



SESSION 6



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CONNECTIONS

INTRODUCTION

The aim of this session is for students to explore the role of social interactions or connections in our mental health and emotional wellbeing.

LEARNING OUTCOMES

At the end of this session students will:

- Understand the importance of social interactions or connections in recovery
- Have an awareness of the ways in which they can maintain positive social interactions or connections
- Have mapped the important social interactions or connections in their life



SUGGESTED LESSON PLAN

ACTIVITY	METHOD	MATERIALS
Welcome	Trainer led	
Connecting up	Group exercise Who is important to me?	
I am.....	Individual and group exercise	Worksheet
My support network	Individual/ small group exercise	Worksheet
David's story	Group exercise	Film
Maintaining positive connections	Small group exercise	Handout
Reflection		

INFORMATION

The Living e-Motions project recognises that the social stigma attached to mental health problems remains a strong barrier to recovery. CHIME highlights the importance of connections or social interactions in supporting recovery but the experience of mental health problems and the impacts of self and societal stigma can mean that those connections are sometimes in danger when they are most needed.

The Living e-Motions course has been designed to be delivered as a group learning experience where the students not only learn but contribute their knowledge



and expertise. In this way it is hoped that the course will provide students with the opportunity to meet new people, manage a range of social interactions and gain a better understanding of how they can manage positive interactions and relationships with others.

SOCIAL FACTORS AND RECOVERY

There are many studies into what helps recovery and some of them have also identified factors contributing to mental health problems. One study (Tew and colleagues, 2012) found that people with mental health problems have commonly experienced powerlessness, injustice, abuse or 'social defeat', often in combination with a lack of positive relationships. A study of participants experiencing depression, highlighted feelings of alienation and loneliness and fear of being stigmatised Brijnath (2015). Social factors are also important with stigma, low income, unemployment, and poor housing being found to be barriers to social inclusion (Van Weeghel and colleagues, 2019). Another study went further and highlighted that social factors such as stigma, social deprivation, lack of opportunity, substance abuse, and the negative effects of mental health services and medication affected people's inclusion (Wood and Alsawy, 2018).

Different studies highlight that stigma and stigmatisation are central in influencing the recovery process. According to previous studies (see review in Tew et al., 2012), where stigma is a vital part of someone's self-definition (identity) this influences their self-esteem, aspirations, self-efficacy and confidence in social interactions. According to Tew and colleagues (2012), three CHIME categories - connections, identity and empowerment - are particularly focused on our social interactions. From their review of social factors of recovery from mental health difficulties, each of these categories address special themes or processes in the recovery process:

- **Connections** is related to interpersonal relationships, family/systems approaches, social inclusion, occupation and employment, and community development;



- **Identity** is related to social identities, discrimination (race, gender, etc.), mental illness stigma, and anti-stigma/anti-discriminatory interventions;
- **Empowerment** is related to self-efficacy, power together with others, a strengths based approach, self-directed support, and peer-organised services.

Taken together, these various recovery processes provide us with an idea of the range of ways that we can address the need for both socially orientated and self-orientated strategies for self-management and recovery.

In the review of various interventions for recovery, Tew and colleagues (2012) highlighted promoting the development of peer relationships, self-run services, self-help and mutual support activities. These settings and consequent activities create more egalitarian and accepting climate, empowering clients with sense of solidarity and contributing to more positively oriented identities. As an extension of these activities is also training of clients for peer support workers.

Of special interest for our Living e-Motions is an example of a social intervention in relation to internalized stigma (Kondrat and Teater (2009). This combined all the above-mentioned CHIME categories and used a narrative approach to empower clients to re-construct their identity and relations with (important) others.

STAYING CONNECTED

Many studies have found that seeking support from others may be helpful when coping with adversities (Soundy et al., 2015). Due to fear of social stigma or due to the symptoms associated with some of the mental health problems, individuals may withdraw from social interactions. However, trusting relationship, tangible support and understanding are crucial during the recovery process. Individuals therefore need to be encouraged to think about their support pillars and actively ask for help and understanding.

For instance, the “hierarchical mapping technique” can be used in which individuals are encouraged to map the social support network (Antonucci, 1986). In turn,



they may become more aware of the people they can rely on. This requires not only identifying people who can support them but also thinking about the level and type of support they can expect. Furthermore, social relationships are often mutual – where both parties provide and receive support. This is particularly true of peer relationships.

Many of us are taught that helping another person means that you do everything for them. Ironically this is one of the barriers not only to self-care but also to positive, sustainable social relationships. Therefore, when identifying key people in our support network we need to pay attention to the relationship, not just the support we seek. In this way we discover that as well as seeking support we can also provide support but do this in a way that does not cause us or the other person undue stress or to feel overwhelmed or ‘burned out’.

