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978-1-911-62304-5 — Social Scaffolding

Edited by Richard Williams , Verity Kemp , S. Alexander Haslam , Catherine Haslam , Kamaldeep S.

Bhui , Susan Bailey , Edited in association with Daniel Maughan

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Social Scaffolding

Applying the Lessons of Contemporary
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Foreword

Psychiatry is one of the major specialties in medicine and carries with it clear imperatives on the role of social factors in the genesis and perpetuation of mental illnesses. There is clear evidence that geopolitical factors influence social determinants which in turn affect rates of psychiatric disorders. It is well known that rates of psychiatric illnesses are higher among homeless, unemployed and other vulnerable groups. Poor housing, overcrowding and lack of access to green spaces have been shown to be related to high rates of psychiatric disorders. The use of occupational and social therapies is often ignored in many settings. Recent acknowledgement of the role of social prescribing has been shown to alleviate stress and distress. Social prescribing has been used at a number of levels and in multiple ways. Social structures are changing, and inter-generational shifts are more prominent than ever. In parallel, the rise of channels of communication means that, although we may be better connected, we are still socially isolated and lonelier than ever. For people with psychiatric disorders, the sense of loneliness and isolation can further contribute a spiral of abandonment by the system and the people.

Social scaffolding as a concept has its value in improving engagement and helping build resilience. As societies change under the influence of globalisation, personal, social and ethnic identities change, and these changes may bring with them material gains, but there are winners and losers. The traditional social resources of help such as churches and religious institutions are also changing and shifting. The traditional high streets are disappearing, being replaced by more cafés where people may congregate and often work, thereby creating different places of work. Human beings are social animals and at all levels social structures and strictures define us in a number of ways. Human beings interact and flourish together and are interconnected in a number of ways. However, these avenues of connections change as societies change from traditional to more modern cultures. Socio-centric cultures emphasise close-connectedness and kinship-based responsibilities. Studies have shown that rates of many psychiatric disorders, along with those of divorce and crime, are much higher in ego-centric societies thereby indicating that human interactions do play a role in the genesis of psychiatric disorders as well as help-seeking.

There is little doubt that social factors are critical in managing mental illnesses. Social capital is not static and waxes and wanes throughout one's life, and these patterns are also affected by other factors. A person's identity, as well as social or ethnic identity, play a major role in the creation of 'the other' which contributes further to stigma, prejudice and discrimination. Therefore, healthcare professionals need to be cognisant of the role social factors can play in the protection, as well as deterioration, of each person's functioning. Not all social relationships are positive, so the challenge for each clinician is to explore and understand the roles and expectations of family members and other social contacts in any individual patient's orbit.

This volume comes at an appropriate time. The editors have brought together a wealth of expertise, enabling us to explore and understand the relationship between health and social connectedness. Shared social identities can facilitate flourishing at an individual and neighbourhood level. As has been highlighted across this volume, healthcare professionals need to be aware and be trained in using new social models of supporting and helping to

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build social connections in order for patients and communities to thrive. Scaffolding has to be built from the bottom-up rather than being imposed by policies from the top. People with a vision can bring this about and this volume provides a strong theoretical background. The socially informed approach to diagnosis, management, research and policy development is an absolute must, and this volume provides a very welcome addition.

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Note

Some chapters contain vignettes regarding named people. Most of these vignettes are based upon the stories of several members of the public but have been adapted and altered to highlight the content of the book chapter and do not pertain to any specific person. Chapter 20 includes two case studies that are about real events. The information presented there concerning the people involved is in the public domain.

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