

Sustainable Rural Futures:

A perspective on the mental well-being of residents from Bishop's Castle post COVID-19



Figure 1: Bishop's Castle Town Hall (Art UK, 2021).

Compiled by Otago Polytechnic School of Nursing Students:

Trinity Krueger, Katherine Caderas, Lucy Chote, Georgia Dobbs, Nicole Dunford,
Sophie Fairbairn, Josh Gallacher, and Izzy Woodward

Supervised by Associate Professor Dr Jean Ross

Acknowledgements

We would like to convey our thanks to everyone who has helped us develop and complete our community research project, based on Bishop's Castle community.

Firstly, we would like to express our thanks to our supervising and clinical lecturer Dr. Jean Ross for her ongoing guidance and support throughout this project.

Secondly, we would like to acknowledge the core team of Bishop's Castle community that we worked alongside for providing us with valuable information and ideas for our project.

In particular:

Keith Whiddon

Dr. Adrian Penney

Dr. Tom Davies

Valerie Woodmansey

Hope Robson

Bernard Edwards

CONTENTS

Acknowledgements	2
Introduction	5
Summary and findings of 2020 report	5
Aggregates	13
Youth	13
Seniors	15
The Community Wheel	19
Personal Communications	37
SWOT analysis	46/47
Kaitohutohu Considerations	48
Literature Review	49
Rural	50
Social Isolation	55
Mental Health	59
COVID-19	63
Youth	69
Seniors	79
The Ottawa Charter	97
Youth	97
Seniors	101
Health promotion and resources.....	104
United Nation Sustainable goals.....	108
Revisiting the Kaitohutohu considerations	122
Conclusion	123
Poem	125
References.....	126

FIGURES

- Figure 1 – Bishop’s Castle Town Hall (Art UK, 2021).
- Figure 2 – Bishop’s Castle Map (Free Country Maps, 2021).
- Figure 3 – Sustainable Development Goals. (UN News, 2015).
- Figure 4 – Illustration of the Community Assessment Wheel.
- Figure 5 – Bishop’s Castle. (2021). Travel.
- Figure 6 – Rhyd Ddu (Whiddon, 2021).
- Figure 7 – Market Square (Virtual Shropshire, 2021).
- Figure 8 – Bishop’s Castle (Police, UK, 2021).
- Figure 9 – Street in Bishop’s Castle (Virtual Shropshire, 2021).
- Figure 10 – Ludlow East Ward. (Shropshire Council, 2017).
- Figure 11 – Street in Bishop’s Castle (Virtual Shropshire, 2021).
- Figure 12 – Our group receives information from the core community via Zoom (Authors).
- Figure 13 – Our brainstorm post ZOOM meeting (Authors).
- Figure 14 – Commemorating mental health awareness week. (Williams, 2019).
- Figure 15 – Interest. (Udahemuka, 2018).
- Figure 16 – Holding Hands (NBC Los Angeles, 2020).

TABLES

- Table 1 - Adapted with data from (UK Census Data, 2011).
- Table 2 - SWOT Analysis Seniors (Authors).
- Table 3 - SWOT Analysis Youth (Authors).
- Table 4 – Potential domains and indicators for assessing relationships: ONS
- Table 5 – ‘Dementia friendly’ criteria (Authors).

APPENDICES

- Appendix 1 – Letter to social prescribers Hope Robson and Sharon Cochrane
- Appendix 2 – Letter to social prescribers Adrian Penny and Tom Davies
- Appendix 3 – Youth mental health Moodle shell content
- Appendix 4 – Letter to dementia champion Valerie Woodmansey
- Appendix 5 – Letter to Keith Whiddon
- Appendix 6 – Dementia friendly poster draft for windows/walls
- Appendix 7 - Dementia friendly sticker for door/window of shops
- Appendix 8 – Draft flyer for community shared lunch
- Appendix 9 – Youth mental health stickers draft for laptops and phones
- Appendix 10 – Submission for a mental health professional to be employed.
- Appendix 11 – Bishop’s Castle presentation.

Introduction to Report

We are a team of eight third year student nurses from Otago Polytechnic, Dunedin, New Zealand. We were invited by the Bishop's Castle community to investigate their small rural town, after a group of nursing students from Otago Polytechnic completed a community development research project with them in 2020, which they found to be of great benefit. Therefore, we are building on last year's report, and conducting research into areas of health for two identified aggregates, that we can create resources for and make recommendations to help improve. We will begin by introducing the town of Bishop's Castle and provide a summary of the 2020 research project.

Bishop's Castle

Bishop's Castle is a small market town that is situated in the centre of the majestic, unspoilt hill country of South Shropshire (Bishop's Castle, 2021a). With being only 1.5 miles (or 2.4 kilometres) from the Welsh border, this prominent 8th century market town has some interesting historic sites such as the magnificent town hall which stands prominently at the top of the main street, two museums and the oldest licensed brewery in the country (Bishop's Castle, 2021b).

Bishop's Castle is surrounded by other towns and areas such as Oswestry (north of Bishop's Castle), the Welsh border to the west, Church Stretton to the east, Ludlow located in the south-east, Shrewsbury towards the north-east, and Clun in the south (Restieaux et al.2020).

Though other towns like Clun, which is a smaller, quieter town with limited services, Bishop's Castle caters for almost every need, including a series of festivals that are held throughout the year, which unfortunately have been impacted by the COVID-19 pandemic (Bishop's Castle, 2021c).



Figure 2: Bishop's Castle Map (Free Country Maps, 2021)

Summary of 2020 nursing community project

Below is a summary derived from the 2020 community report, 'Sustainable Rural Futures – a health perspective on Bishop's Castle' (Restieaux et al., 2020).

In 2020, a group of 3rd year nursing students completed a community research report on the small rural community of Bishop's Castle in the United Kingdom, with the title 'Sustainable Rural Futures – a health perspective on Bishop's Castle (Restieaux et al., 2020). This report had a substantial focus on the impacts of living in a small rural community. Rural communities differ vastly from urban communities, in terms of social, demographic, economic and environmental characteristics. In many instances rural communities face various barriers to accessing health services with geographical isolation, resources been less available and accessible, as are services such as health, education, and transport, compared to urban communities (Restieaux et al., 2020).

The community assessment wheel (Anderson & McFarlane, 2008) was a tool that this group used to explore all community aspects of Bishop's Castle. This included eight sections:

1. Health and social services
2. Communication
3. Recreation
4. Economy
5. Education
6. Politics and government
7. Safety and transport
8. Physical environment

Added to this Community Assessment Wheel originally developed by Anderson and McFarlane (2011) which for the purposes of this community project has been adapted by Ross. J., Mahoney. L., Simons, A., Mullens, C. & Askerud, A. (2021). Which includes COVID-19, Sustainability, Climate change and Housing, as they were identified to be significant in the context of Bishop's Castle, with each contributing a considerable impact for this community. Ross et al., (2021) believed adding these sub sections would enable a more holistic view of the community for this report. In addition, the students focussed on the United Nations 17 Sustainable Development goals (UN News, 2015) to show how their research might contribute to achieving these.



Figure 3: Sustainable Development Goals. (UN News, 2015).

The students spoke about the United Nations sustainable development goals, which are 17 world health goals which aim to be achieved with the intention of increasing

sustainability by 2030. The goals and findings that were used for this assessment included:

1. **No poverty:** This is a tight knit community, therefore there is a lot of support through volunteering and people helping each other out.
2. **Zero hunger:** An increase in the food price puts vulnerable people at risk of health consequences, however there is now a local food bank which can supply fresh food and no perishable food items to those who are in need.
3. **Good health and well-being:** This community is highly active; however, accessibility was identified as a barrier, especially for mental health services. In terms of physical health, many services are free or at low costs such as a doctor consultation.
4. **Quality Education:** Bishop's Castle has one school which is for ages 4-16, with a good reputation with children coming from Wales to attend. However, this means adolescents aged over 16 must travel to continue with their studies in neighbouring Ludlow, Hereford and Shrewsbury. This is not always accessible due to transport issues; therefore, some adolescents do not go further to get qualifications.
5. **Gender equality:** In Bishop's Castle women have the same rights as men. There are the same opportunities for all genders.
6. **Clean water and sanitation:** The students decided that this goal wasn't of relevance to the project.
7. **Affordable and clean energy:** The expense of heating during winter is unaffordable for a lot of the older population. The energy is sourced by oil and wood, which can be an extra cost.
8. **Decent work and economic growth:** In Bishop's Castle, 28 out of 1378 unemployed residents are aged 16-74. There are 24.9 percent of people living in Bishops Castle are self-employed and many residents use their own cars or transport services to attend work out of Bishops Castle.
9. **Industry, innovation and infrastructure:** There are narrow roads, which at times can prove to be a problem for vehicles. There are proposals for new housing sites, an extension to the local business park and for a community hub.
10. **Reduced inequalities:** No one is considered homeless within Bishop's Castle. With the help from the community through volunteering, there are less inequalities.

11. **Sustainable cities and communities:** The students didn't feel this goal was needed to be included in their report.
12. **Responsible consumption and production:** Oil and wood are used as the main heating sources.
13. **Climate action:** The Bishop's Castle Climate and Ecological plan has been drafted and submitted to the Town Council in April 2020.
14. **Life below water:** The students did not believe this was of relevance to their research project.
15. **Life on land:** Bishop's Castle is an exceptionally clean community, with minimal litter and waste.
16. **Peace justice and strong institutions:** It is a safe community; families feel safe when walking around and using the local park. There is a person-centred approach to health care (Restieaux et al., 2020).
17. **Partnerships for the goals:** The students did not include this goal as they did not deem it relevant to their research.

Overall, Bishop's Castle has an extraordinarily strong community and describes themselves as resilient and sustainable. On reflection of the United Nations 17 Sustainable Goals, goal 4 is of relevance as access to further education for children over 16 is limited as they are required to travel to and from neighbouring towns, relying on public transport. Goal 8 is of importance as jobs are difficult to acquire and often involve a large expense for training with travel involved. It was noted that there has been a 35% decline in job opportunities in the last decade. The impact of the lack of further education opportunities and job prospects contributes to the decline in the town's retention of young people and families that either stay or move to Bishop's Castle.

The community wheel was the method for secondary data collection followed by gathering of primary data. Obvious barriers to this were that the nursing students were in New Zealand, so face to face conversations and visiting the town were not possible. Therefore, they had a Zoom meeting with key community members who hold significant voluntary community roles to advance community development and progression of their town.

Using the SWOT analysis strengths, weaknesses, opportunities, and threats were analysed. They identified community weaknesses of underdeveloped and narrow roads

which are not compatible with today's transport demands and wider vehicles, as well as insufficient mental health resources and lack of locally funded health resources. Some strengths were that Bishop's Castle is a tight-knit community, with a variety of engaged community groups, events, and festivals that bring the community together. They recognised the numerous opportunities to improve roading conditions, the wealth of artistic abilities within the community, and the variety of outdoor trails to raise the town's profile to attract more tourists and interest in the area. Some of the threats were a disproportionate ageing population, potential isolation, and plans of cutting bus services to neighbouring towns.

From the Zoom meeting communication and resulting SWOT analysis, three key health needs were established. These health needs were transport, physical health, and mental health. For all these needs, the Ottawa Charter was implemented to identify health promotion opportunities (McMurray & Clendon, 2015).

Transport was identified as there is a lack of public transport to travel outside of Bishop's Castle which has a significant impact on work, social and education mobility and access to health care and other services. Using the Ottawa Charter, the group decided to make a formal submission to the Shropshire Council with recommendations such as repainting disabled parking lines and the addition of adequate signage to ensure disabled parks are available for those who require them. An educational flyer was also created to be placed on cars that are parked in disabled parks without permits. This was produced with the hope of increasing awareness in the public and allowing them to be kept free for those who need them.

Mental health is an issue as community members shared concern of increasing suicide rates and mental health decline of the younger people. This has a strong impact on a community like Bishop's Castle due to its small size and closeness. The students made a submission to the Shropshire Council regarding lack of mental health support and suggested that healthcare workers, such as general practitioners, receive education on mental health so they are equipped to assist those who seek support locally. They also adapted a slogan from the World Health Organisation (WHO) to produce, '*There is no health, without mental health*', this was intended to highlight the importance of mental health in the public eye and reduce stigma. The slogan was displayed on posters and stress balls, for distribution throughout the community. The poster also included mental health resources that were available to the Bishop's Castle community, for example,

Samaritans, Shout, KOOTH, which provide support and information for mental health either online or by telephone.

Physical health is a concern as obesity is highly prevalent in Bishop's Castle in conjunction with poor diet, lack of exercise, smoking and drug/alcohol misuse, which negatively impacts all aspects of health.

Bishop's Castle, like the rest of the UK, is at risk of food insecurity due to Brexit, an official exit from the common market of the European Union from 31 January 2020 (GOV.UK, 2021a).

The changes and impacts on trading that will come with Brexit, with potential supply disruptions and increased prices, are unknown at this stage. Furthermore, there is a lack of a major supermarket, with limited choices of affordable healthy foods due to distribution challenges. Despite a monthly farmers market held in the town, there are socio economic divisions in access to this market, with the more affluent residents accessing the market, while lower income groups diet consists of a intake of fat and sugar. Education on dietary options may be helpful but affordability and accessibility are key for long term changes. Fresh fruit and vegetable boxes, whilst available at the farmers market, are limited in numbers and transport is required to access the farmers' market. With a lower-than-average household income, food deprivation and poverty are issues for many residents, despite living in a rural community.

Smoking and drug misuse was identified as a general health issue with the UK having a high alcohol consumption rate. The initiation of use starts typically in adolescence, with easy access and normalised behaviours of smoking and drinking becoming intergenerational behaviour. Smoking cessation services in the UK was identified as being insufficient at delivering national smoking targets and the substance abuse programme tailored for youth, DARE, has been proven to have minimal impact on drug use in youth. Smoking is accepted in Bishop's Castle as normal behaviour with a high percentage of the population regular smokers. Recommended was smoking cessation advice be offered to everyone who accesses health services, as opposed to smokers seeking advice to quit. This intervention would improve health outcomes and to work towards the goal of a smoke free UK by 2030 (Smoke free action, 2021).

Despite Bishop's Castle's accessibility to green spaces, walking trails, and a leisure centre with a swimming pool, badminton and squash courts, physical activity has declined markedly in the youth age groups. Cost and transport are cited as being barriers to

accessing these environments, with the average age of participants being 60 years old. The students made the recommendation of a centralised free community garden to encourage outdoor physical activities. Creating a gardening community could expand to community education and knowledge sharing on healthy diet and lifestyles.

Using educational pamphlets, the Bishop's Castle newsletter, and/or education sessions using the town hall as an accessible venue, to promote and educate the benefits of a gardening and healthy living.

However, as these resources and recommendations were sent to Bishop's Castle, the community along with the rest of the UK went into what would be 14 months of lockdowns and restrictions due to the COVID-19 pandemic, making evaluation of the report unfeasible at this stage. However, in January 2021 an Impact and Evaluation was completed which found that last year's report created a greater awareness of the identified issues of transport, mental health and physical health. This is where the idea stemmed from for this year's report to focus on mental health, as discussed below.

Discussion and re-engagement with Community:

Following on from the 2020 Bishop's Castle report, Cindy Mullens of Otago Polytechnic, conducted research and interviewed key stakeholders on the Bishop's Castle community development research project. From her research and interviews, this led to the analysis of Bishop's Castle report which involved identifying the aspects of health promotion needs. The identified health promotion needs from the 2020 Bishop's Castle report were transport, physical health, and mental health. As discussed previously however, it was evident that some of these aspects were still outstanding, the incidence of dementia in the elderly and mental health disparities among youth. These outstanding aspects are what inspired Dr Jean Ross, as part of an ongoing partnership, to once again communicate with the community in Bishop's Castle and re-engage with the core community residents to brainstorm what more could be done (Whiddon, 2021).

Another aspect of re-engaging with the community was the impact of the report and the resources on the community from last year's project. Keith Whiddon who is the chair of Bishop's Castle town plan steering group, was able to identify the stimulus for the mental health youth. In addition to what the students produced last year, this influenced the community to feel confident enough to apply for a national grant for youth and suicide. This grant was approved, and this funding will go towards an online Moodle shell for youth mental health resources.

Guided by the Core Community Team from Bishop's Castle, under Keith Whiddon's direction, we were invited to focus on two specific aggregates from the community: the youth population in relation to mental health and suicide, and the senior population in relation to mental health and dementia.

Our chosen aggregates

Youth

The WHO defines 'Adolescents' as individuals in the 10-19 years age group and 'Youth' as the 15–24-year age group. While 'Young People' covers the age range 10-24 years. Using this information, we are choosing to identify our youth age group as 15-24 years of age (WHO, 2021a).

"Growth may proceed at different rates in various developmental areas within an individual child. A child may need different experiences in each of these areas to reach his or her full potential" (Iowa State University, 2006, p.1).

It is well known that youth are still yet to find their place in the world. They are still searching for their identity. Their identity is influenced by gender, friends/peers, culture, social media, education, and family situations (Healthy Families BC, 2021). They are wanting to develop more of a sense of independence and responsibility which can have an influence on the types of behaviour the youth may express and the decisions they make. During the youth years, certain behaviours such as decision making are still being developed, along with the cause-and-effect relationship, so are unable to see what the outcome of risky behaviours may be and have a feeling of 'invincibility' (Healthy Families BC, 2021). They are constantly looking to expose themselves to new experiences which is where risky behaviours can become dangerous, and impulsiveness is a skill that is still developing. A prominent feature in a youth's development is the way that they are viewed by others, and this can influence the way that they make their decisions (Healthy Families BC, 2021). Exploration of sexual identity is another aspect of a youth's development that occurs during this period. Healthy families, BC (2021) explained that romantic relationships may start to be explored but that does not necessarily mean intimate relationships. These relationships are formed to explore their interests and preferences as a better way to find their place in society (Healthy Families BC, 2021).

In terms of emotional changes that youth experience is in relation to feelings and emotions, self-esteem, and decision making. Many different moods can be experienced at

once as the youth is trying to control and express their emotions in an appropriate way. Due to physical appearances and the many associated changes, youth can experience feeling awkward, being self-conscious or unhappy, which can result in a lower self-esteem. They may also compare the way that they look to their peers (Healthy Families BC, 2021). Changes in the way they interact with others and form relationships are evident in this age group. They are more likely to want to be away from family and opt to go and socialise with their friends instead. Due to their changes in mood mentioned above, more arguments could be had but this is normal as it mostly around them wanting to have more independence.

These arguments are more prevalent in early adolescence and are a sign of the child maturing. Lastly, due to this modern world and all its technology, communication mediums such as social media, cell phones and the internet may have an influence on how a child views society, communicates with others, and learns about the world (Healthy Families BC, 2014).

