

Recovery in Moray: Collective Voice Report living/lived experiences in mental health inc. alcohol/ drugs use Covering February to September 2023

*What does Ward 4 mean to you - "I'm safe here, if I was out there, I wouldn't be safe from myself"
During ward 4 visit.*

"Needs [more] to be more done [about mental health], so many suffer in Buckie since COVID" Buckie Hub

*"We need a flip in mindset to realise it is ok to take pills and not be frightened of addiction if it is going to make us
function much better and lead a more fulfilling life." Citizen around stigma in medications in recovery.*

*"At the time you only think it affects you but it isn't until you become clean and your memories and feelings return
that you realise the extent of who has been affected by your actions." Addiction impacts*

Selected quotes from community members and the context of their views.

Overview:

Since 2022 Moray Health and Social Care Partnership (HSCM) and the Moray Drug and Alcohol Partnership (MADP) have resourced Moray Wellbeing Hub (MWH) to support the vital role of lived and living experience in the ongoing delivery and development of local services. This resource is used in parallel with direct funding MWH has leveraged for active citizenship, self-management and peer-research, with the ambition of making lived and living experience core to delivery of improving the mental health of Moray.

The project aims to gather collective voice in Moray around mental health and drug and alcohol recovery supports and services, placing MWH as a 'critical friend' to statutory services and aiding evaluation of delivery. Since February 2023 this information is then shared directly through HSCM and MADP to delivery partners via a bi-monthly collective voice report and verbally in strategic groups. The ambition was to also create a version for use by the public via the MWH website. This is the first of these reports.

How the project is delivered

The main ways we gather information around services/ supports for mental health and alcohol drugs recovery was through hosting drop-ins in localities and ward 4. We hosted drop-ins in Forres (GP Surgery), Elgin (Linkwood and Maryhill GP surgeries as well as Bow café) and Buckie (Buckie hub). Alongside this we also ran a specific focus on psychological therapies with a survey and interviews, plus we reviewed all our other activity reflections for feedback. This included all our courses both for community and workplaces, and any other community events or one to one chats.

The approach focuses on gathering data (mostly qualitative i.e. the life stories people share about themselves) in how effectively services and supports in Moray achieve CHIME (Connection, Hope, Identity Meaning, Empowerment) as a framework for measuring recovery and wellbeing impact.

Privacy and ethics process

MWH is an organisation that was set up to share lived experience voice, we do this as peers and always look to balance the needs of privacy and ethics for individuals with the need to share experiences to create positive change. When we hear people's experiences through conversations, we try to remove identifying information when writing our reflections. Next, we summarise these in full reports and check again for identifying factors, those who monitor the project work review this as well. These are then shared with strategic groups for Moray in mental health, drug and alcohol recovery. We may also share with other groups like justice and children's services. For this public report our team took the fuller reports and further removed any data that may impact privacy at a community level. We are working hard to improve this process including with academic partners from other projects, and welcome feedback and ideas to improve this.

Collective Voice: February to September 2023

1. Report summary:

- **Key themes:** trust and connection, to people and resources, stigma particularly in rural communities, availability of services and support especially for young people, the impact of the cost-of-living crisis as well as the lingering impact of the pandemic
- **This report's reach:** 436 people - number of people Moray Wellbeing Hub (MWH Champions spoke with) This is higher than expected due to activity through the Community Research Network project MWH are currently hosting.
- **Event types where data was gathered:** weekly community drop-in sessions (Bow Café Elgin, Buckie Hub, Forres GP, Linkwood GP), monthly ward 4 in-reach, at partner meetings, community events and during MWH Wellness College course delivery. In particular, the MWH project supporting the creation of a Community Research Network has provided a good deal of additional material for this report. This saw 11 community events that reached Forres, Lossiemouth, Elgin, Keith, Buckie, Cullen, Aberlour, Dufftown and Tomintoul. Methods: MWH delivery team members gathered collective voice as part of their work to listen to community members about what is working and could be better in supports and serves for recovery. This could be conversational or from individuals seeking direct information.
- **Services mentioned:** ARROWS, SAMH, CAMHS, Ward 4, Circles Advocacy, GPs were services that came up in a number of conversations as well as unspecified Health & Social Care Moray services, education and community supports. There was a mix of praise and constructive feedback for ARROWS and MIDAS services as well as Ward 4 and GP services.

