Needs Overview



MENTAL HEALTH FOUNDATION

the POVERTY ALLIANCE

WORKING TOGETHER TO COMBAT POVERTY

Background

Poverty is a key social determinant of mental health, and individuals living in Scotland's most deprived areas experience a higher burden of mental health problems than those living in relatively affluent areas (Knifton and Inglis, 2020).

In the context of Scotland's cost-of-living crisis, it is timely to support organisations working with people experiencing poverty to build their capacity to promote mental health and wellbeing, as well as to increase knowledge on the best ways to prevent mental health problems among those experiencing poverty.

It is this intersectionality between poverty and mental health that has led the Mental Health Foundation and the Poverty Alliance to establish a closer, formal, working relationship. This work is in-line with the following commitment within the Scottish Government's Mental Health and Wellbeing Delivery Plan 2023-25: *"Scottish Government will provide funding in 2023/24 to The Poverty Alliance and Mental Health Foundation to take forward a programme of work that will build capacity within grass-roots community organisations to better support the mental health needs of people experiencing poverty*[i]*."* This work is also in-line with the commitments within the Scottish Government's *Best Start, Bright Futures Tackling Child Poverty Delivery Plan 2022-26*[ii] to utilise preventative approaches for mental health and wellbeing to help tackle existing inequalities.

i. https://www.gov.scot/publications/mental-health-wellbeing-delivery-plan-2023-2025/documents/

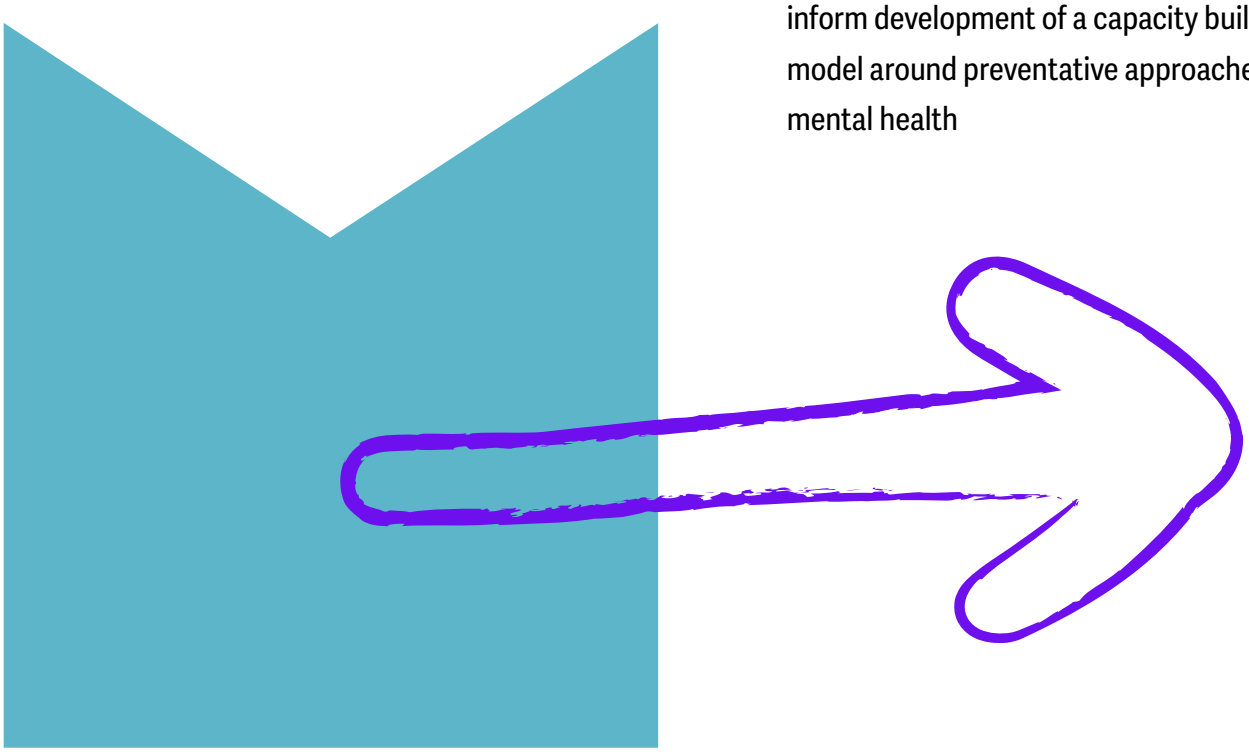
ii. https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/documents/

Aims

We will target organisations that do not have specialist skills or knowledge in relation to mental health and will enable them to better support or direct the people with whom they are working.