Youth in rural

Rural youth are a disadvantaged aggregate who experience further inequities compared to youth in urban areas (Food and Agriculture Group, 2021). Disparities are common within education, employment, health, and social opportunities. There are primarily less services available to rural youth due to the communities catering for smaller populations, leading to migration to larger towns (Food and Agriculture Group, 2021). However, this has implications for youth and there is a lack of access to the limited services that are available. Accessibility is restricted by the remoteness of services and transport options (Zoom Meeting, 2021). Rural youth suffer challenges such as needing to travel within and outside their community, despite being unable to drive. Even when youth reach 16 years old and can gain a provisional driver's licence, this is unhelpful without access to a car. The possibility of rural youth having a car at 16 years old can be far-fetched, given the lack of opportunity for part-time employment to earn money (Robson, personal communication, 2021). Rural youth often rely heavily on family members' circumstances to provide for them and somewhat determines the outcomes of the adolescent period (Zoom Meeting, 2021). Thus, impacting the independence and self-direction youth are attempting to gain during this period of growth.

Youth in the rural village of Bishop's Castle

Within the Bishop's Castle community, the youth aggregate is a minority (Zoom Meeting, 2021). Opportunities are scarce, leaving many youths with no option but to relocate at 16 years old upon completing school (Food and Agriculture Group, 2021). Prior to completing school, youth suffer restricted services, transport, communication, and social opportunities compared to their urban peers. There are few health services for youth in Bishop's Castle excluding the medical practice and a social prescriber. Other than these, further resources and support are online which have proven less effective than face to face interactions (Zoom Meeting, 2021).

In Bishop's Castle, there are limited areas for youth to socialise. This leads to youth (that can) travelling to larger communities and towns to interact.

Transport limitations are an issue for youth in Bishop's Castle with many taking 3–4-hour round trips on public transport as they are unable to afford a car. Therefore, some do not have the option to socialise elsewhere, and are left feeling isolated with little connection to peers (Zoom Meeting, 2021).

Following on from our youth aggregate, we will now delve into the senior population, describing what defines a senior person, and how living in a rural area may pose a different experience to those living in a urban environment.

Seniors

Definition

Senior citizens do not have a universal definition, however most industrial western nations can agree that an age of 60 or 65 is when an individual can be considered old aged (Greater senior living, 2017).

Thyssenkrupp (2021) stated that the age at which an individual becomes senior is based on when you are eligible to receive financial assistance based on being a senior citizen. In terms of eligibility for the state pension, this age is 65 in the United Kingdom where Bishop's Castle is located (GOV.UK, 2021).

Seniors in general

Seniors have the expectation to have found their place in the world, no longer searching for their identity as by now they should have it all figured out (Senior Homes, n.d.). On the

surface it may seem like most seniors in the community are free to pursue leisure interests and really enjoy life unrestricted by previous responsibilities and aggravations (Senior Homes, n.d.). Though this may be true to a certain extent, it is very important not to overlook or discount the many biological, psychological, and social stresses that the senior population face (Senior Homes, n.d.).

At the biological level, ageing causes many different changes within the body. This is due to the impact of a variety of cellular and molecular damage overtime leading to a gradual decrease in both the physical and mental capabilities of the person. This decrease impacts the health and wellbeing of seniors creating complications such as hearing loss, back pain, neck pain, osteoarthritis, diabetes, depression, and dementia (WHO, 2018). These biological changes can happen gradually, or they can transition rapidly which can be overwhelming for the aging population (WHO, 2018). Major changes can lead to feelings of insecurity and/or loss of self-worth causing psychological and social distress and anxiety (WHO, 2018). Through these changes, seniors may find themselves less physically capable to engage in their hobbies, transport themselves to appointments or unable to complete their daily activities in life such as cooking a meal or even getting dressed by themselves (Senior Homes, n.d.). This loss of independence is difficult for the senior population as they now need to rely on others for essential care and is particularly difficult when the people that are asked to help are the ones that relied on them for daily assistance which can lead to social isolation (Senior Homes, n.d.).

The WHO (2018) indicates that the global aging population is increasing each year and by 2050, 22% of the global population will be 60 years and older (WHO, 2018). Therefore, it is important to understand the stresses involved with aging to improve the quality of life for the senior population. Socialization and relationships are important to maintain for the senior population for both their physical and mental wellbeing (Senior Homes, n.d.).

Seniors in the rural setting

The WHO have notified that the urbanisation of the older population has led to a focus of age-friendly cities and communities. They were able to identify eight domains that contribute to an age-friendly community which were community and health services; civic participation and employment; communication and information; respect and social inclusion; housing; social participation; outdoor spaces and building; and transport (WHO, 2007). The challenges faced by rural communities are more specific with limitations to

infrastructure and health services; reduced access to social participation; transport and health services; and an issue with healthcare professional retention (Hancock, Winterton, Wilding & Blackberry, 2019).

In general, rural populations tend to be less educated and receive lower incomes than their urban counterparts. In addition to this, individuals in the rural setting are less likely to access health care and report health needs, which correlates to greater use of emergency services than individuals in urban populations (Ali, Walsh & Kloseck, 2018). Specific barriers for seniors living in the rural setting include the cost of healthcare, inadequate access to health services and social isolation. Averill (2012) identified issues for rural seniors include a lack of transport between communities and services; limited specialist services in the community and access to in-home care or assisted living; cultural, language and economic barriers; and poor service coordination. In contrast, some advantages for seniors living rurally include increased social connection and networking (Hancock et al., 2019). Rural communities with scenic landscapes, connection to the land and a sharing nature can contribute to a greater quality of life in some seniors in the rural setting (Baernholdt, Yan, Hinton, Rose & Mattos, 2012).

Seniors in the Bishop's Castle setting

The population of Bishop's Castle is 1893 with the average age being 45.6 years of age. The senior population (65 years and older) of the Bishop's Castle community equates to just over a quarter (25.6%) (Restieaux, et al., 2020). As this is a rural community, transport for the senior population can be difficult with the narrow roads and the shortage of transport services due to the bus cuts (Shropshire Star, 2019). There are many places with opportunities for the senior population to socialize, the main issue is the transport to get into those areas. There are local meeting places such as the pubs, the leisure centre for exercise and swimming, the theatre plus many annual community events including music festivals (Bishop's Castle, 2021d).

The impact of the COVID-19 pandemic is still unclear, however the negative impact on the psychological wellbeing has become very evident. Some early research has already shown an increase in the levels of anxiety and depression in the general population and these effects are further magnified in the elderly population due to a more restricted lockdown, higher threats of illness and a loss of social support (Martins Van Jaarsveld, 2020). With Bishop's Castle being a rural area, this further amplifies the psychological

effects of Covid-19 with the increased difficulty to access healthcare services and support networks, especially through the lockdown period.

Since the start of lockdown, the senior population has been the most affected by not only the virus, but also the lockdown measures and they have not been able to capitalize on the digital solutions that were provided (Martins Van Jaarsveld, 2020). Before the pandemic there was a digital inequality due to the lack of skill and access to new technology for the elderly population which has further been highlighted by the pandemic, as they were not able to make use of any of the digital measures that were created to ease the isolation (Martins Van Jaarsveld, 2020). With the lockdown restrictions minimizing the services offered to the elderly, the decreased socialization and the lack of digital assistance, the elderly population have been impacted greatly by the pandemic (Martins Van Jaarsveld, 2020).

Once we were given our two aggregates and worked on the definitions of what each aggregate was above, our group researched within the community assessment wheel (Anderson & McFarlane, 2008) which has been adapted by Ross et al. (2021) to accommodate a changing environmental and health care context to figure out what services, resources and physical properties this community had. Refer to page19.

The Community Wheel

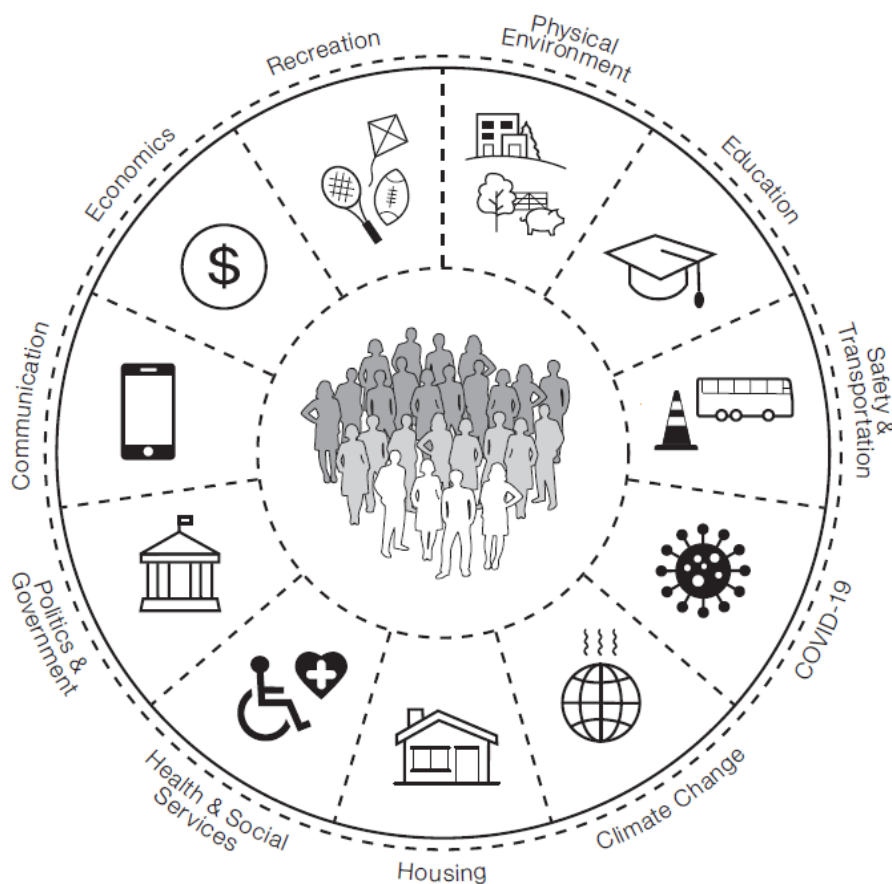


Figure 4: Illustration of the Community Assessment Wheel. Anderson and McFarlane (2011) adapted by (Ross, J., Mahoney, L., Simons, A., Mullens, C. & Askerud, A. 2021).

The Bishop's Castle core community team identifying the youth and seniors as the focus aggregates led us to undertaking two separate community assessment wheels. This was done to figure out what was in the community and what was lacking from the community. From there, we combined some of the parts of this community wheel as some sections didn't directly apply to the specific aggregates and kept some of the findings separate to reflect the strengths of each aggregate. We have discussed what the physical environment, education, climate change, housing, and politics and governance look like in the Bishop's Castle community.

The safety and transportation, COVID-19, health and social services, communication, economics and communication aspects of the community have been discussed from a specific youth and senior perspective.

Physical environment

Bishop's Castle is a small rural town consisting of 205 hectares which equates to 2.5 square kilometres (Shropshire Council, Environment, 2021a). It has a hilly topography, with the town situated on a downward slope. The main streets have a tidy, well maintained look and feel, with houses well kept, maintaining the historic heritage. The town is well confined to its 205 hectares surrounded by the Shropshire Hills Area of Outstanding Natural Beauty that contains many historic buildings and a wide variety of flora including ancient oak woods, flower rich grasslands, wetlands, and heath lands. Wildlife includes Shropshire pine martens, hedgehogs, and birds (Shropshire Wildlife Trust, 2021). The area attracts a lot of walkers and is classified as a 'walkers are welcome' town, with many walkways/ public footpaths that are well marked, connecting villages and valleys, including proximity to Shropshire Way and the renowned 285km long Offa's Dyke Trail (Bishop's Castle, 2021d). This is a renowned national trail that follows the English Welsh border, encompassing the eighth Century hand dug bank and ditch known as Offa's Dyke (National Trails, 2021). The local hills are natural and unspoilt, with plenty of free access to green spaces. Water quality is good and safe for swimming. The map below shows the layout and streets of Bishop's Castle, with public amenities.

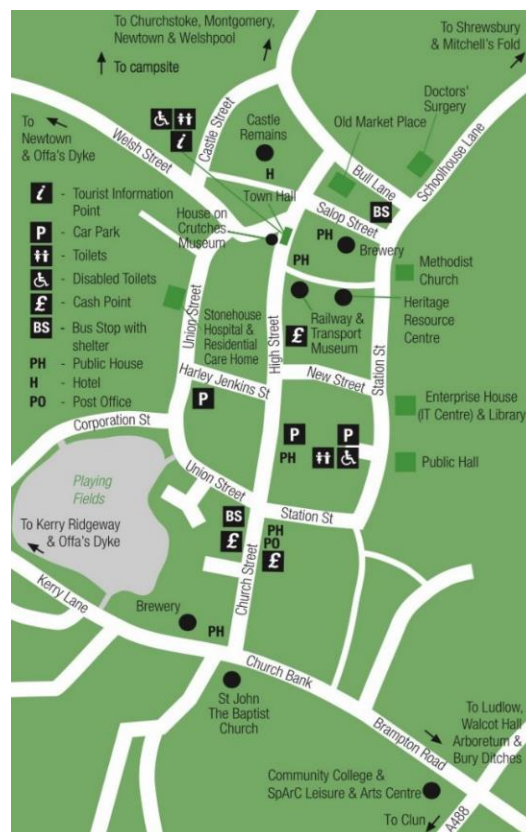


Figure 5: Bishop's Castle. *Travel* (2021)



Figure 6: Rhyd Ddu (Whiddon, 2021)

Education

Within Bishop's Castle there are two childcare centres; Sure Start Children's Centre (for under four's) and Crowgate Child Centre (aged two until end of primary age). There is one primary school in the community, and a secondary school/community college, Bishop's Castle Community College. The college is a co-education state school that encompasses 472 pupils from 11-16 years of age with about a third of these students coming from Wales (GOV UK, 2021). It appears to have a good reputation as it attracts students from other surrounding areas to come to the school. The downside to this school is that it only caters for children up to the age of 16 years so after that they are required to look elsewhere for a college that is a long distance out of Bishop's Castle (Robson, 2021).

Up until the age of 19 years, youth are eligible for free education but after that, youth will most likely be reliant on their parent's income to attend colleges and universities. With the limited number of bus routes, that means that the choices of colleges for youth to attend is confined to three main colleges. One in Hereford, one in Shrewsbury, and one in Ludlow. All of these areas are approximately 20-30 miles out of Bishop's Castle, so these bus routes take some time, for some students potentially a three-hour one-way trip.

Due to these limited bus routes, or having to work around the bus timetable, not many extracurricular activities are run in the community (Community College Bishop's Castle, 2020; Whiddon, 2020). There is a community library within Bishop's Castle which has books, CD's, DVD's and free computer access.

There is a service available called 'Ready Read' which allows readers to request books by phone, on the Shropshire website or by a form. The staff will select the books for the people and let them know when they are ready for collection (Community College Bishop's Castle, 2020; The Shropshire Council, 2020.; Whiddon, 2020).

Safety and transport

Youth - Transport

In Bishops Castle, the main modes of transport are either walking, cycling and/or by private car. There are limited means of public transport in and out of the town. Due to funding cuts, there are now only two bus routes that connect Bishop's Castle with its surrounding communities. Students using bus services would be leaving their homes around 6:30-7:00am and not returning home until after 6:00pm which makes a very long day. Reasons behind these long bus journeys are due to the limited bus services available to the public so the buses have to make up to five additional stops along the way to pick up more passengers, making the buses very crowded for the long journey that could take up to two hours to get to college (Robson, 2021).

Another option of travel for youth is by private vehicle. At the age of 17 years, youth can apply for a driving license where they undertake a practical driving test to be able to drive independently. In saying that, due to lower incomes of some families, some may not be able to afford their own car due to a lower socioeconomic status so taking the bus may remain their only transport option (Robson, 2021).



Figure 7: Market Square (Virtual Shropshire, 2021).

Seniors - Personal Transport

Within Bishop's Castle, there are small and narrow roads. Minimal road markings, and signage, with a deterioration in general, of road conditions e.g., potholes. This has led to breakages in underground pipes with sewage and water flooding and further damaging the roads. Oversized trucks contribute to the surface damage. Car parking is free in the town. Speed limit is 30mph (48kmh), planned by Shropshire Council to be reduced to 20mph (32kmh), as a more appropriate speed for the steepness and narrowness of the roads (Restieaux et al., 2020).

Identified by Restieaux et al. (2020), as a major concern in Bishop's Castle was the traffic and parking, with parking on both sides congesting the roads, and footpaths. This is problematic for elderly residents wanting to park closer to premises being often blocked out and having to park further away. The absence of road marking and signage results in disabled car parks often occupied by the public at the detriment of disabled drivers/passengers. With parking on yellow lines not enforced by law there is no deterrent to change this inconsiderate behaviour. Obstruction of pathways leads to hazards for wheelchair, pram, mobility scooters and pedestrian users (Restieaux et al., 2020).

Public transport

Of the population, 10 percent do not have access to private transport in their household. Bus services include five runs per day to Shrewsbury that takes approximately one hour for the 22 mile trip. This service has recently been threatened by cuts to the service of just two runs per day, but strong opposition and protests resulted in this proposal being dropped. There is a weekly bus service to Ludlow and Newtown. Private taxis are minimal and expensive.

A voluntary service called 'dial a ride' which is a bus service for those with transport needs and cannot use or access private or public transport is available. Included is a car community scheme for those needing to attend hospital/medical appointments and/or collecting prescriptions or shopping. This service is accessed by registering as a member of 'Dial a Ride' which is free.

Safety

Crime deprivation in the UK is categorized into four areas: violence, criminal damage, theft and burglary. Bishop's Castle crime deprivation is very low, falling into the 9th (out of 10) least deprived deciles nationally. Most crimes reported fall under violence and sexual offence, and anti-social behaviour. For the month of February 2021, 3 violence and sexual offences were recorded. In the last 12 months, from March 2020 to February 2021, recorded crimes have steadily decreased from 57 to 21 for the police jurisdiction of Bishop's Castle and the surrounding rural area.

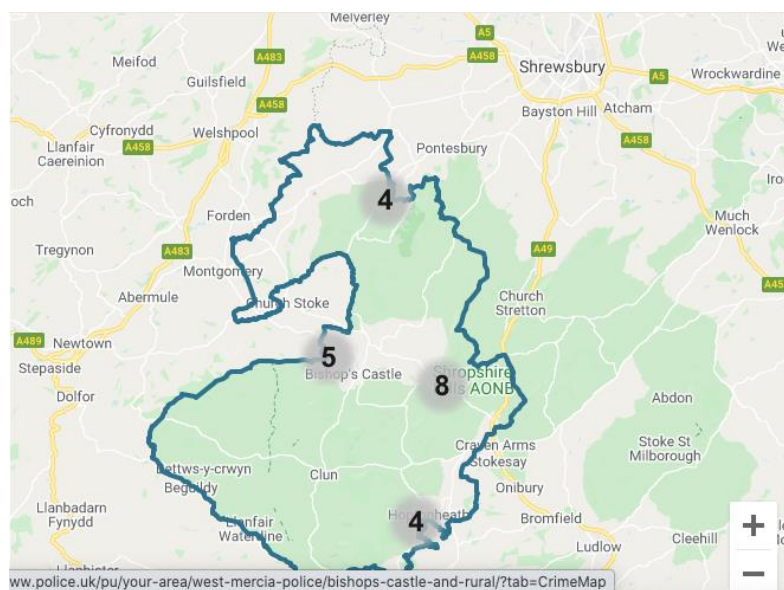


Figure 8: Bishop's Castle (Police, UK, 2021).