2. Response from Integrated Service Manager for Mental Health, Drug and Alcohol service Health and Social Care Moray.

This report is only one part of an important process in lived and living experience shaping services in Moray. Leadership in Health and Social Care services has committed to further developing an approach of acting based on the collective voice gathered and sharing this back with the community. For this initial report an appropriate foundation statement has been shared around this, with further work planned to widen this response for future reports. Moray Wellbeing Hub as hosts to this process feel reassured at this stage and look forward to the next one.

"The Moray Mental Health & Drug and Alcohol Service appreciate all the work that has gone into this report. We welcome all these comments and will use them in our efforts to improve services for everyone. In the future we anticipate being able to have a section that talks about "You said, We did" which will allow you to see exactly how your comments are used to improve services, as we know it can be difficult to identify any improvements or changes we make."

3. Direct quotes from community and qualitative data analysis

On the following pages are full quotes from community members either directly or indirectly linked to specific services or supports, which are organised under CHIME (Connection, Hope, Identity, Meaning and Empowerment) framework. The CHIME coding has been applied by MWH Delivery Team members to help breakdown the range of comments. This process is being further developed with support from partners in health data research.

- Each is split by **what worked well (green)** and **what could be better (orange)**.
- The context for each conversation is given along with a code for where this conversation was held.

Connection:

- The staff {at the Bow Café} are supportive and understanding,
- “The kids learn to accept people who look different, everyone is different, we have difficult teenagers but they don’t batt their eyelids, there is no judgement.” – speaking with someone about Lossie Entertainment Arts at CRN roadshow
- “The staff and care they give at ward 4 are great, can’t fault them”.
- “Moray Drug and Alcohol have been a huge support, really good. Also, Ward 4 staff have been supportive, including the psychiatrist. “
- “The groups at Arrows, gives social contact with people who are also trying to change their circle of friends and also helps to build confidence when you start to have conversations, hear people’s stories and share your own story.”
- “The agency nurse in A&E was really good, seemed to care. “
- “Young person said how supportive and understanding CAMHs are.”
- “SAMH really good, get supported and they help a lot”.
- Individual shared about their involvement with delivering wellness courses to peers and how this changed their life.
- Didn’t feel Quarriers Care Support knew what to do with me.
- “My son wouldn’t want me to talk to you!” – older person.
- “Didn’t know about the Buckie Hub”
- “Public transport is terrible, no community support. Nature and walking are good sometimes bump into [nice?] people like you!”
- Individual whose partner cared for had recently died. They had been taken to ward 4 but the partner found that no one gave them any advice on care for themselves and the nurses caring for his partner asked him how they were when they were altogether in the room, so of course they said fine for the partner’s sake.
- “Not being able to get a GPs appointment which is thought to be a high barrier in finding support people need with their mental health.”
- “He has a social worker from the mental health team but for some reason he was taken off the books and doesn’t know why. Now he has a social worker, but she is never there.”
- Their experience with SAMH was “useless”.
- “Free acupuncture and sound baths for anyone at Arrows. All services need to focus on (this approach) and have awareness not to be excluding people due to costs of living.”
- “How ward 4 is always busy and it takes everyone, young and old so can be very overwhelming and frightening for young people.”
- “Let down by SAMH as they felt 'left' when the worker finished the sessions and didn't come back, covid made them very isolated and alone and has struggled going out since.”
- “Poor support for some people with complex mental health issues, and lack of ‘open doors’ to help”
- Experience of ward 4 –tried to admit themselves but was told the beds were full. Said “it’s awful, everyone walking around and smoking outside, just coming and going”.
- “POST-COVID, consensus most felt more isolated and lonelier, more pressure on wellbeing, resorting to self-harming due to this extra pressure of cost-of-living crisis and loneliness.” - Local groups for those feeling isolated desired.
- When asked ‘What should have more focus?’ citizen replied, “A greater awareness and understanding of mental health within the general community.”
- When asked about gaps in provision? “Training in the wider community required.”
- A need was expressed for recovery groups like SMART and Narcotics Anonymous in Buckie as some community members seeking this service struggle to get into Elgin.
- We spoke to elderly citizens who said that decades ago they were aware of lots of clubs and activities that were ongoing even in their local, rural area but such things have been on the decline. When the pandemic hit, many clubs and activities closed and have not reopened, and proportionally clubs and activities in rural areas seem to have been hit more by this.
- As costs of going out increase with the cost-of-living crisis, people are less likely to go and meet out somewhere for support. Some community members felt if there could be warm, indoor spaces just for people to meet and make drinks, or have access to cheap hot drinks at a free venue, that would be very beneficial.
- Loneliness following COVID still features highly, along with loneliness caused by low mental health and the cost of living crisis.
- There is a recurring theme from community members that, while there are groups and activities for younger children and adults, is there ‘nothing’ to support the wellbeing of young adults across Moray. This has been expressed repeatedly in more rural locations by those we have spoken to through the Community Research Network project roadshow events.
- Support with recovery and that it can’t be done on your own, need people for support in one way or another. They are autistic and dyslexic so takes longer to digest information and prepare self to do things that are different. In this case lack of confidence, no self-esteem, problems with family and ego, isolation, won’t come into Elgin for groups as it brings up bad memories and apprehensions around addiction and meeting certain people from his past