In addition to the direct benefit to organisations, the project will provide important new evidence on what works for non-specialist organisations in helping to support the mental health of people experiencing poverty through non-clinical interventions, including with respect to the interaction between stigma and poverty. The project has three interconnected but distinct aims, this paper is solely in relation to the first aim of the project:

- To understand training and support needs of poverty alliance member organisations to inform development of a capacity building model around preventative approaches to mental health



Methodology

The work for this part of the project had two approaches:

- A training needs survey of Poverty Alliance member organisations
- Focus groups with targeted groups

The training needs survey was live from mid-December 2023 to late-January 2024. In total, there were 121 responses to the survey – this equates to roughly a quarter of the membership of the Poverty Alliance.

Three focus groups took place following the survey, in late March 2024. In total, 17 participants took part across the three focus groups - participants were staff members from Poverty Alliance member organisations. These focus groups were focused on the following target groups:

- Organisations that work in rural areas
- Organisations that work with people from protected characteristics
- Organisations that work with people in financial crisis.

Survey Findings

Overall, the training needs survey highlighted that whilst confidence in knowledge around mental health theory and the links between mental health and poverty was high, confidence in delivering activities around these were low.

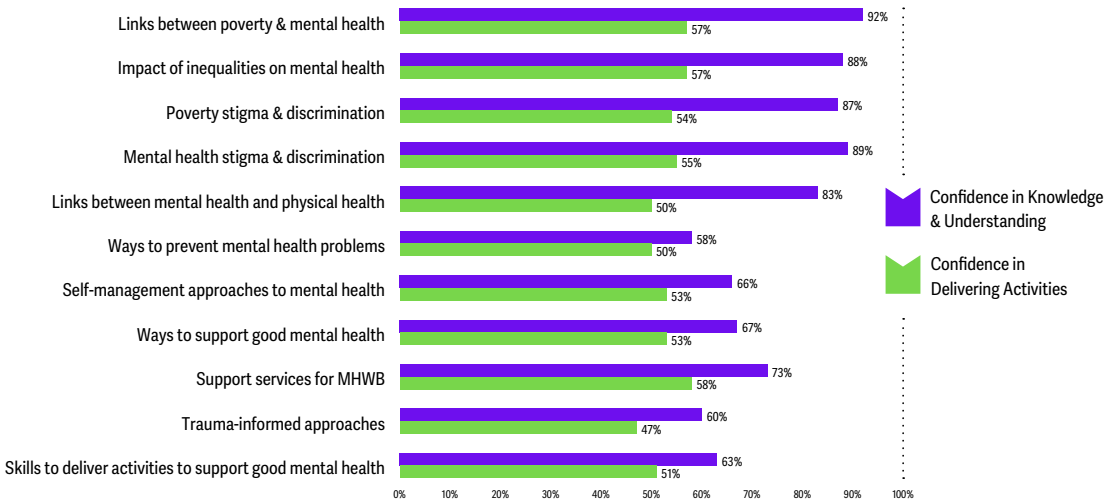
Confidence in knowledge in practical approaches to mental health was much lower but the drop-off to confidence in delivering activities around practical approaches was much lower. Respondents reported having had received similar levels of training around both theoretical and practical approaches.

On the whole, confidence in knowledge and understanding was broadly similar for both staff with managerial responsibility and staff without managerial responsibility – with the exception of more practical mental health approaches (Ways to prevent mental health problems, Ways to support good mental and Trauma-informed approaches) which staff without managerial responsibility reported notably lower levels of confidence around.

In terms of confidence in delivering activities, the gap in confidence between staff with managerial responsibility and staff without managerial responsibility was more pronounced with staff without managerial responsibility reporting much lower confidence in both the theoretical and practical approaches.

Respondents reported wanting similar levels of training across theoretical and practical approaches, with the most commonly reported desired training to be 'Culturally sensitive approaches to support mental health and wellbeing'.

Confidence in knowledge vs. confidence in delivering activities



Focus Group Findings

There were some findings that were consistent across the three focus groups and some that were more specific for the particular target group that was the focus of each group.

One of the most consistent findings across all three groups was that lack of access to training for organisations was not necessarily the issue but more a lack of capacity to embed this training once staff had returned to their jobs. This was also exacerbated by participants reporting a difficulty in signposting and not having connections to services.