COVID-19

Youth

COVID-19 has been an unprecedented challenge for youth in Bishop's Castle (Zoom meeting, 2021). Upon communicating with the Bishop's Castle core community, it has been identified that more of the youth population have been volunteering around the community since school and college closures. Recreational facilities and community spaces have been closed during the 14-month lockdown, leading to increased stress and loneliness for youth (Bishop's Castle Town Council, 2021). Since COVID-19 restrictions have begun to lift, the Bishop's Castle social prescriber has been approaching youth around the community about how they have coped with the lockdown. There were mixed answers, however, some challenges identified by youth included feeling anxious, low mood, and anger regarding significant changes within education, recreation and socialisation (Robson, personal communication, 2021).

Seniors

For the senior population, who were identified as being particularly vulnerable to the COVID-19 disease, they were advised to stay home and isolate early, before the first nationwide lockdown that started on 23 March 2020. For many, without access to digital platforms, volunteers in the community ensured that they were supported in accessing services and provided with food and other necessities. For individuals with dementia, COVID-19 was a significant burden on friends and families, with cuts to social care, leaving families to provide care and support (Alzheimer's Society, 2021b). Reports of the rapid deterioration of dementia symptoms, exacerbated by social isolation, has resulted in a disproportionate rate of deaths in this cohort (Alzheimer's Society, 2021b).

Climate Change

Bishop's Castle has four seasons (Summer, Autumn, Winter and Spring), which they can quite often have all in one day. The snow fall that occurs can often trap people in their homes due to the altitude of Bishop's Castle (186 metres above sea level or 610 feet) and can impact on deliveries and visitors such as the community nurses.

The warm weather with average temperatures between 20-25 degrees Celsius, occurs during the months of July and August. In conjunction, the average amount of precipitation is about 810m per year, with August, September, October, November and December having the highest chance of precipitation. The warmest month is July (with an average temperature of 20 degrees Celsius) and the coldest month is February (with an average temperature of 7 degrees Celsius), with May being the sunniest month.

In terms of the wettest month, this is October, in comparison to the driest month which is February. Over the past few years, floods have become an issue. These floods occur mostly in the month of January. Specifically in Bishop's Castle, there are only flash floods, which aren't too much of a hassle, but can have effects in housing with water getting into them. However, places close to Bishop's Castle and close to larger rivers tend to get flooded, which can sometimes stop health professionals and deliveries getting into Bishops Castle (Whiddon, Ernest, & Dr Penney, 2021; Bishops' Castle Market Town Profile).

There are many groups that are in Shropshire and Bishops Castle that target climate change by trying to be more sustainable. Groups such as "Zero Carbon Shropshire" and "South Shropshire Climate Action Group" (Lightfoot Enterprises, 2020).

Housing

Questionnaire in Bishops Castle:

A questionnaire undertaken by the community in Bishop's Castle found that there was a lack of available housing to meet the needs of the people living there, and it reported that the community thought housing was expensive (Zoom Meeting, Personal Communication, 2021). One of the largest costly factors for senior people is the cost of heating. The two types of heating for houses in Bishops Castle is by using oil or wood, both which cost quite a bit. Therefore, in winter a lot of elderly people will live in cold homes to save that extra money each week (Zoom Meeting, Personal Communication, 2021).

Affordability:

The median house price is £256,000 (approximately \$500,000 NZD). The average median income is £26,663 (NZD\$ 52,276).

Semi-detached properties are the prominent style of housing, followed by detached housing, whole house/bungalow, and a few apartments. With below average household income and above average house prices, home ownership in Bishop's Castle is the least affordable for a market town (UK Census Data, 2011).

Availability:

Bishop's Castle has become a popular tourist destination which has therefore decreased housing availability, as lots of houses used for renting to tourists, i.e. with 12 places listed on Airbnb in Bishop's Castle.

	Bishop's Castle	Shropshire	England
One person (pensioner aged 65 or over)	18.2%	13.9%	12.4%
Single person household	35.6%	No stats	30.2%
Married couple (with dependent children) households	10.7%	No stats	15.3%
Homes owned outright	41%	No stats	No stats
Homes rented	19.7%	No stats	17.7%

Table 1: Adapted with data from (UK Census Data, 2011)

Aged care facilities:

There are four aged care facilities within Bishop's Castle that are paid for in different ways. If a person earns more than £23,250 then they must pay with their money, if they have between £23,250 and £14,250 then the council will pay for part of their care, and if a person has less than £14,250 then the council will pay for majority of their care (Age UK, 2021a).



Figure 9: Street in Bishop's Castle (Virtual Shropshire, 2021).

Health and social services

Youth

In Bishop's Castle, there is a community hospital which is very small, with 16 short stay inpatient beds, including a palliative care suite. The hospital provides outpatient services such as audiology, falls assessments, podiatry, physiotherapy, speech and language therapy. Bishop's Castle also has a medical practice with 5,275 registered patients, a pharmacy and a dentist. All health services are free as they are fully funded by the NHS. Schools in Bishop's Castle have access to school health nurses. In the surrounding area, there is a hospital in Shrewsbury, which is the closest hospital (22.2 miles) that takes on accident and emergency patients, with a minor injuries' unit in Ludlow (The Shropshire Council, 2020; Restieaux et al; Shropshire Community Health, 2021).

In terms of social services in Bishop's Castle, there isn't a vast amount of these, however, there is a recent new role of a social prescriber in the community. There is also a Shropshire Community Substance Misuse Team which provides: specialist prescribing, community detoxification and referral to in-patient detoxification, blood borne virus testing

and immunisation, brief interventions, needle exchange service, a criminal justice team, young persons' service, referrals to rehabilitation services and, acupuncture (Shropshire Community Health – NHS Trust, 2021; Robson, 2020).

Seniors- Health Services

There is one medical practice within Bishop's Castle, open Monday to Friday. There are seven doctors working at this practice, two nurse practitioners, four nurses, one health care assistant, one counsellor and a diabetic specialist. There are many clinics and services offered such as, but not limited to, blood pressure checks, scheduled and travel immunisations, COPD checks, counselling, Diabetes checks, a smoking cessation clinic, blood tests and minor surgeries. However, since COVID-19, there have been only consultations via telecommunication. This has made it easier for senior people to access doctors and nurses. Within the medical practice and local hospital there are no mental health services. There is only a call centre in Shrewsbury or the CRISIS team for emergency mental health issues. The other issue is the long waiting list for counsellors (Doctor Tom Davies, 2021).

Within Bishop's Castle, there are four different aged care facilities. There are more than 42 places for a mixture of young adults, older people and people with dementia and disability. Keegan Care Home accommodates a majority of the older people living with dementia and Coverage Care Home has a wing designed to accommodate a few people living with dementia (Care Home, 2021).

There is one dental practice within Bishop's Castle and is open Monday to Friday (National Health Service, 2021a). In Bishop's Castle there is one pharmacy, which opens six out of seven days a week. For adults aged 60 and older, prescriptions are free. This allows elderly people to access medications easily. The pharmacy offers a delivery service, making it easily accessible for elderly people (National Health Service, 2021b).

Social Services

There is a walking group called 'Footpath Walking Group', which consists of different grades from moderate to brisk walking. This walking group is open for anyone in the

community and they often have lunch together after their walk. However, this group has not been meeting during Lockdown (Bishop's Castle, 2021e).

Within Bishop's Castle, there is a community library. This is open Monday, Tuesday and Friday for the majority of the day. Within the library, there are computers that can be accessed and used for up to two hours at no cost. An additional benefit of this library is that it is autism-friendly (Shropshire Council, 2021b).

There is a food bank located in Bishop's Castle. It is run by local volunteers, one of whom grows vegetables to give out. This supplies people with emergency food parcels when they are in need. Although there are certain requirements in order to access one of these. There are a range of people that are offered this help, with specific assistance with recipes and money management for the elderly (Shropshire Larder, 2021).

Love Mobility is a service located in Bishop's Castle and all over the UK that provides free home assessments. These assessments determine what products a person needs for their home and also how easy it would be for someone to have mobility equipment within their home. This service also offers services and repairs, and they sell mobility equipment (Love Mobility, 2021).

There are a few churches located locally within Bishop's Castle. There are churches of many different beliefs, including Bishop's Castle Methodist Church, St John the Baptist (Episcopal), St Michael and All Angels Church (Anglican), and two other churches which are of no specific religion (Shropshire Churches Tourism Group, 2021).

Politics and government

The Bishop's Castle town is in the county of Shropshire. The Shropshire Council oversees the county's policies and projects. Shropshire Council has adopted policies such as community-led housing in collaboration with the Shropshire Housing Group. Shropshire's Plan for Children, Young People, and Families for 2016 is a proposal that examines how to improve care for children and young people in the community while also addressing established disparities (Shropshire Council, 2016).

Bishop's Castle Town Council is responsible for the management of a range of services including allotments, streetlights and ground maintenance. The Bishop's Castle community has its own council. The Bishop's Castle Council considers decisions that are specific to Bishop's Castle. They also provide information to the town and operate in direct collaboration with the community.

Every month, public meetings are held at the Bishop's Castle town hall, with all councillors in attendance. Prior to meetings, agendas are posted online, and members of the group may email concerns or topics for discussion. Changes to the council logo, suggestions from the Bishop's Castle Arts Festival committee, town cleanliness, town spending and allotments are only a few of the topics up for discussion (Bishop's Castle Town Council, 2019).

The mayor of Bishop's Castle is local businessman Grant Perry. He is the owner of Drivers Travel and a former chairman of Enterprise House. Perry also has a passion for sports, having worked for Bishop's Castle Cricket Club and Bishop's Castle Football Club, as well as being a long-time administrator for the Mid and North Powys Junior Football League (Parry, 2020).

Shropshire Council is responsible for many services including education, environment, highways, licensing, planning, social care, and waste collection. Bishop's Castle is part of the Ludlow parliamentary ward.

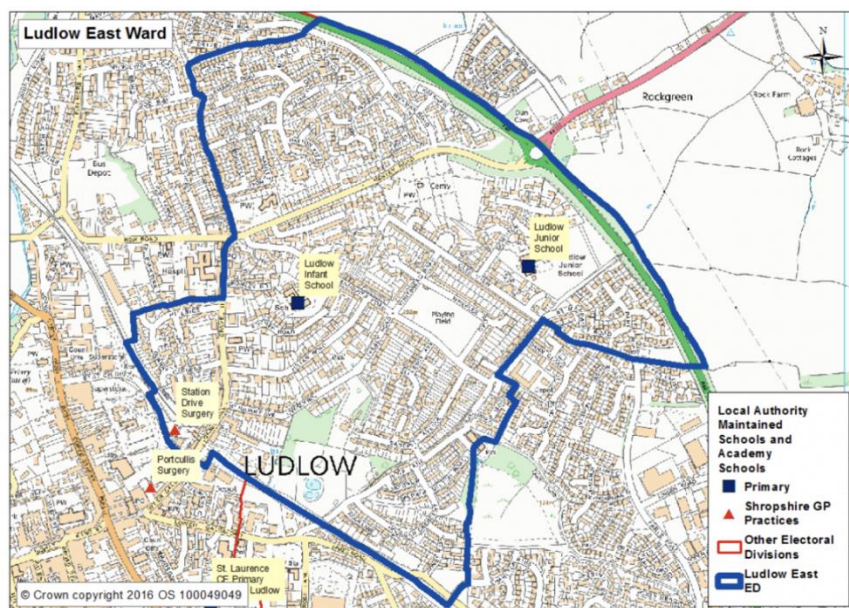


Figure 10: Ludlow East Ward. (Shropshire Council, 2017).

Communication

Youth

Bishop's Castle has few common areas for youth to gather, and access to these is often limited by travel distance. Aside from recreational facilities, the only current youth friendly spaces are the public library and town hall (Bishop's Castle Town Council, 2021). To improve this shortage, Bishop's Castle active community is working to develop a service where members of the community can gather (Bishop's Castle Town Council, 2021). The aim of the community hub is inclusivity and connectivity, social wellbeing, increased resources and education/skills acquisition. Therefore, increasing community confidence, interdependence, volunteering and community consultation.

There is a Bishop's Castle events and community support Facebook group which currently consists of 2087 members. This group is administered and monitored by Mish Lisa and Keith Whiddon who are Bishop's Castle community members. The group consists of updates on events, cancellations, and any relevant news, and is the primary source of community information for youth in Bishop's Castle.

Seniors

Communication through online mediums is utilised by members of the Bishop's Castle community. This includes a number of Facebook groups and pages where members of the community can share news and events. The Bishop's Castle events and Bishop's Castle town hall and visitor information Facebook pages are some examples. These online mediums may not be viable communication options for the senior population of Bishop's Castle as they may not have a Facebook account or know how to use it. Hands together Ludlow is a near-by service that provides technology support to help those struggling with online navigation (Hands Together Ludlow, 2019).

The town newsletter is published twice a month and is a source of local news, announcements, events and advertisements (Bishop's Castle Town Council, 2017). The Shropshire star is a local newspaper and online news forum that reports news and announcements at the Shropshire County level. The newspaper is printed weekly, and the website is constantly updated (Shropshire Star, 2021). The printed version of the Bishop's

Castle newsletter and the Shropshire Star newspaper are an accessible option for the senior population as these can be delivered to their house and require no online navigation skills. BBC radio Shropshire is another accessible news source for the senior population of Bishops Castle. The radio station communicates local Shropshire news, national and international news; story telling; advice; information; interviews; and music (BBC, 2021).

Residents within a five-mile radius of Bishop's Castle's centre can access the internet through an ADSL connection and fibre broadband. The fastest fibre network speed available to the community is 67mbps on average which is significantly slower than Birmingham's fastest speed of 516mbps. This means that difficulties and delays in forms of communication that require an internet connection such as online communication mediums may be occurring (Restieaux et al., 2020).

Economics

Youth

There is a particularly high number of people aged sixty-five and older that live in Bishop's Castle. This means there are noticeably fewer children and young people living in the area. Because youth (aged 15-24 years) is a minority in Bishop's Castle, it is not a particularly thriving community for youth (Shropshire Council, 2021c).

Bishop's Castle crime deprivation is very low, falling into the ninth (out of ten) least deprived deciles nationally (Shropshire Council, 2021c). Most crimes reported fall under violence and sexual offence, and anti-social behaviour. For the month of February 2021, three violence and sexual offences were recorded (Shropshire Council, 2021c).

The four largest employment sectors in Bishop's Castle are health, manufacturing, retail and accommodations and food services. Health represents 19.4 percent of the employment, manufacturing accounts for 19.4 percent of employee jobs and retail accounts for 12.9 percent of Bishop's Castle's employment. Other sectors account for more than 5 percent of jobs which include professional, scientific and technical and construction. Together these account for 68.8 percent of employment within the town (Shropshire Council, 2021c). This shows that there are potential places for employment, however for youth this may be difficult for job opportunities as for most of the places of employment would require experience or higher education and qualifications.

Bishop's Castle residents aged sixteen to sixty-four in the 2011 census showed that 78.7% of residents were economically active – this included people who are both employed and actively seeking employment. This means that there are youth currently in employment or seeking employment.

Public sector jobs have fallen significantly, while private sector jobs have risen in Bishop's Castle. In Bishop's Castle there are less than 10 public sector jobs, which accounts for only 2 percent of employment in the public sector in the town. Retail shops play a major role in supporting the community and economy of Bishop's Castle. There are high street shopping facilities mainly from independent traders which provide produce, gifts, services, banking facilities, as well as eating and drinking establishments.

Youth in Bishop's Castle can also shop at the local convenience stores. They can also shop at the farmers market and flea market once a month.

- Yarborough House is a large second hand book and record shop which stocks mostly modern books and CDs. Youth can go here to purchase books and CDs that cover a wide range of subjects and genres.
- Eliza Scott is a lady's fashion store that youth can shop at, they sell a variety of clothes, jewellery, scarves and handbags.
- Old time is a locally made, high quality furniture and crafts store. They sell a variety of chairs, tables, dressers, stools, standard and table lamps, clocks and barometers and upholstered furniture.



Figure 11: Street in Bishop's Castle (Virtual Shropshire, 2021).

Universal credit is a payment that helps with living costs for those who are unemployed. In January 2021 there were one hundred and twenty-three residents in Bishop's Castle receiving universal credit payment. There are no statistics to show the percentage of how many of these were youth, however in December 2020, fifty Bishop's Castle residents who are under pensionable age and are available to work or actively seeking work, were claiming the universal credit.

Over the past nine years the number of jobs has fallen by 35.4 percent or equivalent to two hundred and fifty jobs in Bishop's Castle. Therefore, this results in lack of employment and difficulties for youth to join the workforce (Shropshire Council, 2021c).

Seniors

Bishop's Castle is an aging community with an average age of 45.6 years of age, due to a significant proportion of the population being a senior citizen (Restieaux et al., 2020). There is a small portion of senior citizens maintaining an income through part time, full time or casual employment. The main form of income, however, for senior citizens in Bishop's Castle is through state pension claimants. Shropshire Council (2021c) stated that there are a total of 472 state pension claimants in Bishop's Castle which is 0.6% of the country's state pension claimants. The full basic state pension in the UK is £137.60 per week which is paid every four weeks. This amount is dependent on whether 30 years of national insurance contributions have been made. If this requirement has not been fully met, voluntary contributions can be made to increase the eligible pension amount. The age of eligibility for the full basic state pension is 65 years old and above. Individuals who are not eligible for the basic state pension or who are not receiving it in full may be able to receive an extra £82.45 per week through their civil partner or spouse's national insurance contributions (GOV.UK, 2021b).

There has been a proposal from the government to raise the state pension eligible age to 68 years due to increasing life expectancy along with a new state pension. Women born after April 6, 1953, and men born after April 6, 1951, would be able to claim the new state pension which is £179.60 per week. This amount would also depend on the individual's national insurance record (GOV.UK, 2021c).

Residential care facilities in Bishop's Castle contribute significantly to the economy of the town. Keegan's court care services employs 34 people to care for their senior residents and is one of the seven biggest employees in the community. There are three other senior residential care facilities employing 100 people in Bishop's Castle, which contributes to the health sector making up 26.5% of the population's employment (Shropshire Council, 2021c).

Recreation

Youth

Bishop's Castle has a brilliant SpArC leisure centre that offers a swimming pool, sports courts, theatre and art galleries and event space but unfortunately the SpArC theatre is currently closed due to the pandemic. Drinking is prominent in the town with six pubs for "drinking activities". The main brewery is The Three Tuns Brewery with an annual pub crawl that takes place around the town. Bishop's Castle is well known for festivals such as the Art Festival, Bishop's Castle Carnival, Bishop's Castle Walking Festival, Mojo Festival, and the Michaelmas Fair.

There are numerous town halls and community centres (e.g., Bishops Castle Public Hall, and Enterprise House). There are a couple of museums such as a transport museum and a community/agriculture museum.