Hope & optimism

- “SMART meetings at Arrows – Bow café”
- “Arrows worker very good, supportive, 111 helped, advised him to call back if he doesn’t get help today. Arrows worker spoke to man on the phone, listened to him and gave him support advice.”
- The man was contacted by the doctor within 5 minutes of his triage appointment and prescribed him the drug he needs and is posting it out to him.
- person 1 has received good support from the OT
- developed an abscess on her leg which led to sepsis and almost lost leg. The hospital staff were tremendous in supporting them and saving their leg.
- “Occupational health can be supportive, but it depends on who you get.” – talking about support for neurodiverse children.
- “She hadn’t heard of Mikeysline” – after advising someone of this support available to them.
- feels let down by all services he is currently involved with just now. Attitudes of consultants for this particular person could be better. He feels there is no obvious options for gaining a second opinion. His opinion is there could be a clear pathway for gaining second opinions through the NHS as consultants have often told him 'you will get the same advice elsewhere'.
- We talked about how taking anti-depressants and other medication for our mental health is just the same as diabetic people taking insulin to regulate their blood sugar – why is there so much stigma around it? “We need a flip in mindset to realise it is ok to take pills and not be frightened of addiction if it is going to make us function much better and lead a more fulfilling life.”
- “Some specialists do not have a good enough understanding of marginalised groups such as learning disabilities, mental health and drug / alcohol recovery, and LGBTQ. Advocacy can support the individuals voice being heard by services and ensure they are inclusive.”
- Clients with complex circumstances and the appeal of a one stop shop where a partner organisation could refer people to where they need to be.
- When asked ‘What is mentioned to be gaps in provision?’ - Man needed mental health help but was told by doctor that because he was registered in another area at the time then they couldn’t help him. He is considering putting in a complaint.
- “On maternity leave but just gone back to work now my child is 1. I had 1 health visitor visit and they said they'd be back in 6 weeks but never came. Subsequent calls lead to them saying they are only seeing priorities and to call if needed. This is my first child, I don't know if something could be wrong. Struggled with breastfeeding and since gave up. Close family bereavement and little contact with other supporters, needed support. Now working from home and juggling everything is hard. Mental health has suffered.”
- “I'd like to support change and help others but need to move slowly. There is far too much stigma for mental health, even from my own family and charity shops. It gets me down and leaves me feeling low and useless.”

Identity

- What does Ward 4 mean to you - “I’m safe here, if I was out there, I wouldn’t be safe from myself”
- really liked the people running SMART recovery, she would like to reconnect with them. – attendee after discussing the shame she feels about her children having addiction issues.
- “Doctor listened to me and we went through my referral letter. She agrees that I display autistic traits and is going to refer me.” –
- Moray women’s aid helpful as is Arrows family team with giving support around addiction of a family member and how to cope with accepting and managing boundaries.
- Arrows Recovery Coordinator is great
- He is happy with the care in ward 4, “they are doing the right thing” he said. But the concern is when he comes out
- Woman told us their GP questioned why she wanted a label, but she just wanted a diagnosis and understanding of her ways – when diagnosed with ADHD and Autism
- General view taken from our Drop ins - SAMH support; challenges of having a single supporter, when that supporter leaves the organisation how challenging things can be with both parties to disconnect.
- “What are you getting so excited about, you haven’t even written in straight lines” – one individual told us their Dr had said this to them after them telling the Dr about their plans when feel better.
- What works for you here in Ward 4 - “They just medicate me”.
- GP services haven’t been working well for this particular person, she fed back her lack of want to continue to seek support here as she is often told to 'get out for a walk'.
- Attendee mentioned she feels like she needs to go to hospital for a few days but doesn’t know if this would help or if they would have a bed for her.
- 'NHS have denied my request for my mental health medical records, I don’t know why so I will be appealing the decision' 'I have been given all physical health records now, both on email and post' –
- Pharmacy discriminated against a person with a mental health related disability when they were told to go out for drinking alcohol when it was tea. They were also told to ‘sit down’ ‘sit down’ when they couldn’t.
- 1 Participant has worked with a 16/17yr old heroin user which they reported as the use of the drug in this age group becoming more apparent these days.