Another consistent finding was that participants reported that there was an increase in people presenting to their services with complex mental health issues that were beyond the scope of their organisation to support. Furthermore, respondents also reported an increase in dealing with traumas and sometimes multiple traumas. It was also noted that respondents felt their services were also seeing an increase in people who needed support for combined poverty and mental health stigmas.

The final consistent finding across the groups was that there was a real sense of how difficult it was for respondents to support their own mental health and the mental health of their colleagues, particularly when they had had no formal training in this and it was not necessarily always something their organisation considered or prioritised.

The overall challenges that focus group participants reported were:

- Capacity to embed existing training
- Increase in people presenting with complex mental health issues
- Dealing with traumas and sometimes multiple traumas
- Supporting own mental health and mental health of colleagues despite lack of training
- Combined poverty and mental health stigmas
- Difficulty in signposting and having connections to services

Each focus group also highlighted challenges that were specific to the characteristics of that group. Participants from the rural organisations highlighted that many people who accessed their services were struggling with combined acute poverty and mental health stigmas.

Participants who worked for organisations who work with protected characteristics highlighted there being a lack of culturally sensitive training around poverty and mental wellbeing. This was furthered by the feeling that mental health language was very westernised. Furthermore it was highlighted volunteers and freelance staff were often left out of training that was offered to staff and that this was problematic due to the nature of some services being that volunteers and freelance staff often delivered frontline services.

The final group was participants who worked in organisations for people who were in financial crisis. The primary challenges highlighted by this group were that there was a need for a 'cash-first' approach – the feeling that the problem for people accessing these services was an immediate lack of access to cash and this was coupled with a sense of frustration that wellbeing approaches sometimes felt 'trite' for those who were in financial crisis. The final challenge highlighted there was a strong feeling that staff were doubling up as counsellors for people accessing their services – which was beyond the scope of their roles.

The group specific challenges included:

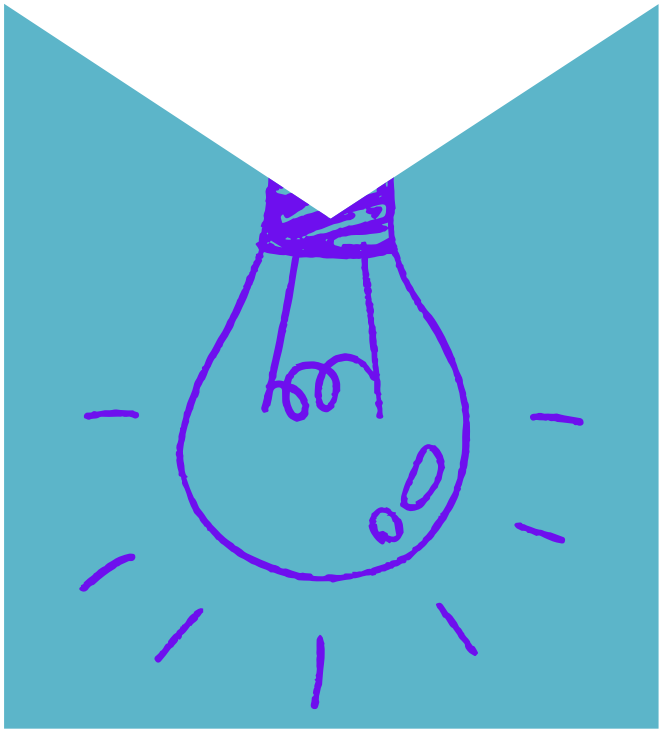
- Acute poverty and mental health stigma (Rural organsiations)
- Lack of culturally sensitive training (Protected characteristics organisations)
- Particularly with mental health language being very westernised
- Volunteers/freelance staff being left out of training (Protected characteristics organisations)
- Need for a 'cash-first' approach (Crisis organisations)
- Acute sense of staff doubling up as counsellors (Crisis organisations)
- Difficulty with wellbeing approaches sometimes seeming 'trite' for those in crisis (Crisis organisations)

Possible training

A range of possible trainings were suggested by both survey and focus group respondents, these trainings can broadly be put into the following categories:

- **Practical mental health and wellbeing training**
  - Trauma-informed approaches
  - Culturally sensitive approaches to mental health & wellbeing
  - How to support colleagues and self
  - Confident conversations
  - Empowering people who access services
- **General/theoretical mental health and wellbeing**
  - Signposting
  - Links between mental health and poverty
  - Establishing a reasonable duty of care for organisations

Overall, whilst most participants across both the survey and focus groups would value face-to-face training, it was accepted that online training would likely be the most effective way of training being received due to capacity and logistical issues, and it was also preferred that these trainings be half-day sessions.



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