Bishop's Castle has a range of sporting, leisure and social clubs. These include a cricket club, rugby club, bowling club, lawn tennis club, the SpArC Theatre and Teme Spark that has a swimming pool, fitness suite, three badminton courts, two squash courts, a sauna and sunbed, studio theatre, vending area, art gallery and floodlit artificial pitches.

Seniors

There are many recreation activities in Bishop's Castle that are suitable for seniors. Teme SpArC (Sports and Arts in the Community) leisure centre is a facility available to the Bishop's Castle community and includes many activities that can be enjoyed by the senior population. This includes a 20-metre swimming pool and sauna which provide a safe form of physical activity and possibly physiotherapy to seniors. The SpArC theatre has an auditorium with 142 seats and provides entertainment in the form of live theatre, music,

films and exhibitions. Sporting facilities such as the bowls and lawn tennis may appeal to seniors who are physically able, as this enables them to maintain physical activity and social contact (Shropshire Council, 2021c).

The town hall is another hub of events and entertainment that can be enjoyed by the senior population of Bishop's Castle. This includes monthly farmers and flea markets; art exhibitions; regular book and craft fairs; musical events and performances; and talks. The town hall is also frequently being used by community groups and activities (Bishop's Castle Town Hall, 2021).

Personal Communications

On Thursday the 29th of April, we had a Zoom meeting with the core community of Bishop's Castle. This core team consisted of Keith Whiddon, Bernard Edwards, Dr Adrian Penney, Dr Tom Davies, Valerie Woodmansey and Hope Robson.

These individuals all work in different areas and were able to collaboratively talk to us about their knowledge and insight of the community.

Certain specialties of contact people:

Keith Whiddon- *Contact for general and COVID information*

Bernard Edwards- *Contact for Bishop's Castle partnership, history of the town, climate change (sustainability) information*

Dr Adrian Penney- *Contact for history, medical and narrative of community information*

Dr Tom Davies- *Contact for medical information and differences between New Zealand and Bishop's Castle (United Kingdom)*

Valerie Woodmansey- *Contact for information around Dementia and Senior people*

Hope Robson- *Contact for Social care, Youth information and case studies*

Throughout this ZOOM meeting, we introduced ourselves to the core community and they introduced themselves to our group. We were able to get to know a bit about what these individuals do in their community and then we were able to ask questions about the two aggregates that we were given by the core community to work with.



Figure 12: Our group receives information from the core community via Zoom (photo supplied by authors).

We then went over the current situation of Lockdown in Bishop's Castle. The core community team identified many changes since the 2020 report was completed. There were three recommendations given by the nursing students in 2020, however due to the lockdown these resources were unable to be given out and utilised. After the meeting, we had a brainstorm on the whiteboard of the differences since 2020.

Since then, there have been restricted travel, lockdown extensions, localised lockdowns, lockdown appeals, social distancing, mandatory mask wearing, hand sanitising, curfews, a three to four tier system of restrictions, support bubbles of families/groups, rule of six or social gatherings, restrictions for Christmas celebrations, continuous school closures, quarantine, testing and vaccinating (Institute for Government, 2021).

With a successful and effective vaccination programme underway and 19.8% of the population fully vaccinated (Our World in Data, 2021), the government phasing in of restriction easing was conditional of the following four conditions; that the coronavirus vaccine programme continues as planned, that the vaccine is effective to sufficiently reduce fatalities and demand for hospital services, that infection rates are not a risk of a surge in hospital admissions, and, that new variants of the coronavirus do not affect the easing or lifting of current restrictions (Institute for Government, 2021).

From the 8th of March 2021 restrictions started lifting nationwide using a four-step roadmap that relies on data, rather than dates, to progress to each stage and further easing of restrictions. It is planned by the 21st of June 2021 stage four will be implemented with all legal limits on restrictions lifted and life returning to pre-COVID normality once more (GOV.UK, 2021d).

One aspect of lockdowns was the advancement and uptake of Telehealth and digital consultations with health services, in particular the GP practice in Bishop's Castle. Dr Adrian Penny and Dr Tom Davies referred to the success of this platform, especially the online booking system that allowed increased access by the elderly to make their own appointments in their own time (Penny, personal communication, 2021). This was a more efficient system than pre-lockdown, with patients being seen earlier and quicker with appointments conducted either by Zoom or telephone. Whilst there were efficiencies for the customer to attend appointments, for the health professionals, conducting consultations over the phone meant that a visual and non-verbal observation was not possible, which was a barrier to assessment, especially for new conditions. Elderly who did not have access to the technology and met eligibility criteria, were assisted by Good Things Foundation which provided free tablets, sim cards, 24GB, installation, with Age UK 'digital buddy' service were provided with instructions on use and accessing online services such as banking, shopping etc. Bernard Edwards commented that approximately 80% of the elderly are regular users of technology (Edwards, Zoom meeting, 2021).

Going forward, a review will be required to ascertain what worked with this digital approach to accessing health services, identify the gaps and how best to mitigate these i.e. patients who have hearing deficits. For staff, it is also important to reflect on working within this paradigm, as Dr Adrian Penny commented on the amount of extra work required and the stress involved of working in a health profession during a pandemic, and the effects thereof on staff are important to consider for future practice.

Community Development

2020 was a monumental year for most. Rural England was not immune to the worldwide cultural shift that took place last year. For Bishop's Castle, COVID-19, last year's research project and the adoption of technology, although through necessity, brought about significant change within the community. Although the general tone of the changes from COVID-19 have a negative flavour, there was some good that came out of the gloom – a 'silver lining' if you will.

The restrictions put in place to mitigate the spread of the virus made it difficult, nearly impossible, to meet in person.

This made medical consultation challenging and practitioners were forced to innovate, and Telehealth was born in Bishop's Castle. Although faced with challenges such as technological poverty and an aged population with poor technological literacy, practitioners in Bishop's Castle reported the adoption of Telehealth to be a positive thing.

Following the presentation of last year's Otago Polytechnic group research projects findings, Bishop's Castle successfully put in an application for a grant to put towards Youth Mental Health. It is the aim of our project to recommend ways in which this grant could be used most effectively to improve the mental wellbeing of the youth of Bishop's Castle. Another new initiative to Bishop's Castle is Social Prescribing. Social Prescribing utilizes a holistic model of health and fills in the gaps left by the biomedical model. There is one social prescriber in Bishop's Castle itself however, we communicated with Hope Robson, who oversees social prescribing in Bishop's Castle.

Current isolated/digital community functioning moving into resocialization

Since the COVID-19 lockdown, the main form of connectivity, communication and functioning in the Bishop's Castle community has been through online mediums. Bishop's

Castle moving into the digital world has meant a community-wide utilization of ZOOM and other online platforms, working from home and remote learning. Developments in the past few years such as increased broadband speed and an IT Centre have made this transition to online possible for the community. Now that COVID-19 restrictions are beginning to be lifted and people can be physically involved in the community, it has been identified that hybrid services may be introduced. This means that there could be both online and in person services to increase the availability of services while having an in-person option for those who do not have access to sufficient technology.

A major concern of the Bishop's Castle population being online and isolated is the socialisation of community members. The senior population of the community have been identified as being fearful of the transition back into a physically interactive society. Many of the senior population of Bishop's Castle have been socially isolated from friends and family throughout 2020-2021. This has led to the development of social anxiety and the community recognises that it will be a slow process to re-engage their senior population. The fears around re socialization in the senior population also stems from the confusion and misunderstanding of current rules and laws. The UK has different rules and restrictions depending on the country. Confusion from seniors about what they are allowed to do and when is exacerbated by Bishop's Castle being less than two miles from Wales, which have different rules. This adds to the fear of re socializing as the senior population may choose to stay isolated as they fear they will be prosecuted.

Social services and Covid re-socialisation

Social prescribers in Bishop's Castle provide a service that foremost gives people an opportunity to speak about their social and psychological concerns. This is something many feel they are not given the time for in other healthcare settings such as GP appointments. Firstly, people are referred to social prescribers and then given a forty-minute consultation, where the social prescriber allows the patient to voice their concerns, evaluates their social determinants of health, and makes any referrals to social services. This service includes youth and can refer youth struggling with mental health issues to useful resources. In times of COVID-19 when services are unable to be face-to-face, there are online resources such as videos to help calm someone who is having a panic attack. Social prescriber Hope Robson explains this was beneficial to a twenty-year-old client suffering from anxiety and panic attacks, as was another online resource called headspace which is available on Netflix. However, social prescribers only interact with those with low-risk mental health, receiving further intervention elsewhere (Personal communication,

Robson, 2021). Other youth have found online mental health services let them down, as they needed significant help and they feel they did not receive this until they were in crisis. Bishop's Castle has limited youth mental health services and those that do exist such as I.A.P.T. (Improving Access to Psychological Therapy) have an approximate eighteen month wait list, time some youths simply do not have.

There have been nine suicides reported in the past five years in Bishop's Castle, although it is unclear the age group of these victims. It is evident that Bishop's Castle have a lack of resources available to provide adequate mental health support to youth, there are some services in surrounding towns, but travel is required which can bring its own issues (Personal communication, Robson, 2021). This has been worsened by COVID-19 both in providing mental health support, and a higher incidence of youth struggling with mental health such as anxiety and depression, impacted by increased social isolation due to lockdowns.

There is an evident need for early intervention with youth mental health as well as education on resources available. Further online resources include MIND, No Panic, Rethink mental health, together all, and KOOTH. However, face-to-face services as youth transition out of lockdown are important. Youth may face some anxiety about re-socialising after lockdowns, especially those with pre-existing mental health issues. On the other hand, many youths will be excited to be in touch with people again and will benefit from interaction with their peers, which may have a positive impact on their mental wellbeing (Personal communication, Robson, 2021).

Community Hub

Building on the 2020 Bishop's Castle project, an area of change has been the provisional development of a community hub. A gap in community services has been identified and networking with the Holyhead community in Wales has led to ideas of transforming a land trust building into a hub. The land trust has acquired funding to convert the top floor of the shop into two land trust owned flats and the bottom floor into a community area. The aim of the community hub is to bring together pre-existing and new services which are more comprehensive and accessible for residents. There will be consultation between the core community of Bishop's Castle and the public to ensure the space meets the needs of the community. Although it is initial stages for the community hub, an example of a potential new service is youth provision. Further services and developmental components of the hub are being explored.

Employment

Since lockdown in Bishop's Castle, there has been a decrease in jobs available during the COVID-19 pandemic. This proposes an issue for youth as it can initiate a loss of sense of purpose which can further result in mental health difficulties.

In Bishop's Castle, if you choose to not go to college and want to join the workforce early there are challenges and disparities if you are not familiar with farming and labouring work. The only other job opportunities are the local retail shops and the pubs. So, for residents that grew up on a farm, and do not wish to proceed in further academic education this is not an issue.

However, for those who are not that way inclined and are more academic, there are no opportunity for academic jobs in Bishop's Castle. This means that many youth travel out of their hometown and discover the opportunities and variety of resources in larger towns, resulting in personal loss of community, in seeking employment opportunities.

Youth that remain in Bishop's Castle can experience social isolation from their peers who have moved away, making it harder for them to sustain independence and have their own source of income, compared to their peers.

There are limited wages available in the area, and many residents living in Bishop's Castle are receiving universal credit. This is a source of income from the government if you are unemployed or are not earning enough money. Since last year's lockdown, Keith described that the situation has become far worse. He stated that the demand for universal credit rose by 112 percent. He explained that there is a lot of support from the government for people who are not able to work, however this places a burden for youth, as without the ability to earn much income, it is harder to upskill and get a job that is not limited to a retail shop or pub. Hope explained that money is a means for education, and that to get a 'decent' job you must be able to have money to pay for the training or transport for education which can end up being costly. For youth, this can be a burden and contribute to a lack of motivation towards achieving higher and more skilled jobs.

Current Mental Health Status as discussed by the Community Core Team

Previously there has been a lack of resources and services for mental health. The UK has a lack of preventative services for mental health, meaning that most people getting help for mental health issues are already quite sick. There are CRISIS teams that respond in

situations where there is need for help with mental health. However, there are exceptionally long wait lists for counsellors and mental health teams.

Since COVID-19 and the yearlong lockdown in the UK, there has been an increase in the use of the CRISIS team and an increase in problems with mental health, due to social isolation, lack of communication within the community, and loss of jobs. This is a current concern as many people are not getting the help that they need. There is a real lack of support for mental wellbeing, especially since the lockdown. This has had a huge effect on both youth and senior people.

The discussion we had with the core community team through ZOOM gave us a further insight into our aggregates within the Bishop's Castle community. We were informed of the resources and positive aspects of the community for youth and seniors. Conversely it became apparent, there were some gaps in the community's ability to meet the needs of these aggregates.

New developments in the Bishop's Castle Community since the COVID-19 UK lockdowns began in 2020 were also discussed in the ZOOM meeting. The findings from the community wheel investigation and communication with Bishop's Castle enabled us to carry out a 'SWOT' analysis for the youth and the senior aggregates. The purpose of this was to identify the strengths, weaknesses, opportunities, and threats of the Bishop's Castle community.

<p>Strengths</p> <ul style="list-style-type: none"> • Four residential care units • Close knit community • Engaged and active community- The Bishop's Castle Community Partnership (Charity led) • Dementia care within care units • Telecommunication for medical services during COVID-19 • Dementia friendly town status • Dial-a-ride service • Local food bank • Local GP practice and community hospital facilities • Social Prescriber • Funding for heating • Good things foundation- Free tablet, 24GB data • Social infrastructure (e.g., pubs) • Regular annual events and festivals • Family- friendly • Valerie aka Dementia champion • IT Centre 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Long waiting list for Mental Health services • No provision of mental health services in Bishop's Castle • Reliance on tourism • Excessive cost of housing • Specialized health services available in main centers • Transport links to main centers • Reliance on fossil fuels for heating- oil etc. • Unable to access IT Centre during lockdown • No face-to-face mental health services- Crisis • Low priority for funding due to size (overlooked rural area) • Decreased jobs after lockdown • Centralized services in Shrewsbury • High older age profile in town
<p>Opportunities</p> <ul style="list-style-type: none"> • Community Hub • Improve and regulate traffic and parking in center of town • Telehealth • Post Coronavirus better connections using online platforms and digital communication- hybrid services • New housing developments • Volunteering • Expansion of Bishop's Castle business park 	<p>Threats</p> <ul style="list-style-type: none"> • COVID-19 pandemic – isolation exacerbates dementia progression • Lockdowns – isolation, restrictions • Social isolation • Cold Housing- poorer health (old homes) • Fuel poverty • Ageing population (to provide services etc.) • Cutbacks to services post Brexit and Coronavirus pandemic • Economic downturn • Re socialization- fear and confusion • Senior population are proud and may not seek help/utilize services • Burden of care on families

Table 2: SWOT Analysis Seniors (Authors)

<p>Strengths</p> <ul style="list-style-type: none"> • Online resources (No Panic, Altogether, Headspace, KOOTH, Rethink) • Social prescriber • Effective crisis team • Good reputation of community school – students travel from Wales • Approachable school counsellor • Telehealth during COVID-19 lockdown • Creative community (engagement to get youth into music) • IT Centre • Free education until 19 years 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Lack of employment opportunities (heightened post-COVID-19, loss of purpose) • No education past 16 years • Long waitlists for mental health services • No early interventions for mental health • Lockdown halted many services • Long travel to college • No streamlined services, all different • IT Centre unable to be used in COVID-19 • Few youths remain/all leave for better employment and other opportunities • Excessive cost of travel results in isolation • High expense to secure jobs (travel and qualification) • No face-to-face mental health services • Lack of areas for youth to socialize (rely on surrounding bigger towns) • Low priority for funding due to size (overlooked rural area) • Limited wages available
<p>Opportunities</p> <ul style="list-style-type: none"> • Community hub • Skate Park • Wintall Shack • Sparc Leisure Centre • Football grounds • Mental health grant • Involve creative community • Raise profile of mental health to reduce stigma 	<p>Threats</p> <ul style="list-style-type: none"> • COVID-19 lockdown – online mental health services felt not useful • Post-covid restrictions • Lack of feeling supported with mental health • Increased mental health struggles – 9 suicides in past 5 years • Heavily impacted by parents’ income in relation to job, travel, and school opportunities

Table 3: SWOT Analysis Youth (Authors)

From this SWOT analysis we formulated two research questions to guide our community project commencing with a literature review related to the two chosen aggregates:

- Youth in Bishop's Castle
- Seniors in Bishop's Castle

Our research questions are as follows:

- *"How can we reduce social isolation and therefore improve mental health among Youth in Bishop's Castle?"*
- *"How can we reduce social isolation and therefore improve mental health among Seniors in Bishop's Castle?"*

Prior to commencing this research, we consulted with the Kaitohutohu office as part of our research in New Zealand. The research was able to successfully gain ethical approval from Kaitohutohu, which meant that the Treaty of Waitangi obligations and the New Zealand nursing competences were being upheld in our project.

Kaitohutohu Considerations

Will the research involve Māori?

Our community is in Bishop's Castle within Shropshire, England. According to the latest census statistics and key contact people over in Bishop's Castle, there are no individuals living there that identify as Māori. Therefore, our research does not involve Māori.

Is the research being conducted by Māori?

Within our group, there were no members that identified as Māori. However, during group discussions we were able to identify the Treaty of Waitangi and discuss competencies 1.2 and 1.5.

Are the results likely to be specific interest or relevant to Māori?

The results from this research will be of benefit for Māori, as we are going to be researching about mental health in both youth and senior persons. Within the New Zealand context, there are many issues around mental health of Māori in both age groups.

Could the research potentially benefit Māori?

We believe our research, although tailored for Bishop's Castle in England, will have parallels that can be applied to a New Zealand context. The aggregate populations are

based in a small town that is rurally based and face similar challenges with access to health services, transport, and isolation. This is a familiar challenge faced by many rural communities in New Zealand, keenly felt by Māori populations in Northland.

This can relate back to Māori as the people in Bishop's Castle are an isolated population and Māori are a minority group with similar health inequities, therefore, isolated within the New Zealand population.

The Next Step in our Community Development Research Project

The next step for us was to begin a literature review of the key overarching themes for the Bishop's Castle community. Referring to our SWOT analysis, the key themes that relate to both of our focus aggregates was rurality, social isolation, mental health and COVID-19. The initial literature review we undertook therefore focused on these four concepts.

Literature review

Introduction

As a team we chose to focus on some key ideas, consisting of rural, social isolation, mental health, and COVID-19 as we found these areas some of the prominent factors contributing to the mental health of both the youth and senior population in Bishop's Castle. These ideas all overlap and contribute to the Bishop's Castle Community. Rural communities such as Bishop's Castle can be defined by the geography, how they are perceived and the aspects of rural community function. When striving to understand rural communities it is essential to investigate the strengths and weaknesses, how they differ from urban centres and what impact the challenges they face have. Social isolation is one of the few impacting issues for Bishop's Castle as it is a small and rural community. We looked at why humans have social connection, what it means to be socially isolated, factors that can cause social isolation, the impacts of social isolation. The connection that social isolation has to rural communities, mental health and COVID-19 have been analysed due to their relevance to Bishop's Castle. Mental health can be closely linked to social isolation and living in a rural setting with the effects of COVID-19 amplifying existing challenges.