- Feedback around challenges to get citizens to attend an awareness session on mental health recovery: close-knit community and thinks that the reason that no-one booked is the stigma around it and not feeling able to support other people because they need to look after themselves.
- A lot of self-stigma from one person, family not talking to her, isolation and loneliness – from individual who experiences dullness and numbness from medication
- Addiction and the effects it has on oneself and the ripple effect on those around you. “At the time you only think it affects you but it isn’t until you become clean and your memories and feelings return that you realise the extent of who has been affected by your actions.” Discussed recovery and supporting services and the way forward. Makes you very very depressed, not want to get out of bed, get washed or dressed, eat, see anyone, just want to give up and feel there is no hope.
- stigma and discrimination at school and in the wider community of Moray stops people entering places where they think they are being judged by the public ie the Bow, the Council. People are isolated and not receiving the support they need - isolation and withdrawal from society, lack of confidence, anxiety, low self-esteem.
- Most Keith residents concerned about people knowing their business, therefore find it difficult to be open and find the right support. So sometimes anonymity of finding support elsewhere can also be a relief.
- “I feel controlled” [in my treatment] and reported feelings of inadequacy, worthlessness, embarrassed, in denial, withdrawn.
- Individual from Self-Harm Support in group setting had an outdated view on diagnosis of Autism and pushing that this a mental illness that needed to be ‘treated’.
- had a life in foster homes, came from a neurodiverse family, had ADHD as a kid and needs a correct diagnosis that’s not BPD. Experienced huge stigma from NHS staff at Dr Greys A&E and paramedics so moved to Aberdeen hospital now for MGH care
- Grandmom of child with neurodiverse background was openly sharing her difficulty about her naming herself a carer or not and the challenge as to when someone is or feel a carer.
- most Arrows clients lack confidence and the ability to make initial steps on their own, making tasks like calling to waive the £5 charge an insurmountable problem, one that means they miss out on the opportunity to take part in wellbeing courses.
- “Within the NHS language interpreting is not considered, but NHS HAVE to provide an interpreter. They have found that the staff say to phone a family member or friend, - they do not offer - but the stigma around that means that they can’t/won’t, so their mental health deteriorates.”
- Made the person suicidal, took several attempts at ending her life, isolation, low self-esteem, feelings of no worth, unloved, not seen as a person only the mental health illness.
- Feels needs more support getting a right diagnosis around his ADHD –diagnosed as a child but refused to take Ritalin and remembers being held down and it forced down their throat. This as badly affected their mental health.
- Said was wrongly diagnosed with personality disorder as an adult.

When asked the question ‘what impact does (self-)stigma or discrimination have?’

- Makes one feel inferior, knocks confidence and self-esteem
- Stopped someone returning to work
- feel intimidated, stressed
- makes people miss out on support and education around mental health
- withdrawn, emotional, useless
- stops you going into groups, feel anxious and lack confidence, stops you getting in touch with support services to get help
- somebody on my table commented that we talk about mental health too much these days and is it really helping? More and more people seem to be neurodiverse or challenged and perhaps we are exacerbating the issue by doing so.
- Generally, children feel they are not listened to and supported sufficiently, that they are not taken seriously and incidents are brushed under the carpet
- become withdrawn, alone and misunderstood.

Meaning

- discussed current alcohol situation and how the (community venue) is the first place they have felt accepted and part of something. It is the first place they came to when they got out of court.
- X expressed very positive stories about the care received by two nurses in Ward 4, who treated him like a human and connected with him without judgement.
- ARROWS, many saying that they have had great support and how valuable the lived experience in this service is. “Arrows – and the improvements over the last few years, the importance of having lived experience within this service and how this is going to be more in the community going forward.”
- Dr just told them “You must remember and you must know when something is about to happen” –explaining what GP had said when explained they black out when has a breakdown.
- Specifically – what does Ward 4 mean to you? “I don’t trust any of them, I would rather sign myself out of NHS care altogether than go back there for any treatment.”

- asked Ward 4 when within the ward if his MH is linked to his ADHD. Apparently, they said “I don’t know” which made him question their holistic approach or curiosity.
- One individual we spoke with raised that people coming out of foster care programs are seldom heard voices, had their own struggles tracking down notes via Moray Council.
- when asked - What is mentioned to be gaps in provision? Arrows was a common one with some feeling let down by the service and a need for MH training and awareness from some staff support from Arrows
- An individual brought up being put into a ‘box’ if they have significant mental health challenge/illness, e.g., dementia, only get dementia support, not other mental health support etc.
- Loneliness and boredom leads to drinking for some. Goes out for company but the social circle are drinkers so hard to break away. Would be sitting in the house all the time. isolation, loneliness, lack of confidence and self-worth
- affects the attitude & service that NHS staff give to people who are admitted with possible self-harm/overdose/addictions
- Person 2 feels very let down and totally unsupported from MIDAS and Arrows.
- Changed doctor surgery for more person-centred approach
- Care and support from diagnosis to follow-up appointments, can be a long time
- For the people of Moray, we have heard from citizens the long-term effects of the COVID-19 pandemic and the lockdown not just on mental health but also on the local tourism industry; for some areas it is an all-year industry, so the lingering impacts of the pandemic are affecting the local economy and people’s finances across the year. This has exacerbated the cost of living for many people who would be even less inclined to expend energy to find, let alone, participate, in local community clubs and activities.
- no info given when put into rehab and no through or after care, just left and was scared, was very hard. no confidence to go into places on my own and not ready to volunteer yet.
- A gentleman told me he is an alcoholic and is having a problem getting medication – diazepam. Spoke to Arrows worker for advice and man spoke to Arrows worker too. Said he has MH problems. Been on anti-psychotics in the past, takes other medication, had CPN through MIDAS and was awful, said she told him lies and has no faith in them.
- Concern from deaf individual did not feel self-harm strategy supported disabled individuals in it.
- Interesting point around stereotypes of self-harm, if don’t fit that stereotype, can be treated as if they are ‘childish’. E.g., eating disorder but not white aged between 13-18. So don’t fit stereotype and then harder to get support.
- Withdrawal symptoms from prescribed medication, Duloxetine, are pretty brutal. very insecure, feelings of failure, very emotional and losing control, unsure of self and what to do next.
- Student expressed concerns of knowing peers his young age in years past ‘OD-ing’ in Moray, presumably secondary school age between 13-16 and feeling peer pressure to take alcohol/drugs to an overdose level. Now alienated by any alcohol consumption – a hint he even seemed put off taking ‘legal’ drugs (painkillers, medication etc.) but not sure about this.
- Man 1 feels discriminated against by the council because all his neighbours have had their grass apart from his cut, adds to his low mood and frustrations. He worries that he will relapse again and will lose all the household goods that people have given him because of it.
- 2-year struggle with SDS, including an appalling appeal experience due to the way it was carried out. Harrowing ordeal, terribly messy.
- The man felt the service he received in A&E in Dr Gray’s was poor, his bloods were taken wrongly, he was given a broken IV machine and said that the staff member attending to him had a terrible attitude i.e. he stigmatised him, didn’t give pain relief when having his knee attended to and wasn’t supportive around his eating.
- A more person-centred approach from Arrows, supporting with things like housing applications.