In addition to the stressors involved with mental illnesses, the physical isolation occurring within the rural setting adds further stress and anxiety leading to more social isolation. The COVID-19 lockdown has added further unhealthy and unwanted isolation that contributes to increased stress and anxiety. The COVID-19 pandemic with its beginnings in December

2019, has permeated the daily lives of millions of citizens around the globe on an unprecedented scale (WHO, 2021c). The following perspectives were researched to gain an understanding of the effects in relation to our community, a general overview of COVID-19, comprising the global spread, confirmed cases and deaths, and the development of a vaccine through global collaboration. A United Kingdom and New Zealand perspective, that highlights the different responses and measures employed in both countries to mitigate COVID-19. And the incorporation of a rural perspective and the impact of COVID-19 thereof.

Rural

A community is a space of social networks where residents work, live, communicate and play. They are places where non-rural residents visit for holidays and recreation or a place to enjoy for a slower pace of life. In New Zealand, rurality is associated with population density and distance. Distance is measured by the number of kilometres from an urban centre, however in the UK, rurality is classified by whether the areas fall outside of settlements with a population of more than 10,000 people (GOV UK, 2017).

Often preconceived ideas of what a rural community may look like appear, which include positive images such as being in the wilderness or the outback that has a small village with plenty of bush and open spaces. They can be associated with lines of production such as food, fuels and minerals (Ross, 2019a).

Rural communities are often viewed in a way known as the 'rural idyll'. A 'rural idyll' is a concept that structures views of a rural community as anti-urban or counter urban with the idea of giving the communities a nostalgic or romanticised lens. It aims to construct rurality in an idealised or certain way rather than constructing views on how rural communities are. These rural idylls are heavily influenced by people residing outside of the rural areas and are providing insights from their understanding of what they believe these communities look like (Ross, 2019b).

Areas can be considered rural when there is a low population density and a large quantity of undeveloped land. Homes are situated upon larger sections and spaced further apart than those in an urban setting.

Agriculture is one of the primary industries in a rural area, so many farm-related buildings are present. There are also small villages or settlements that might have a few key stores to keep the community up and running. Wildlife is more prominent in a rural area due to

the absence of the hustle and bustle and numerous buildings that an urban centre exhibit (National Geographic, 2011).

Rural areas often don't all look similar or the same. There are many definitions of what can be considered rural and population density seems to be at the base of these definitions. Rural is much more than just a geographical location based upon a number of people, it is more defined by the social structure of these communities that makes them rural (Ross, 2019b).

A lens on rural communities

Communities are composed of several individuals who relate to a common purpose through the sharing of beliefs and values. It is important to consider that community members also have diverse values and perspectives within their social collective (Ross, 2019b). Rural communities are places of meaning developed through the relationships, practices, values, context, and space within the community. Ross (2019b) stated that this meaning can be contained to the individual or shared within the community. Rural communities are key contributors to the global food, water, and materials supply. The value of rural communities in the form of outdoor adventure, exercise and recreation is also significant. While the rural setting can be portrayed as idyllic, rural communities being underdeveloped and needing to be modernised is another common viewpoint. The community can be cherished and celebrated by some members of the community while others may have negative outlooks on rurality (Woods, 2011). "Rural identity is therefore an important aspect of understanding how the self identifies with the rural" (Ross, 2019b, p.17).

Belonging is a significant aspect of rural communities that bridges the conflicting and varying components of a rural community (Woods, 2011). The sense of belonging within the community is achieved through support, participation, common identity, and an occupation of a defined space. Consistent social interaction through limited communal areas and culture of members helping each other also contributes to belonging. Rural communities are also assisted with a stronger connection to the land through generational knowledge and interaction with the physical space. Therefore, the meanings within rural communities can be derived from connection to the land, history, and culture (Woods, 2011).

Linking to the sense of belonging in the rural setting, the presence of collectivism and oneness is another core aspect of these communities. The elevated level of societal

functioning within rural communities that can be gained through belonging enables collective functioning. The significance of being an outsider in a rural population should not be overlooked. The belonging and connectivity of a rural community rely on continuity of members and practices which may contribute to fear and rejection of those entering the community. This also creates a pressure to conform to the community's collective ideals, which may deter the next generation and lead to poor retention of youth (Woods, 2011).

The social connections within the community are a significant factor in the functionality of a rural community. The social relationships formed in rural communities are rooted in the conservation of generational links, personal bonds, and minimal physical distance to social hubs. These relationships form naturally on the premise of friendship, kinship, function, loyalty, and membership. Family connections are particularly strong in these communities as rural families often live and work near each other (Ross, 2019b).

Similarities and differences between rural and urban communities

The rural and the urban have gained powerful associations and provided feelings throughout history (Woods, 2011). Rural communities were commonly described based on their role in the functioning of urban communities such as the provision of food and materials. The result of this was rural communities that were seen as dispensable aspects to urban life. When rural communities were beginning to be recognised as a distinct and independently functioning system, researchers sought out to define rural from urban. The current rural communities, however, are still tied into the economic, political, and cultural networks of rural communities. In addition, hybrid cultures within urban and rural settings have formed as migration has led to the introduction of new practices and tradition into both spaces (Woods, 2011).

Rural is often described as an area that is geographically separated from urban centres and has formed unique community traditions and practices. Urban is often associated with dense populations whereas rural has been referred to as isolated. The main distinction between rural and urban, however, is less about the geographical location and more about the differences in social structure (Woods, 2011). The different identities and social interactions existing in rural communities when compared to urban communities can be attributed to the connectedness and sense of belonging associated with rurality (Ross, 2019b).

The common portrayal of urban communities has been that they are more developed due to their association with industry and modernity (Woods, 2011).

Pateman (2011) outlined some of the key differences between rural and urban. These include the affordability of housing in rural communities tends to be lower for localities and higher levels of working from home or self/employment can be seen when compared to urban communities. Industry within rural communities is usually geared more towards agriculture while urban has more a retail, finance, and insurance-based industry. Lower levels of crime are seen in most rural areas and smaller young adult populations than urban areas. In reference to overall economic well-being, rural communities tend to be behind their urban counterparts (Parker, Horowitz, Brown, Fry, Cohn & Igielnik, 2018).

There are some similarities that exist between rural and urban communities, one of these being that there is an idyllic image painted of both communities. These viewpoints include the rural idyll and perceived cosmopolitan centres (Pateman, 2011). Despite rural communities being viewed as more rooted in their geographical areas, both urban and rural communities tend to feel some attachment to where they live. In addition, family ties are a key reason for both rural and urban community members to stay within or move back to their community (Parker et al., 2018).

Strengths and weaknesses of rural communities

Living in a rural community comes with both its positives and its negatives, as does any place you choose to reside in. It will appear that a rural community has a substantial number of weaknesses, but it is learning to manage these that then amount to the number of positive aspects of living rurally. Because rural communities are situated in geographically isolated locations, they can result in residents learning to develop strengths in resilience, self-reliance, and how to live sustainably (Whiddon, 2019). Resilience can be developed as it is all about overcoming unexpected obstacles or having to make new arrangements and produce alternate options. Living isolated from main centres, alternative arrangements are constantly having to be made (Whiddon, 2019).

Sustainability is another strength of a rural community but first they must learn how to live sustainably by experiencing situations of unsustainability.

Examples of unsustainability within a rural community may include shortage of jobs due reduced access to services, leading the individual or community into financial poverty therefore fuel and food poverty also (Whiddon, 2019).

Whiddon (2019) speaks of a concept called the 'needs hierarchy of a sustainable community' where it outlines five levels of 'needs' that need to be met for a sustainable

community to be established. These five levels are basic needs, health and safety, connectivity and relationships, education and economy, and culture and leisure. Within a rural community these levels are hindered by examples such as food and fuel poverty, health inequalities, social isolation, unemployment, and education inequalities. He also speaks of a 'circle of decline' regarding a rural community where due to the low population density that is prevalent in these areas, there are a lack of critical services to create new businesses. This, in turn, results in fewer jobs for the residents, making the community at risk for becoming unsustainable (Whiddon, 2019).

A pronounced perception of a rural community is the geographical isolation it exhibits. This does make for difficulties when it comes to access crucial resources to maintain physical health and mental wellbeing. Lack of access to resources includes health centres/pharmacies, emergency services, shopping/grocery stores etc. so residents are made to make the decision to travel into the nearest urban centre which could be many kilometres away. Public transport is not much of an option in a rural community, so this can make it difficult for many people if there is not access to a private vehicle available, especially in the elderly population (Rural Health Information Hub, 2019a). The older adult population is showing a trend of moving into small towns or rural communities to try and be closer to family, live a more relaxed lifestyle, or to reduce the costs of everyday living. People are starting to live longer so there are increasing amounts of older adults being seen in these areas, posing a risk to their health and wellbeing from being a significant distance away from resources (Smellie & Robertson, 2019).

As much as all of this sounds like a lot of weaknesses, the strengths are what come out of overcoming these weaknesses. Without all the economic downturns that a rural community may face, the people residing in these areas would not be as resilient or self-sufficient as they are.

Because the communities involved are smaller in population, they learn to work together to manage these challenges, forming a sense of social cohesiveness.

It is then this social cohesiveness that aids in making the residents feel a sense of belonging in a rural community which is a huge strength if and when another challenge may present itself (Whiddon, 2019). \

Rural in relation to Social Isolation, mental health, and COVID-19

The remoteness of rural communities is a significant risk for loneliness and social isolation with many experiencing intense and chronic loneliness. Rural community factors that contribute to the becoming socially isolated include poor access to transport and poor health. Sparsely populated rural areas have resulted in a lack of amenities and facilities locally that foster social interaction (Kelly, Steiner, Mazzei, & Backer, 2019).

The relationship between loneliness, and health and wellbeing has been explored, concluding that social isolation leading to loneliness has detrimental effects on physical health and mental health. Anxiety and depression alongside suicide are common, which results in a lower quality of life (Social Wellbeing Agency, 2020).

Living in a rural area comes with limited access to healthcare services, specifically mental health services due to their isolated geographical location. This makes it difficult for residents to receive the care they need; therefore, their conditions can deteriorate (Franklin & Henning-Smith, 2020).

The COVID-19 pandemic has plunged many parts of the world into various levels and lengths of lockdowns. This has caused many people to lose their jobs and routines have been lost, all contributing to feelings of loneliness or social isolation. The pandemic in a rural community has added extra levels of social isolation on top of the isolation they already experience from living rurally.

Furthermore, being in lockdowns, many resources that were already limited became even more limited, especially health services, specifically mental health services which became accessible only via online mediums. COVID-19 meant that online connections were more common but in a rural community, connections with broadband and/or Wi-Fi are limited. This makes it harder for people to connect with others and/or access the health services they need (Social Wellbeing Agency, 2020).

Social Isolation

Humans are a species that have evolved to survive as social beings, making social connections in all areas of their daily lives, therefore, a sense of belonging to groups of people and places is vital to maintaining health and well-being (Lubkin & Larsen, 2013; Cacioppo, Hawkley, Norman & Berntson, 2011).

“Social isolation is a deprivation of social connectedness.” (Zavaleta, Samuel & Mills, 2017, p.367). This relates to both frequency and quality of relationships, with an absence

of these resulting in social isolation. It is recognised that both a person or group can be socially isolated. Social isolation consists of both voluntary and involuntary forms. Voluntary social isolation refers to a person choosing to disengage from social connections, this can be positive as a person may feel the need to spend time alone which may be beneficial if temporary. In comparison, involuntary social isolation is seen to be negative as it is not a personal choice and results in limited social support because of limited social interactions (Lubkin & Larsen, 2013; Cacioppo, et al., 2011).

Family relationships	<ul style="list-style-type: none"> -Time spent with family every day or most days during the last two weeks -Satisfaction with spouse or partner -Self-report of partnership as being extremely happy or perfect -Satisfaction with the well-being of own children -Frequency which children will quarrel with their parents
Personal relationships	<ul style="list-style-type: none"> -Time spent together with friends -Satisfaction with relationships with friends -Satisfaction with social life -Communication method for making contact with friends to arrange a meeting -Intensity of social networking - Perception of loneliness
Community	<ul style="list-style-type: none"> -Trust -Feeling of belonging to own neighborhood -Participation in group activities -Mixing socially with people from different ethnic or religious backgrounds in a range of settings (excluding at home) -Satisfaction with people you work with -Perception of relationships between managers and employees

Table 4: Potential domains and indicators for assessing relationships: ONS (Adapted from Zavaleta, et al., 2017).

Social isolation can be on a community, organisational (school, work & church), confidantes (family, friends & partners) and individual level (the person's ability to be involved in and interpret relationships) (Lubkin & Larsen, 2013). Personal relationships are connections made person-to-person through interactions in which an emotional

attachment is made (University of Minnesota, 2021). Family relationships are relationships between those who are bonded by a common factor, sometimes blood. They are long-term relationships, and each person has a set role within the family system, which may change overtime (Family Relationships: Introduction to Communication, 2021). Community can be defined as a group of individuals who share similar characteristics such as religion, values, customs, or identity as well as living within the same area. Individuals interact within a community in many instances such as shops, healthcare, in the streets, which are opportunities to form social connections (Nadarajah, James, Haive & Stead, 2012).

There are many factors contributing to social isolation. These include illness, personality disorders, increasing age, environmental factors such as physical surroundings and diminished resources, gender, marital status, socioeconomic status, family position and lack of involvement in social groups (Lubkin & Larsen, 2013; Pantell, Rehkopf, Jutte, Syme, Balmes & Adler, 2013).

As social connections are important to human well-being, limiting or restricting these can lead to feelings of loneliness, boredom, exclusion, anger, frustration, despair, and manifest into further health issues. Some of these health issues include but are not limited to suicide, depression, hypertension, increased Body Mass Index, increased risk of stroke, heart disease, heart attack and earlier mortality (Escalante, Golden & Mason, 2021; Lubkin & Larsen, 2013; Cacioppo, et al., 2011). People who are socially isolated have a 50% higher rate of mortality than those who are socially integrated. Some of these issues mentioned above, particularly depression and other social and cognitive impairments can further increase social isolation (Lubkin & Larsen, 2013; Pantell, et al., 2013). Feelings of loneliness and isolation can indicate early onset of mental illness. General effects of social isolation are exacerbated in people with mental health issues, aggravating underlying symptoms of these illnesses (GoodTherapy, 2019). However, loneliness and social isolation are not always related. A person can feel lonely without being isolated. This can include feelings such as they are not as well connected to certain people, whereas when a person is socially isolated, this means that they have limited access to social resources and services (Lilburn, 2016).

The 2019 Coronavirus pandemic had a significant impact on social isolation, as countries went into lockdown which reduced social contact and increased social isolation. As restrictions eased many older people felt vulnerable and fearful to re-engage socially, therefore further increasing their social isolation. The social isolation forced by lockdown restrictions had a substantial impact on those living in rural areas due to the isolation they

already faced prior to the COVID-19 lockdowns and restrictions imposed (Escalante, et al., 2021).

Those living in rural areas are at greater risk of social isolation due to having fewer accessible resources and opportunities to make social contacts. Rural communities are more widespread, with varying distance between neighbours, therefore, increasing the travel distance with transport options often scarce and under-developed (Henning-Smith, Moscovice & Kozhimannil, 2019).

Older people are particularly known to face social isolation and loneliness because of reasons such as loss of friends, family, health, mobility, and income. There are 50 percent of New Zealand older people experience feelings of loneliness in their lives. With older people living in urban areas, there are a lot more resources and services to help with social connections, however in rural areas there are less resources and services which benefit social connections (Super Seniors).

Feelings of isolation and loneliness are pre-existing within youth due to their ongoing developmental changes. These feelings are further exacerbated by unstable relationships with peers and being disconnected from family. Youth social isolation is linked to an increased risk of depressive symptoms, suicide, and low self-esteem. Thereby, having negative impacts on adolescents' psychological wellbeing (Hall-Lande, Eisenberg, Christenson & Neumark-Sztainer, 2007).

Mental Health



Figure 14: Commemorating mental health awareness week. (Williams, 2019).

Definition of mental health

Mental health is the combination of a person's emotions, thoughts, and behaviours. When understanding mental health, mental illness plays a significant role in creating a negative wellbeing for a person. Mental illnesses are associated with distress and/or problems functioning in work, social or family activities (American Psychiatric Association, 2018). Mental illness (also known as mental disorders) refers to the wide range of mental health conditions that fall under the umbrella of mental illness, which includes schizophrenia, eating disorders, addictive behaviours, anxiety, dementia, and depression (Mayo Clinic, 2019). Though many people can experience mental health concerns, some people experience ongoing signs and symptoms of mental illness which hinders their ability to function normally. Some of these signs and symptoms include feeling sad or down, confused thoughts or unable to concentrate, extreme mood changes from high to low and vice versa, fatigue and suicidal thoughts (Mayo Clinic, 2019).

One of the most common mental health disorders experienced around the world is depression. It is estimated that around 264 million people are suffering with the symptoms of depression such as loss of interest or pleasure, feelings of low self-worth, feelings of guilt, fatigue, and sadness. Depression can be a long-lasting condition that substantially impairs a person's ability to function normally at work, school and home which affects the person's ability to cope with daily life which can potentially lead to suicide in severe cases (WHO, 2019). As depression is more a combination of thoughts and emotions, there are more biological mental health disorders such as dementia. Dementia is caused by a progressive deterioration of cognitive function in the brain, more than what is expected from the normal aging process. It affects the person's memory, their ability to think clearly or have concurrent thoughts, their language and judgement which is commonly accompanied by the deterioration in their ability to control emotions, motivation and /or social behaviour (WHO, 2020a). Mental health disorders such as depression and dementia impact not only the person experiencing the condition, but also their families, carers, and society. Though there is no cure to dementia currently, there is treatment to help support people living with the condition, including people living with depression. Using medication and psychotherapy (talking therapy), the symptoms of mental health illness can be managed (WHO, 2019).

Global mental health

There is an alarming prevalence of mental health issues that place a burden on individuals suffering with mental distress. Globally, it is estimated that 970 million people have a mental health or substance abuse disorder (Single Care Team, 2021). In addition, approximately 20 percent of the world's children and adolescents suffer from mental illness, with suicide being the second leading cause of death for those aged 15 to 29 years (WHO, 2021a). Statistics show that individuals suffering with mental health issues have a higher mortality rate than the general population, with a total life expectancy loss of 10.1 years (Ritchie and Roser, 2018). This estimates to mental disorders contributing to 14.3 percent of deaths worldwide, or approximately 8 million deaths each year (Walker, McGee & Druss, 2015). Moreover, there has been a 13 percent increase in mental health and drug use disorders in the last decade (Ritchie and Rhoser, 2018). Thus, it is evident that mental illnesses are on the rise all over the world (WHO, 2021b).