Empowerment

- had taken it upon themselves to pay privately for a half hour consultant appointment so could obtain the feedback and take it to his NHS appointment.
- After attending a MWH walk following encouragement from the facilitators the individual told us of how since the walk with MWH, they have found the confidence to go to Lossiemouth beach, over the bridge and walk along the beach.
- “he looked at me and said that wasn’t as scary as I thought it would be and Arrows will be making contact with him.” Quote from MWH facilitator following sitting with a patient from a drop in where the GP had referred him to Arrows and also us, the individual had expressed he was finding it scary to make the call. He feels grief as will lose friends from drinking as they will not support him on his journey.
- “You did that” – Mental Health and Wellbeing practitioner who told her that after her appointment had spoken up and said what works and what does not when meeting with her psychiatrist.
- Several people mentioned having Key Workers at Moray Pathways and it was discussed how beneficial the service is for people of all levels and stages who are looking to get back into employment.
- Arrows – and the improvements over the last few years, the importance of having lived experience within this service and how this is going to be more in the community going forward.
- “Why is there nothing on the one that goes through folks doors {the HSCM newsletter} about the mental Health & Wellbeing practitioners, that would be so helpful to many”

- Individual very open about their struggle with alcohol and would like to have an at home detox, this has not been provided to them yet, they said they are open to an inpatient detox but struggles to connect with CPN and feels they is treated differently due to their choice of partner also having struggles around alcohol.
- Feeling that didn't want to return to (community venue) after being told shouldn't take in own chocolate bar.
- Being referred to Penumbra but unsure of why or what it was for
- Discussed statutory services not doing enough in the peer support space, when we know it works and can save time and money.
- A member of the Elgin community expressed need for drop in service that could just go along to when need support. Described similar to what the Buckie Hub is.
- One patient (gp drop-in) advised would not be able to use the MWH drop in option as the space is too open.
- disclosed was detained under the mental health act last week due to going missing. They felt like it was handled poorly and had no idea why needed to be taken there as has formally requested all treatment be withdrawn from Dr Greys. they told me the police were not interested in the explanation.
- one of the patients in the ward expressed that they felt there were too many services, due to this, they felt controlled. The range of services and the inability to understand what each of the services offers easily meant that they felt controlled and had no choice as they did not know what service to pick, or had not been informed properly about the services the choice was made by someone else for them.
- some of the younger students expressed their recent challenges in growing up in Moray. One of these challenges that was expressed was the peer pressure to drink alcohol before legal age along with pressure to take legal and illegal drugs to the point of overdosing to serious harm. Due to the stress and potential trauma of seeing people overdose, many are wary of taking any form of drug, even painkillers.
- One of the students expressed that they would not be 'taken seriously' unless there were showing signs of distress, for example crying. Some students do not express being in crisis as crying and there should more support leading up to the crisis point from the school, not when it has gotten so bad there are unable to attend classes. This opinion was strongly agreed to by their peers.
- Overall, while the issue of accessing GP appointments is an issue known across Scotland, there is a particular point raised in Forres about having to 'call in' to book GP appointments compared to other areas that can book GP appointments through an online portal. Also, across Moray citizens retain a unfulfilled desire to pick a particular GP for an appointment. They report feeling they either have no appointment at all or with whichever GP is available. Additionally, challenges around GPs being able to prescribe when someone is registered at a different practice but that there is good reason for them not to access that service at the time.
- "since i came out of prison i am now on double medication, 10 tablets a day, i can't do a workability form."
- feel activities at Cullen Sea School would be really good for me, email sent but i can't open it.
- "NHS automatically give out medication for mental health issues rather than suggesting natural wellbeing techniques and tools first. Needs a whole new way of thinking to deal with things like overthinking, distorted thinking and realise the importance of listening. These are things that should be taught at school."

When asked 'What is mentioned to be gaps in provision?'

- Lack of financial support to mid-wage bracket and the detrimental effect this has on MH.
- Worry and concern around travelling to ARI for maternity and how this affects the family as a whole.
- Poor level of staffing in GP practises of health and Wellbeing Practitioners, with some practices having no cover, and high staff turnover – why are people leaving the role?

In smaller and rural settlements, it has been expressed by those we have spoken to at CRN roadshow events that there is a strong community spirit, that 'community wealth' equals 'mental wealth'. People in smaller areas just help each other out 'as that is just what you do'. However, people that move to these smaller areas who have come from somewhere else are unwillingly (or perhaps do not know how) to integrate into communities and so end up isolating themselves – and in turn, can cause a 'isolating' culture where people do not speak and support each other in smaller towns. This can be harmful to the mental health of the town as a whole, as if there is less acceptance of talking and connecting with others, residents lose a very useful form of support