Despite progress in some countries, people with mental illnesses are often subjected to severe human rights violations, stigma, and discrimination (WHO, 2021b). This places a burden on those suffering with mental distress and can also impact on the individual

reaching out for help. Global mental health is a growing area of study and practise aimed at reducing mental distress through the prevention, treatment, and care of mental and drug use disorders, as well as promoting and maintaining the mental health of individuals and communities all over the world (Collins, 2020). Even though many mental health disorders can be effectively treated at a low cost, the difference between those who need treatment and those who have access to care remains significant. The percentage of people who receive effective care is still incredibly low (Ritchie & Roser, 2018).

The impact of mental health

Mental health problems can be an incredibly challenging and traumatic experience for the entire family, and they can have a significant impact on a family's financial and emotional components. When it comes to mental illness, family members' emotional and behavioural effects are sometimes overlooked. It is undeniable that an individual's mental health issues have ramifications for those in their social networks, as well as their families (Priory Group, 2021). In addition, mental health issues can have a significant impact on all aspects of life, including school or work performance, relationships, friends, and community involvement (Umberson & Karas Montez, 2010). Families are often the most affected by mental illness, resulting in tension, confusion, stress, and, in some cases, drastic changes in how people live their lives. According to a survey, more than 80 percent of patients suffering from a mental illness agreed that their mental health issues had a detrimental impact on their families (Priory Group, 2021). When acknowledging that someone you care for has a mental illness, and that this is likely to have a significant emotional effect on both you and the individual experiencing mental distress, this can place a major burden on relationships with friends and family (Sane Australia, 2021). Family life can become unsettled and unpredictable as the needs of the mentally unwell become paramount. According to studies, a substantial number of family members have had to leave their jobs on one or more occasions, while others have had to give up their recreational activities. Social lives are normally the first to suffer, as people will be hesitant to invite guests into their homes and find it difficult to open up to individuals about their relatives' problems (Priory Group, 2021).

Depression and anxiety, two of the most common mental health disorders, cost the global economy \$1 trillion per year. Despite these figures, mental health receives less than 2 percent of total government health spending worldwide (WHO, 2021b). This can impact on individuals receiving effective care, treatment and services available to them.

It is clear that poor mental health can have a significant impact on the individual, as well as those close to them which can result in a further decrease in someone's mental wellbeing.

Mental health in relation to social isolation

Social isolation is not necessarily a terrible thing, people crave some form of solitude to relax, distress and rejuvenate their mind and body. Typically, social isolation refers to the solitude that is unhealthy or unwanted which experts suggest that social isolation can impact on mental health (Tulane University. 2020). Unhealthy social isolation can present itself in many ways such as feeling dread when social activities are planned or have commenced, cancelling plans frequently, increased segregation from family and friends, and avoiding social interactions that were once enjoyable. This can also involve emotional isolation which is described as an inability or unwillingness to share one's feelings with others, leaving them feeling emotionally "numb" or detached from their emotions (Tulane University. 2020). There are a few circumstances that can lead to social isolation such as, being in an abusive relationship, death of a friend or family member, remote location (rural areas), physical impairments and the most recent event, physical distancing due to the COVID-19 pandemic (Tulane University. 2020). Through the public health actions, such as social (physical) distancing, which is necessary to reduce the impact of COVID-19, affects the global mental health by creating a sense of isolation and loneliness. This increases stress and anxiety which leads to further isolation creating mental health illnesses within the population impacting on the healthcare systems in the communities (CDC. 2021).

Mental health in relation to rural areas

Rural areas are home to a wide variety of communities, each with its own array of mental health needs and health conditions. In contrast to the general population, people in rural areas have a higher rate of suicide deaths, and mental health issues can be a risk factor for suicide (Rural Health Community Hub, 2019). Suicide rates can also be considered an environmental factor because a single suicide may result in a suicide cluster, or many suicides in one area. Rural areas are also distinct in that a higher proportion of the population is over 65 years (Rural Health Community Hub, 2019). Since elderly individuals also face major life changes, such as changes in health, the loss of a spouse or partner, and a loss of independence, they may be more vulnerable to mental health issues (Fiske, Wetherell & Gatz, 2009). Poverty-related scarcity of income and insufficient educational opportunities are also risk factors for mental illness.

Rural communities, on average, have lower median household incomes, employment rates, and educational attainment than the general population. The lack of available resources is a risk factor for the deterioration of mental health symptoms in rural communities (Rural Health Information Hub, 2019b). In addition, fear of stigma, which decreases recognition and acceptance of mental illness, is a common obstacle to relapse prevention in rural and remote areas, partially because privacy is difficult to preserve in small and insular communities. Rural residents are more likely to withdraw rather than seek assistance from adequate mental health and social programmes due to the stigma that is associated with mental health (Australian Government Department of Health, 2006). The proximity of these communities, on the other hand, can influence patients' willingness to seek care and participate in treatment. Rural communities' highly integrated environment can often lead to the exclusion of individuals who are seen as different or new to the area (Rural Health Community Hub, 2019).

Mental health in relation to Covid-19

Though research around the impact of the COVID-19 pandemic is still in its early stages, we can see that it has had a significant impact on the way we interact with friends, family, and society as well as our day-to-day activities, to the mental wellbeing of the global population (Ministry of Health. 2020). COVID-19 has brought around many changes to how life is lived and is accompanied by uncertainty, financial pressure, and social isolation. All these changes have had a negative impact on the mental health of the general population with the USA showing an increase in anxiety and depression during the pandemic compared to before the pandemic (Mayo Clinic. 2020). With many countries still experiencing lockdown, the long-term effects on mental health and wellbeing are not yet conclusive, however with the estimated increase of 25 percent – 33 percent of adults experiencing elevated levels of worry, anxiety and depression shows a significant impact that COVID-19 has had on mental health (Black Dog Institute. n.d.).

Coronavirus

Worldwide Timeline

The emergence of Coronavirus [COVID-19] began in the city of Wuhan, in the Hubei province of China.

Reports as early as November 2019, and confirmation in December 2019, of a mysterious pneumonia outbreak characterized by dry cough, fever, fatigue and occasional

gastrointestinal symptoms involving 66 percent of staff in a local wholesale seafood market, with no deaths recorded (Wu, Chen, Chan, 2020). This prompted an epidemiological alert by the local health authority ordering the shutting down of the market on 31 December 2019, and notification to the WHO by the Chinese national authorities on 3 January 2020 (WHO, 2020a).

The disease was quickly identified through deep sequencing and bioinformatics as belonging to the Coronavirus family with the commonality of being an enveloped, single-stranded, positive RNA virus (Sansonetti, 2020) and was named Coronavirus disease 2019, commonly known as COVID-19. It is the third of a Coronavirus associated epidemic in the last 20 years, including SARS in 2003 claiming 774 deaths, followed by MERS in 2012, with 866 deaths reported (National Institute of Allergy and Infectious Disease, 2021). COVID-19, like SARS and MERS, falls into the genus beta-coronavirus and is believed to be zoonotic in that it is an infectious disease transmitted between species i.e. animals to humans (Wu, Chen, Chan, 2020).

Within a month, thousands of people became infected nationally, spreading to different provinces of China, and internationally, with the first exported case confirmed in Thailand on January 13, 2020, followed by Finland, India, and the Philippines, all linking travel history to Wuhan (WHO, 2020c). At this stage global health experts were grappling with the developing situation and information of this emerging infectious pathogen, to establish an appropriate response. With initial findings suggesting that COVID-19 produces clinical consequences comparable to a severe seasonal influenza (Fauci, Lane & Redfield, 2020).

Temporary travel restrictions, internally and externally from China, were hoped to reduce and slow the spread of this new disease, however global travel including cruise ships, and the efficacy of the transmission, resulted in the rapid spread on a global scale (Fauci et al., 2020). With the spread of Covid-19 to Europe and North America by late February to early March 2020 (WHO, 2021d), the seriousness of the situation was becoming apparent.

By 24 February 2020, the WHO special envoy, charged with providing strategic advice and political advocacy, stressed the importance of non-pharmaceutical health measures such as case detection and isolation, contact tracing, social distancing, and restricting social engagement, to reduce COVID-19 illness and death (WHO, 2021c). Concerned by the rapid global spread and severity of the disease, by the 11 March 2020, COVID-19 was declared a pandemic by the WHO, (WHO, 2021c).

Following this announcement border closures, lockdowns, restrictions of movement, schools, non-essential workplace closures, and contact tracing were put into effect in many countries around the world in order to contain the virus, prevent community transmission, and protect vulnerable populations, to not overburden health services. To date, the global statistics as of 4 May 2021 are sobering, with 153,187, 889 confirmed cases worldwide, and 3, 209, 109 deaths reported to WHO (WHO, 2021d). With the recent emergence and severity of COVID-19 in populous countries such as India, the global statistics will undoubtedly increase.

The urgency of creating a vaccine saw the unprecedented global collaboration of researchers, pharmaceuticals, government agencies, with the sharing of resources and expertise, to meet this challenge and to realize the introduction of a COVID-19 specific vaccine (Kozlowski et al., 2020). The first countries to administer either of the three vaccines available, Pfizer-BioNTech, Moderna, and Johnson & Johnson Jansen, was the USA with vaccination available in December 2020 followed by the United Kingdom who started their vaccination roll out in early January 2021 (Our World in Data, 2021). By 2 May 2021, the United States had administered 246.78 million single dose vaccinations equating to 44 percent of the population, whilst the United Kingdom had administered 50.09 million single dose vaccinations which is 50 percent of the population (Our World in Data, 2021). Globally 7.77 percent of the world's population have received at least one vaccine dose (Our World in Data, 2021), with the challenge of supply keeping up with demand, and the availability of the vaccine to all populations around the world.

Covid-19 United Kingdom perspective

The first confirmed case of COVID-19 in the United Kingdom [UK] was in York on 31 January 2020, comprising two members of a family of Chinese nationals (Tan, Letchumanan, Ser, Law, Mutalib, Lee, 2020).

At this stage, the knowledge of this new variant of the Coronavirus was developing, however on 25 January 2020 the WHO had issued a public statement outlining the importance of being prepared for detecting, testing and clinical management at local and national levels (WHO, 2021c).

As the disease progressed, and knowledge of the severity and transmissibility of the virus became known, the global community, depending on their resources and capacity, started implementing protective measures with testing, contact tracing, social distancing and mandatory mask wearing (Tan et al., 2020). Meanwhile the UK government was heavily

criticized for its inaction and lack of preparedness. Initial action plans included four phases of containment, delay, research, and mitigation, following the proven effectiveness of these measures in China, however there was reluctance to adopt rigorous lockdown measures, as they were seen to be draconian, infringing on human rights and negatively impacting the economy (Tan et al., 2020). Unexplained by the government was the decision to the early stop of contact tracing with its effectiveness being questioned, going against WHO recommendations (Tan et al., 2020).

With modelling studies from the Imperial College showing the trajectory of the epidemic, the government was forced to re-evaluate their response plans to avoid the health system being overburdened and the projected death of over 500,000 citizens to COVID-19 (Tan et al., 2020). Restrictions on movement were announced on 16 March 2020 by the Prime Minister Boris Johnson, with the cessation of all non-essential travel and contact, it was hoped that these measures would turn the tide of coronavirus within three months (Institute for Government, 2021). This was followed by a lockdown order on 23 March to stay home, which encompassed the closure of schools, universities, non-essential workplaces including hospitality, retail, recreation facilities, made enforceable by law following the royal assent of the Coronavirus Act 2020 (Institute for Government, 2021).

For the following fourteen months the UK was in varying degrees of restrictive measures, at times eased during summer months, only to return to more stringent measures with subsequent national and local lockdowns, social and travel restrictions, extending into 2021 (Institute for Government, 2021). The statistics are grave with 4, 421, 854 confirmed cases recorded from 3 January 2020 to 4 May 2021, and 127, 539 deaths (Our World in Data, 2021). The impact on the National Health Service [NHS] was profound, with an increased demand on health services compounded by the risk of disease transmission to healthcare workers, and the addition of a shortage of PPE gear. The capacity of the NHS to deal with COVID-19 was severely compromised (Willan, King, Jeffery & Beinz, 2020).

Measures taken by the NHS to cope with the demands of COVID-19 involved the cancelling of elective surgeries, the repurposing of health facilities to accommodate the demands of a pandemic, dischargement of patients, reducing outpatient work, and moving consultations to telephone or digital platforms (Willan et al., 2020). Ensuring the workforce was supported, exceptions were made with medical students graduating early, recently retired doctors and nurses were asked to consider returning to work, and clinical staff were redeployed to areas of need (Willan et al., 2020). The effects of these changes to health services will have long reaching consequences for many years to come.

Covid-19 New Zealand perspective

COVID-19 eventually made its way to Aotearoa, New Zealand on the 28th of February 2020. March 4th, saw six cases confirmed nationally. This initiated the New Zealand's government to respond by announcing a quarantine period of 14-days self-isolation. Approximately two weeks later, the NZ border was closed to any outside travellers and social distancing measures were then put in place (Ross, Mann & Leonard, 2020). Community transmission was identified as the source of a COVID-19 case on the 23rd of March. A *state of emergency* was declared on the 25th and NZ entered what was to become five weeks of Lockdown. "Lockdown" is a word that has gained popularity globally but has a unique connotation depending on which country you are referring to (Ross et al., 2020). In NZ, lockdown was a four-tiered system with Level four being the strictest alert level. When compared globally, NZ went, to quote our Prime Minister Jacinda Ardern, 'Hard and early' which saw the country have some of the lowest rates of infection world-wide. At the conclusion of NZ's lockdown at 11:59 pm on April 27th, NZ was relatively COVID-19 free. During level 4, the number of active cases reached its peak at 929 cases. The 29th of March saw the first death reported in NZ, a grim milestone (Ross et al., 2020). Since then, there have been 26 New Zealander's die due to COVID-19. As NZ emerged into level 3, COVID-19 cases continued their gradual decline. May 4th was NZ's first day of zero new cases, a feat that remained aspirational since the 16th of March. Following the continued gradual decline in cases NZ entered alert level 2 on the 14th of May (Ross et al., 2020). June 8th saw the conclusion of the country's final remaining active case and the NZ government responded by moving to alert level 1 at 11:59pm. Although reaching level 1 was a huge milestone for New Zealander's, the country's borders have remained closed to all but its citizens (Ross et al., 2020).

COVID-19 rural perspective

COVID-19 has disproportionately negatively affected rural people (Ross et al., 2020). Throughout the pandemic rural people had limited access to testing facilities, largely due to travel restrictions coupled with a lack of resources at the extremities of the healthcare system. They also faced a different to NZ degree of isolation from the UK within the lockdown periods.

Conclusion

Above we have highlighted some of the issues and keywords that popped up for the Bishop's Castle community. These are problems that all individuals face within this

community, especially the two age groups we are focusing on (youth and seniors). Rural, social isolation, mental health and COVID-19 are all issues that this community have inherited and can contribute largely to physical and specifically mental health. The literature we have undertaken discussed the significant themes for both the youth and senior populations of Bishop's Castle. We were able to develop an in depth understanding of what rurality, social isolation, mental health and COVID-19 means in a general sense. The next step for us was to investigate the implications of these themes for the separate aggregates. For the youth aggregate, we investigated mental health, suicide and the risk factors, rurality, and the setting of Bishop's Castle from a youth perspective. The investigation into seniors was centred around mental health, dementia, rurality and the Bishop's Castle setting from a senior perspective. This second literature review was carried out for the purpose of establishing a direction for developing an effective resource for the community.

Youth



Figure 15: *Interest*. (Udahemuka, 2018).

Youth mental health

The WHO defines youth as the age group of 15 to 24 years (WHO, 2021). Youth is a period that can shape an individual's degree of dependence and can be expressed in a variety of ways based on cultural perspectives. Personal experience is defined by an individual's cultural norms or customs, while a youth's level of dependency refers to how financially and emotionally reliant, they are on their families (Furlong, 2013). Physical and psychological maturation shifts in social roles, and increased independence and obligation characterise youth. It may lead to a rise in risky behaviours such as drinking and using drugs, as well as concerns about body image, relationships, social pressures, and academic achievements. From puberty onwards, the prevalence of mental health issues such as depression, anxiety, and suicidal ideation rises. In addition, the stage of youth is when a person's self-concept is being developed. Peers, lifestyle, gender, and culture all have an impact on a young person's self-concept. It is a period in a person's life where their decisions will most likely have the greatest impact on their future (Prester, 2003). When it comes to young individuals' mental health and well-being, it is important to note that those in their early 20s are often still dealing with the same emotional and

developmental issues as younger teenagers. Individuals in their early 20s are more likely than those aged 10–19 years to commit suicide, and many mental health conditions peak at this age as well (Best Practice, 2015).

Mental health in the youth population

Youth mental health is a globally significant issue with mental health issues recognised to be of highest incidence in youth age 15-24 than in any other age group. Furthermore, mental health disorders become evident in youth years, with 75 percent of those suffering from mental disorders having experienced onset before the age of 24. Youth is a period of significant developmental, endocrine, emotional, behavioural, cognitive and interpersonal relationship changes. These changes and stressors may bring out or exacerbate symptoms of mental illness (Evans et al., 2005; Hetrick, Parker, Callahan & Purcell, 2010; McGorry, Purcell, Hickie & Jorm, 2007). Mental illness has a significant impact on youth; 55 percent of the burden of depression, anxiety disorders and substance use disorders are experienced by youth aged 15-24 years. Despite this, youth have the poorest access to mental health services of all age groups. Primary practices encounter many youth with mental health issues, however, only a minority are diagnosed and receive evidence-based treatment (Hetrick, Parker, Callahan & Purcell, 2010; McGorry, Bates & Birchwood, 2013; McGorry, Purcell, Hickie & Jorm, 2007). In Canada, it is estimated that less than 20 percent of youth and children suffering from mental difficulties receive appropriate treatment (Syan et al., 2021).

Some barriers to accessing mental health services include youth being concerned about stigma and confidentiality, self-reliance, a difficult to navigate mental health system without streamlined services, and low mental health literacy. Mental health literacy includes knowledge of mental disorder symptoms, effects of mental health issues, help that is available and how to access this. Lack of funding, minimal diagnoses, spread out health services and the other above-mentioned barriers, make it difficult for youth to access health services and result in little help until a crisis situation presents, such as suicide thoughts and/or attempts (McGorry, Purcell, Hickie & Jorm, 2007; Syan et al., 2021). Some of the most common mental health disorders in youth are mood disorders, anxiety disorders, eating disorders, substance use disorders, suicide and self-harm, schizophrenia, conduct disorder and ADHD (Attention-Deficit-Hyperactivity-Disorder) (Evans et al., 2005; Hetrick, Parker, Callahan & Purcell, 2010). If youth that live with such

disorders, do not receive adequate help, they may experience ongoing distress and disability for many years.

This may impact their daily lives through having a negative impact on relationships, physical health, general well-being, as well as, contributing to impaired work productivity, high absenteeism, educational failure, and have an effect on family functioning (Hetrick, Parker, Callahan & Purcell, 2010; Syan et al., 2021; McGorry, Purcell, Hickie & Jorm, 2007).

Suicide in the youth population

Suicide is a major public health issue in youth and a devastating consequence of unmanaged mental health issues. The New Zealand Mortality Review Group (2017) reported the leading cause of death for youth in New Zealand, to be suicide. Further, suicide is stated to be the second most common cause of death in youth globally (Hawton, Saunders & O'Connor, 2012; Rüsçh, Zlati, Black & Thornicroft, 2014). Self-harm is the act of intentional physical damage to oneself without the intent of suicide. This may present as burning oneself, self-cutting, self-battery and self-poison. The individual gains a temporary emotional and mental relief, some say they do it so they can feel emotions rather than feeling numb. However, feelings of guilt and shame may follow resulting in additional negative emotions and may continue the cycle of self-harm. Not all youth who self-harm present to hospital, just 1 in 18. While cutting is the most common form of self-harm, self-poisoning is the most common in hospital presentations of self-harm (Hawton, Saunders & O'Connor, 2012; "The Difference Between Self-Harm and Suicide - Discovery Mood", 2019).

The difference between suicide and self-harm is intent. As characterised by the DSM-5, self-harm is non-suicidal injury, there is no intention of ending one's life. Whereas suicide is an act of intentionally trying to end one's life. Suicide is often attempted as a way to end unbearable pain that an individual is experiencing. Suicide attempts are associated with feelings of hopelessness, worthlessness and despair ("The Difference Between Self-Harm and Suicide - Discovery Mood", 2019; Calabrese, 2021; Hawton, Saunders & O'Connor, 2012). Suicide begins as suicidal ideation – thoughts about dying and wanting to die, referring to death as a relief. This may progress to making a suicidal plan and finally a suicide attempt. However, not all youth who experience suicidal ideation go on to attempt

suicide, a New Zealand study shows that of 114 youth who admitted experiencing suicidal ideation at some point, only 29 of these reporting actually attempted to take their own life.

The severity of suicidal ideation and having a suicide plan is further escalated if the person has the means to carry out their plan (Calabrese, 2021; Fergusson & Lynskey, 1995). Alternatively, restricting access to means for suicide, in someone who has a suicidal ideation and a suicide plan, is essential to reduce the risk of someone ending their life. Suicide is identified to be severely underreported, so accurate statistics are difficult to obtain. Reasons for the perceived underreporting include stigma, it is believed some authorities misdiagnose cause of death to be accidental or unknown, to save families from possible stigma of suicide. Due to this mass misclassification of youth suicide, the statistics are proposed to be a significant underestimation, but there are said to be 164,000 suicide deaths globally each year of youth under 24 years old (Hawton, Saunders & O'Connor, 2012; Calabrese, 2021).

Risk factors for suicide

Suicide is a complex phenomenon that is often the result of a variety of factors. The reasons behind suicide and suicidality are always complex. It is often a direct consequence of mental health issues and their symptoms. Research shows nearly 90 percent of people who die by suicide have a mental disorder at the time of their death (Bradvik, 2018). The most common diagnosis among suicide victims are depression and substance use disorders, mostly alcoholism (Bertolote & Fleischmann, 2002). Social and educational disadvantage; childhood and family adversity; psychopathology; individual and personal vulnerabilities; exposure to traumatic life events and circumstances; and social, cultural, and contextual factors are all risk factor domains that may lead to suicidal behaviour. Suicidal behaviour in young people, specifically in youth also seems to be the consequence of adverse events in life in which a combination of risk factors from these domains increases the risk of suicidal behaviour (Beautrais, 2000). In addition, other risk factors may include socioeconomic factors such as being unmarried, having a low income, and being unemployed (Coleman, Kaplan & Casey, 2011). However, individuals with mental illnesses face a double-edged challenge. They belong to a stigmatized community and face frequent prejudice in their everyday lives, in addition to their symptoms. Mental illness, stigma and prejudice have been identified as having worse implications than the

illnesses themselves (Thornicroft et al., 2016). Lack of information about mental wellbeing, as well as derogatory views and discriminatory behaviours towards people with mental illness, are both indications of mental health stigmatisation (Thornicroft, Rose, Kassam & Sartorius, 2007).

The stigma attached to mental disorders and suicide means that many individuals feel unable to seek help, which also contributes to being a major risk factor. This leads us onto understanding the youth of Bishop's Castle are at risk to suicide which we now discuss further.

Youth in relation to Bishop's Castle

Overview of youth mental health in Bishop's Castle

Bishop's Castle is a rural community, and this comes with both positive and negative aspects, but the recurring result is the effects it can have on the mental wellbeing of the youth population (Restieaux, et al., 2020).

Upon speaking with Whiddon (2021), a core Bishop's Castle community member, a prominent area of concern were the levels of depression resulting in self-harm and suicides among the youth of Bishop's Castle. The most prominent issue related to mental health in Bishop's Castle is the lack of specialist mental health services available to the youth population, leaving the individuals to reach a point of crisis before attempting to reach out for help.

In rural areas there are levels of stoicism, preventing residents from accessing health services, and especially among youth, there are levels of stigma, reducing awareness around mental health (Australian Government Department of Health, 2006).

Contributing factors to youth mental health issues in Bishop's Castle

Bishop's Castle, like most rural areas, is geographically isolated from nearby urban centres. The closest urban centre of Shrewsbury is approximately 20 miles away.

The remoteness of the town can introduce feelings of social isolation and loneliness, especially among youth as, for this age group, social interactions are crucial in the development of young individuals (Healthy Families BC, 2014). These concepts can be linked to youth developing symptoms of depression, anxiety, self-harm, and suicide ideations or suicide (Hall-Lande, Eisenberg, Christenson & Neumark-Sztainer, 2007).

Bishop's Castle is disadvantaged by the limited access to mental health services, with its closest crisis team being located in Shrewsbury. There are other GP services available in the township, but the waiting time is excessive.

The COVID-19 pandemic has had a huge influence on the mental wellbeing of youth in Bishop's Castle as they have been in and out of various levels of lockdowns over the last 14 months, making social interactions more limited than they originally were, contributing to higher levels of isolation and loneliness, and therefore, increased mental health struggles (Institute for Government, 2021).

Suicide and Bishop's Castle

Within Bishop's Castle it has become evident that mental illness, specifically suicide, is an issue that no one sees coming. Suicide in this small town not only has an impact on the people directly associated with the death, but also the community as whole due to the cohesiveness they exhibit (Restieaux, et al., 2020). Finding statistics around self-harm and suicide rates is difficult for the Bishop's Castle area as there are no specialised services available in close proximity but in the Community Town Plan update for April 2021, it outlined that there have been nine suicides in the last five years all of which were in the youth age group which is significant due to the small population of the town. We are also aware that the levels of youth attending GP practices with mental health struggles is increasing, and that by the time they choose to access these services, they are at a crisis point.

Youth mental health services in Bishop's Castle and surrounding areas

Bishop's Castle rural youth population has access to several online mental health services. Examples of these include Kooth, No Panic, Rethink, and Altogether.

Specifically, Kooth is a UK online mental health resource available to anyone older than 11 years with an online device (Kooth, 2020). Kooth is a free counselling service, with trained health professionals available to provide online support seven days a week (Restieaux, 2020). Such services can aid the relief of mental ill-health symptoms, however, may not provide the full benefits of face-to-face services. The only face to face mental health services for youth in Bishop's Castle is the Bishop's Castle Medical Practice and the Bishop's Castle Community College. GPs at the medical practice, and the student support officer and counsellor at the college are accessible, however these professionals have no specialised mental health training (Whiddon, personal communication, 2021). The two GPs at Bishop's Castle medical practice have noted increasing presentations of mental ill-health, particularly during the national COVID-19 lockdown (Whiddon, personal communication, 2021). As well as online services, there are weekly mental health hubs (a service provided by social care practitioners to ensure the individual has sufficient support systems) in surrounding communities, with the closest hub in Shrewsbury (Shropshire Council, 2021d).

However, these mental health hubs may have been impacted by lockdown restrictions. In addition to the mental health hubs, helplines such as the Midlands Partnership Foundation Trust helpline which is primarily for urgent crisis situations are available (NHS, 2021). Despite the NHS providing free in-person mental health services, it is the restricted access that is an issue for youth in Bishop's Castle (Restieaux, et al., 2020). Improving Access to Psychological Therapies (IAPT) services in Shropshire are a self-referrable variety of therapies for those struggling with mild to moderate mental ill-health (Midlands Partnership Foundation Trust, 2021a). The IAPT team comprises NHS talking therapy specialists which offer vast forms of therapy such as via telephone, online programmes, individual and group face to face interventions (Midlands Partnership Foundation Trust, 2021a).

What is the process for someone who is suffering from mental health issues?

Bishop's Castle lacks youth mental health prevention and promotion interventions. Therefore, youth must rely on online services to keep themselves mentally well. To be diagnosed with a mental illness, individuals must travel out of Bishop's Castle to a larger community with specialised mental health professionals (Whiddon, personal communication, 2021). These professionals can then refer to community mental health

teams for ongoing care when required, although this requires regular travel to the nearest team in Shrewsbury (Midlands Partnership Foundation Trust, 2021b).

The Crisis Team

According to Dr Adrian Penney of Bishop's Castle, the nearest crisis team is based in Shrewsbury, however, in the case of an acute mental health crisis in Bishop's Castle, GPs, paramedics and police are first to respond.

The grant for youth mental health

Bishop's Castle managed to successfully receive a small cash grant of £2,500 to aid in the mental health support for the town. Keith Whiddon, a core community team member compiled a submission with the help of a number of other core community members to apply for the grant and as part of this, he supplied evidence of needing the grant and this included; having worrying suicide numbers over the past five years, the lack of employment opportunities, lack of affordable housing and food poverty influencing this. The prominent feature that escalated the need for this grant was the COVID-19 lockdowns that resulted in more people experiencing more mental health issues in the community. He explained how Bishop's Castle has a lack of mental health services and a lack of funding to create these services.

The grant is going to be used to set up an interactive learning resource platform through Moodle. The intentions of developing a Moodle resource is to help create awareness around mental health, reduce stigma, promote self-esteem, while reducing feelings of social isolation. The Moodle shell will aim to help this by promoting team networks, building positive behaviours, engaging people to get involved in community development and becoming a positive influence on the community.

The Moodle shell will encompass an online library that produces eLearning materials such as PowerPoints, videos, podcasts, scenarios and games, while also having the ability to create webinars and discussion forums. It can act as a pop-up volunteer hub to get the individuals involved in community projects or outdoor trips etc.

Lastly, the Moodle shell can be used as a place for people who are grieving to share special memories about community members that have been lost and making the community feel connected.

The COVID-19 pandemic has dampened the community spirit that Bishop's Castle is known for in regard to its festivals and arts culture. The Moodle shell is hopefully going to be a way of bringing the cohesiveness back to the community as they start to ease back into reality (Whiddon, 2021).

How has COVID-19 had an impact on the mental health of youth in Bishop's Castle?

Re-emergence from lockdown signals the beginning of social reintegration. Being at such a malleable and independence seeking stage of life, healthy social interaction amongst peers is a crucial part of growing up. It is impossible to predict what side effects lockdown will have on the youth of Bishop's Castle as it is an independent community. However, in New Zealand, a portion of youth felt reluctance to reintegrate socially and a fog of anxiety for some surrounded social settings since.

Youth are likely to have felt lonely during the 14 months COVID-19 lockdown, as a result of the lack of physical interactions, as well as feelings of frustration from deprivation of usual daily activities required for wellbeing (Mental Health Foundation UK, 2021).

Members of the Bishop's Castle core community have recently been asking youth how they have been coping through lockdown. Some comments made by these youth were in regard to struggling with online education, emotional disruption, fear of social reintegration as lockdown restrictions ease, and anger of the pandemic's impact on certain career pathways (Robson, personal communication, 2021). Although reactions to the COVID-19 lockdown are varied, there are common themes in relation to youth mental health. Young Minds UK (2021) carried out surveys during the extensive COVID-19 lockdowns which came to the conclusion of catastrophic impacts such as youth reporting great anxieties, increased self-harm, experiencing panic attacks, as well as a lack of inspiration and hope for the future. Re-emergence from lockdown signals the beginning of social reintegration. Social reintegration is a key component of youth mental health in regard to the COVID-19 lockdown as this creates significant anxiety and uncertainty. Returning to school and college may be distressing for some, and a relief for others; however, to ensure the safety

of this transition, communication between educational facilities and students and their families is key (Mental Health Foundation UK, 2021). While some youth have expressed excitement about the prospect, the full extent of social isolation influences on youth's social development continues to be explored (Robson, personal communication, 2021). Support systems and a structured integration of interpersonal and educational aspects will also be significant to reduce pressure for this vulnerable population (Mental Health Foundation UK, 2021).

Conclusion

It is evident that mental health has a major impact on youth globally as well as youth in Bishop's Castle. The aim of this literature review was to bring awareness and understanding about the importance of mental health for community members of Bishop's Castle, specifically youth. Mental health is a major contributing factor towards the prevalence of suicide rates among youth in general and within Bishop's Castle. Thus, placing a heavy burden on the individuals directly associated with the loss of their loved one, as well as impacting the community due to the cohesiveness they exhibit. Contributing factors such as being in lockdown for 14 months due to COVID-19 and loneliness impacted youth significantly, as individuals were experiencing more mental health issues in the community throughout subsequent lockdowns. Early intervention has been identified as a key recommendation for tackling this issue. However, Bishop's Castle lacks youth mental health prevention and interventions. Therefore, youth must rely on online services and long waiting times to keep themselves mentally well. The mental health grant for Bishop's Castle proposes a promising outcome for youth accessing mental health recourses, through the development of a website designed specifically for youth to access. With the development of a Moodle website, this provides a new platform for youth to obtain support.

With the youth aggregate section completed, the report now moves onto the Senior aggregate.

Seniors



Figure 16: Holding Hands (NBC Los Angeles, 2020).

Senior citizens do not have a universal definition, however most industrial western nations can agree that an age of 60 years or 65 years is when an individual can be considered old aged (Greater senior living, 2017). Within Bishop's Castle, the core community identifies senior citizens as those above 60 years of age.

The elder population appear to have all aspects of their lives sorted, with home ownership, being a part of established groups and financially stable (Greater senior living, 2017). However, at age 60 and above, there are many aspects that continue to affect an individual's life, such as loss of friends, family and lose their sense of purpose through retirement. They may also face loss of independence and suffer from feelings of low self-worth, which can cause them to become isolated from their communities and consequently suffer from mental illness, as well as physical illness (Greater senior living, 2017).

In a rural setting, senior citizens are considered to be individuals aged over 60 years, who live in small areas with limited supplies and scarce community services and resources.

Specifically in Bishop's Castle, many of the senior population have lived within this community for most of their lives.

Mental Health in the Senior Population

What is mental health?

Mental health is the combination of our social, emotional, and psychological well-being which affects the way we act, feel, and think. Mental health is a major factor that determines how we deal with stress, make choices, relate to others, and is crucially important through every stage of life from childhood to the elderly (Mental Health, 2020). Many people around the world experience mental health problems over the course of their life, with a 2017 study by Ritchie and Roser (2018) estimating that 792 million (10.7%) of the global population live with a mental health illness. Though the terms mental health and mental illness are used interchangeably, they are not the same thing. During a person's life, they can experience poor mental health while not being diagnosed with a mental illness. Likewise, a person who may be diagnosed with a mental illness can have moments of social, physical, and mental well-being (CDC, 2018). There are many factors that contribute to mental health such as biological factors, including genes or brain chemistry, family history of poor mental health, and life experiences such as trauma or abuse (Mental Health, 2020). As poor mental health can affect your mood, behaviour, and the way you think, there are early warning signs to be aware of. These early warning signs include having low energy, feeling emotionally numb like nothing matters, poor nutritional intake, poor sleep hygiene, feeling helpless or hopeless (Mental Health, 2020). Even though poor mental health is common, there is help available. People with poor mental health and mental health problems can get better and many recover completely (Mental Health, 2020). A dementia diagnosis can trigger depression and anxiety in individuals, which can be difficult to identify due to the symptoms and behavioural changes incurred through dementia (Alzheimers NZ, 2021).

Impact of mental health in seniors

The mental health for seniors is becoming increasingly more important to understand the symptoms and risk factors of mental health in the elderly as the global population is rapidly aging.

It is estimated that the number of people over the age of 60 years will increase by at least 10 percent (from 12 percent to 22 percent) by 2050 and the WHO shares that almost 15 percent of adults 60 years old and above suffer from a mental health illness (CBD, 2020). The WHO (2017) also explains that mental health and well-being are just as important in the elderly as in any stage of life. With mental health being a concern at any age, there are particular risk factors that are specific to the elderly as they are more prevalent which can increase the development of mental illness. These risk factors include alcohol and/or substance abuse, feelings of social isolation and loneliness, chronic illnesses, poor diet, and major life changes that come with age such as physical health changes or financial stresses due to retirement (CBD, 2020). These risk factors are shown to be interlinked with mental health illnesses which has a major impact on the well-being of the senior population. Common mental health illnesses that affect the senior population are depression, dementia, anxiety disorders and delirium (Great Senior Living, 2020). The impact of mental health problems does not only affect the senior population, but it also affects their family, friends, and caregivers. With the senior population already having to rely on the support of family members and additional services, adding a mental health illness amplifies the required need for support. The WHO (2017) states the importance of not only focusing on the long-term impact and care of the senior population suffering from mental illness, but to provide the family and caregivers with training, education, and support.

Senior mental health in Bishop's Castle

Bishop's Castle is a rural and sparsely populated area, catering to around 5400 people from Bishop's Castle and the surrounding areas (Bishop's Castle Medical Practice, 2021b). From the previous report by Restieaux et al. (2020), it was found that Bishop's Castle has an aging population and that the residents were more likely to feel isolated and lonely, which has only been further amplified due to the COVID-19 pandemic. A key risk factor in the mental well-being of the senior population is the feeling of isolation which includes both physical isolation and social isolation. With Bishop's Castle being a vast area, this increases the feeling of physical isolation which is defined as the physical distance and barriers between a person and their support networks with the addition of lockdown exacerbating the feeling of social isolation which is defined as the lack of social interactions (Luskin Biordi & Nicolson, 2013).

Another factor is the lack of acute mental health services within Bishop's Castle. The only physical service that is offered by the Bishop's Castle Medical Practice is counselling that is by appointment (Bishop's Castle Medical Practice, 2021). Dr Adrian Penny (personal communication) voiced his frustration at the lack of mental health services within the community itself as residents would need to seek the services in Shrewsbury, and he explained the disconnect in the healthcare system between the telehealth service and the physical healthcare service offered to the residents.

With isolation (physical and social) as a major contributor to depression and mental illness (including dementia), the community is motivated to make a change to reduce the gaps in mental health and dementia which were highlighted by the community in the previous community report (Woodmansey, personal communication, 2021). The community already has a positive perception that they are very dementia friendly, though there are some gaps in provisions and awareness that have been identified by the residents (Woodmansey, personal communication, 2021). Pre lockdown there were services that were available that are now currently being renovated after they have received some funding which, once it opens at the end of June 2021, should relieve some of the burdens of isolation that have been increased since the lockdown.

Dementia in the Senior Population

What is Dementia?

Dementia is an umbrella term for irreversible progressive neurological decline that results in loss of memory and mental functioning, affecting cognitive functions (Alzheimer's New Zealand [NZ], 2021). With the process of aging the occurrence of degenerative disorders to the central nervous system that can result in dementias increases (Craft & Gordon, 2015). Alzheimer's disease makes up 60-80 percent of dementias, followed by Lewy body and Vascular dementia, both affecting 5-10 percent of dementia sufferers, with frontotemporal lobe dementia the least common of dementias (Alzheimer's NZ, 2021).

There are currently 850,000 individuals living with dementia in the United Kingdom, with an estimated diagnosis of one every three minutes, and 209, 600 projected new diagnoses this year (Alzheimer's Society, 2021a). Whilst dementia is not a typical part of ageing, it is the most significant risk factor for dementia, with an estimated one in 14 individuals aged over 65 years affected by dementia. This may be associated with factors of the ageing

process such as hypertension, cardiovascular diseases, changes to nerve cells, and cell structure, immune system changes, and the loss of sex hormones due to mid-life changes. Dementia is one of the most feared aspects of ageing, with individuals who become dependent due to age and/or poor health, facing various societal challenges of stigma and prejudice (Brooker & Latham, 2016).

Dementia in Bishop's Castle

Bishop's Castle currently has 66 individuals diagnosed with dementia. It is probable that the true number is likely to be up to a third higher, accounting for unofficial diagnoses (Woodmansey, personal communication, 2021). And given the older age profile of the area in comparison to Shropshire the incidence of dementia is most likely to increase. There are various progressive community driven programmes within the Bishop's Castle community specifically for dementia. The Dementia Friendly Community Steering Group is committed to supporting businesses and organisations to become more inclusive and dementia friendly. This group is also responsible for facilitating the goal of Bishop's Castle gaining dementia friendly status, with several local businesses and the GP practice having dementia friendly status. Valerie Woodmansey has the title 'Dementia Champion', supported and trained by the Alzheimer's Society, and can facilitate online and face to face dementia awareness sessions. A new befriending service, the Bishop's Castle Befriending Circle, of which Valerie is also coordinating, launched in February 2021, is available to everyone either by self-referral or referral by the Social Prescriber, including individuals with dementia and their carer's.

Pre lockdown the following services and resources were available for individuals living with dementia and their carers; local churches provide dementia friendly services, there is 'walking for health' walks where the leaders are 'dementia friends', monthly carer's group meetings, inclusive exercise classes at the Church Barn, and a 'knit and natter' group and lunch clubs at the Grange Road community centre that are inclusive of individuals with dementia, mobility and/or mental health issues (Woodmansey, personal communication, 2021).

Risk factors for dementia include age, genetics, gender and ethnicity, all factors that cannot be changed. Other variable risk factors are inadequate physical activity, poor diet, smoking and alcohol consumption. Preventative measures to mitigate these risk factors and the risk of dementia, include maintaining regular physical activity including strength

resistant activities, a healthy diet, smoking cessation, reduce alcohol intake and, mental activity and stimulation (Alzheimer's Society, 2021a).

Impacts of Dementia on daily living

With the progressive decline of mental functioning due to nerve cell death, damaging the structure and chemistry of the brain, cognitive function is affected and ultimately impaired (Alzheimer's Research UK, 2021). The changes leave the individual struggling, or unable to independently carry out activities of daily living as previously done. Depending on the area of the brain impacted, various cognitive, social, emotional, and functional challenges will occur. Challenges include individual safety due to wandering, physical injuries, agitation and aggression, cognition challenges of problem solving, memory and attention span, impairments of sensory and motor processing plus integration, as well as participation in daily activities and relationships (Champagne, 2018).

Current pharmacological treatments can temporarily stabilize or improve symptoms, prolonging the individual's ability to engage in activities of daily living, and maintain their quality of living, however to date there is no cure for dementia. Non- pharmacological interventions such as continued social inclusion, meaningful activities, and occupation, are fundamental for maintaining a sense of purpose to retain quality of life and wellbeing.

Impacts of Dementia on families – burden of care

Dementia is a significant health challenge for families, communities, and health providers. Supporting and caring for loved ones with dementia can be an emotional, physical, psychological, and financial burden for many families. According to the Alzheimer's Society's new report, since COVID-19, family and friends have spent an extra 92 million hours caring for loved ones with dementia, with carer's struggling with depression and exhaustion, and (Alzheimer's Society, 2021b). The report discusses the disproportionately negative impacts of COVID-19 on individuals with dementia, with rapid deterioration of symptoms recorded due to lockdowns increasing social isolation and interruptions to health care. With cuts to the provision of social care, families and friends have been left to their own devices to care for their loved ones, further exacerbating the strain on families who were already propping up the already poorly funded social care system, providing many hours of care for family members with dementia (Alzheimer's Society, 2021b).

Prolonged access restrictions to aged care facilities by families has been devastating for dementia residents isolated from families, with their symptoms worsening, contributing to the disproportionately high casualties in aged care where gaps in infection control, PPE gear, and irregular and untimely testing have been identified. Dr Adrian Penny (personal communication) reported that in Bishop's Castle there have been nine deaths attributed to COVID-19, and at least seventy patients requiring treatment with most cases transmitted from Shrewsbury and Telford Hospitals, the long-term consequences of COVID-19 will be with the carers and families, who are left to deal with losing loved ones, often without being able to say goodbye or hold them one last time.

Rural from a senior perspective and senior mental health perspective

The mean age of populations within rural communities are beginning to skew towards the higher age range. Rural communities tending to have a larger senior population has resulted in them transforming into naturally occurring retirement communities. Migration of seniors into rural areas while youth move to urban centres has resulted in rural communities becoming a place for retirement despite the absence of necessary senior services (Baernholdt, 2012).

From our initial investigation into seniors in the rural setting, key findings such as the specific barriers for seniors living in rural communities. These include issues around health care access and cost such as limited transportation and the absence of some nearby services (Averill, 2012). The rural setting has also been associated with a higher quality of life due to a tendency for greater social capital, geographical connection and desirable scenery (Baernholdt et al., 2012).

Senior health in the rural setting is an important aspect to investigate as the health challenges are complex and disparities between urban and rural health have been identified in recent literature (Hintenach, Raphael & Hung, 2019). Restricted access to primary and specialist care, including mental health facilities, is a common problem for older people in rural areas. This has major consequences for the rural senior population as they also have higher rates of chronic illness.

In addition, seniors in rural areas are a low socioeconomic group, have transportation challenges and may have substandard housing choices. The prevention, care, and

management of chronic illnesses are all hampered by these barriers that impact older adults in rural areas. Furthermore, sudden or rapid changes in physical health, mental health, and independence can increase the risk of depression, anxiety and social isolation (Hintenach et al., 2019). The remoteness, lack of transport and limited social hubs in rural communities leads to loneliness and social isolation among the senior population (Kelly et al., 2019). The Social Wellbeing Agency (2019) stated that a low quality of life due to poor mental health can be the result of such social isolation. Mental health conditions can deteriorate as a result of limited availability and access of mental health services for seniors in rural settings (Franklin & Henning-Smith, 2020). Migration of seniors to rural areas in search of a peaceful and relaxing retirement has been a recent trend (Baernholdt et al., 2012). There is a risk for exclusion, therefore another risk for social isolation, when entering a highly integrated rural community (Rural Health Community Hub, 2019). Rural elders are said to have high community and personal support, low psychological distress, good mental wellbeing, strong relationships, and high life satisfaction. Independence is highly valued by rural seniors despite the isolation that ensues with living alone (McMurry & Clendon, 2015). This means there may be a lack of acknowledgement of poor mental health or physical health and access to the necessary support. Smith, Peck and McGovern (2004) found that only a fraction of rural populations access outpatient mental health services despite evidence suggesting that rural populations have higher incidence of mental illness when compared to their urban counterparts.

Rural residents have been found to be less likely to access mental health services and utilization decreases with an increase in age. The negative attitudes from the older population and rural communities towards utilising psychological help has resulted in reluctance of these groups to admit a need for mental health services. The Australian Government Department of Health (2006) also stated that the stigma around mental health can be an issue for rural communities. Seniors may avoid seeking help rather than risk receiving stigma from the community due the lack of privacy in small, rural areas.

Displacement into care homes due to declining health can also be detrimental to the mental health of rural seniors as they may lose their support and their sense of independence.

This is a particularly big issue for rural areas as there may not be in-home care services available or they may be displaced into a care home that is far from their community (McMarry & Clendon, 2015).

The COVID-19 lockdowns occurring throughout the world since late 2019 have had a significant impact on rural seniors and their mental health. This is due to the high risk for chronic diseases such as respiratory illnesses and multiple social risks of being a senior in the rural setting. When compared to their urban counterparts, seniors in the rural setting have less financial capital, access to health services and internet access (Miller, 2020). With the shift to online platforms as a form of communication when self-isolation was required, rural communities and seniors suffered more than urban centres. Limitations to broadband and technology skills made social connection and accessing online services particularly difficult for these groups (Social Wellbeing Agency, 2020). When addressing the increased isolation and anxiety, education on the use and provision of this technology could increase access to essential services and connectivity (Office, Rodenstein, Merchant, Pendergrast & Lee, 2020).

Bishop's Castle in relation to the Senior Population

Bishop's Castle consists of an ageing population, with over 25 percent of the population being older than 65 and the mean age of the community being 45.6 years (Restieaux et al., p.11). As an elderly individual in Bishop's Castle, there are many disadvantages such as fewer social interactions, less opportunity to travel, less mobility options due to hilly streets and lonelier living.

To account for the ageing population there are four residential care facilities, one of these facilities containing a newly developed dementia unit, as dementia has become quite prevalent within this community.

Woodmansey (personal communication) states that as of May 2021, there are 66 individuals living in Bishop's Castle who have a diagnosis of dementia; however, it was presumed that others living in this community may be living with dementia undiagnosed. Bishop's Castle is working towards a "dementia friendly" status despite the gaps in provision and awareness that have been noted by the core community (personal communication, 2021). There are a few groups and services that are working towards

being “dementia friendly” and are a real asset to Bishop’s Castle, however, are not always accessible to all individuals due to factors such as accessibility to transport.

Whiddon and Dr Penney (personal communication) declared that since the COVID-19 pandemic, there has been a huge increase of individuals accessing the medical practice in Bishop’s Castle for Mental Health related issues, including older people, however, there has also been more contact and exposure with community members due to the easily accessible phone consultations. Within Bishop’s Castle, there are no specific mental health services. Majority of individuals facing problems with their mental health must go on waiting lists (some of which are eighteen months or more) for specialists outside of the community or reach out to the Shrewsbury Crisis team in an emergency setting. The services and resources are very limited within the community, with the medical practice being the only place a person facing problems with their mental health can go, and stated by Dr Penney and Dr Davies, the practitioners at this practice are not trained in mental health (personal communications).

Within Bishop’s Castle, the continuous lockdowns and strict restrictions caused a lot of the elderly to be isolated within their homes. Bishop’s Castle is already a small and rural community, therefore when the COVID-19 restrictions were introduced, elderly individuals were isolated more from their social connections (Woodmansey, personal communication). Groups such as the walking group were cancelled due to restrictions and social get-togethers were not allowed, which amplified social isolation, especially for those aged 60 years and older.

This literature review has identified the key mental health implications for youth and seniors in the Bishop’s Castle community. COVID-19 has had a significant impact on these pre-existing health needs, therefore action to improve youth and senior mental health is important.

The addition of a social prescriber in the Bishops Castle community has been one recent way that the community has responded to this health need.

Social prescribing

Social prescribing is prevalent in the United Kingdom and now within Bishop's Castle since the 2020 Covid-19 lockdown. Social prescribing, often known as group referral, is a method for health providers to refer patients to a variety of non-clinical services in their community. Professionals employed in primary care environments, such as GPs or practise nurses, are the most common sources of referrals, although they are not the only ones. Recognizing that people's health and happiness are largely influenced by a variety of social factors (Buck & Ewbank, 2020). On evaluation, the social prescribing showed that 82 percent of people using this service had some positive change in their lives (SMS Toolkit, 2021). There are a variety of activities available such as group learning, art, gardening, walking groups, dancing and sports. Specifically for Seniors, there are opportunities for healthy eating advice, cooking classes and befriending (SMS Toolkit, 2021).

The addition of the social prescribing role to Bishop's Castle has had benefits for the youth and seniors of the community. The importance of this resource has become even more evident in current times with new challenges being faced by the Bishop's Castle community. The UK is beginning to lift COVID-19 lockdown restrictions, which will require major adjustments for youth and seniors. In our next section, we have discussed the current situation in the UK and challenges in resocialization for seniors and youth.

Social Prescribing: A UK Perspective

During the past 12 months Bishop's Castle has had the opportunity to establish a Social Prescribing Advisor for patients over 18 years of age. Hope Robson a local young person has been appointed to the position.

The role "enables health care professionals to refer patients to a social prescribing advisor, to co-design a nonclinical social prescription to improve their health and well-being" (Robson personal communication May, 2021). On referral she takes a holistic approach with the person she is working with, the intension is to complement other health professionals who may not have sufficient time to take this holistic approach which are called 'Wider Determinants of Health'. These are some examples:



Looking into these areas of a person is important, as you can act early to help prevent health concerns later in their life course.

This is the aim of a social prescriber is:

- to investigate and identify personal concern
- to allow for the patient to understand local resource and initiatives that may help them and then give them informed choice and with their consent, link them into the initiatives that can help them
- to give 1:1 ongoing support.
-

They are a range of social, economic, and environmental factors which may impact on people's health, in particular, people living in areas of high deprivation.

Living on a lower income, in poor housing, typically under-educated and a potential of fewer social networks, may in turn limit their ability to engage in healthy behaviours. Wider social issues can have a knock-on effect, such as long-term unemployment, relationship problems and poor physical and mental health. Wider determinants of health can be broken down into three areas:

- Biological
- Psychological
- Sociological



Biological situations can determine a person's lifestyle and risk associated with their life course. Maintaining someone's biological health is very important. While social situations are important are a key determinant of a person's health. Psychological health can have both positive and negative connotations. It is important that poor psychological health is addressed quickly to stop individuals becoming mentally ill and strong psychological health be promoted and worked on with individuals (Robson, personal communication, 2021). Social prescribing gives a patient time to talk so any determines of health that need addressing can be acknowledged and worked through, with support and good quality advise and follow up with the social prescriber (Robson, personal communication, 2021).



While talking to patients Hope will also be looking at their needs in relation to 'Maslow's Hierarchy of Needs' this gives her another framework to follow when investigating patients and their concerns. It's a complex subject for each individual, this is why it's a job role that needs the time allocated to it. Time allows the patients to get the help and support they need to work out action plans and work through addressing these wider determinants of health that affect them or in turn, could affect them, if they do not become more understanding of the situation, they are in. Some patients need more guidance to be able to comprehend their risk behaviour or unhealthy circumstance. Once they comprehend the concern and the risk, we as social prescribers can support them through this change of empowerment through informed choice and personal preference. This helps develop future pathways for this person. Pathways that we hope, will promote good health and wellbeing throughout their life course. Becoming that step in a more positive direction. When thinking about referring into social prescribing ask yourself "will this patient benefit from any help or is there a complication with any of the following subjects?" (Hope Robson, personal communication).

Sociological determinants are:

- Social situation (are they comfortably part of society, need re-integrating?)
- Social support network's (have they got any support? Lack of support? Family, Friends, Carers?)
- Social environments (Do they live in an overwhelming place?/ have problems within their social surroundings?)

- Income/ finance (are they struggling with money and debt, low income, unable to afford basics?)
- Employment (struggling with employment, don't enjoy job, unsure of alternatives?)
- Education (wants to learn something new, has interest's and wants to progress through education and being informed about local incentives?)
- Culture (feels like they don't fit in? from a different ethnicity/culture, needing support to integrate?)
- Health and social care services/ other services (lack of services involved when there could be?)

-

Biological determines are:

- Physical environment (housing, furniture, built up areas, pollution, access to nature)
- Personal Health and coping mechanisms (lack of motivation when addressing health risks, barriers that prevent people taking up healthy life style factors, pre-diabetes, weight loss, unhealthy diet, quitting smoking, drug and alcohol misuse?)
- Healthy child development (had a troubled upbringing, lack of basic self-management/routine due to lack of parenting, poor habits)
- Biology and Genetics (support through; long term health conditions, new health conditions, risk factors associated with health conditions).

-

Psychological determines are:

- Low level mental health (stress, depression, hopelessness, low self-esteem/ confidence, isolation, loneliness)
- Frequent attender to the GP (Health anxiety, no support around them).

COVID-19 Government strategy for easing of restrictions

With the progression of the vaccination programme and public compliance to fourteen months of lockdowns and restrictions, the UK is in the process of systematically easing restrictions that have dominated life since March 2020. Despite absolute case numbers remaining high, by 8 March 2021 the easing of restrictions commenced, using a four-step roadmap as a pathway to return to a more normal way of life (GOV.UK, 2021).

Step 1, started on 8 March 2021, included the return to education of primary, secondary, and tertiary students. Mask wearing was obligatory, as was twice-weekly rapid testing for

secondary and tertiary students, including teachers, to reduce transmission within this cohort. Outdoor recreation and exercise within households or support bubbles were allowed, and care home residents were permitted one regular visitor.

Further steps, implemented on 29 March, permitted the outdoor gatherings of six people or two households, the re-opening of outdoor sport facilities including outdoor swimming pools, and participation in formally organised outdoor sports. The 'stay at home' travel rule was lifted; however overseas travel remains prohibited. Working from home continues where possible, with recommendations to minimise journeys, and avoid travel at busiest times and routes when possible.

Step 2, applied on 12 April, allowed opening of non-essential retail and personal care businesses, public buildings such as libraries and community centres, self-contained accommodation, and the re-opening of outdoor hospitality venues with table service only. Events such as funerals continue with a limit of thirty people.

Step 3, proposed for 17 May, continues the easing of social restrictions, with the easing of limits on friend and family contact where the appropriate level of risk is determined individually. School children will no longer be required to wear facemasks in the classroom. Outdoor gatherings will remain limited at thirty including weddings, funerals etc. Access to indoor entertainment venues including cinemas and museums, the addition of indoor hospitality utilising table service, and access to indoor adult group sports and exercise classes. Large outdoor seated venues up to 10,000 or quarter full, whichever is lower, will be permitted. UK prime minister, Boris Johnson, announced that the public will be required to apply "common sense" on the further relaxation of social restrictions when mixing and hugging will be permitted again (The Telegraph, 10 May, 2021).

Restrictions of overseas travel will be lifted allowing travel to 'green light' countries, these countries have been identified safe enough that travellers are not required to quarantine on returning to the UK.

Step 4, proposed for 21 June, when all legal limits of social contact are removed, and all remaining premises can re-open such as night clubs, and the reintroduction of large events and performances. This will be contingent on the findings of a scientific Events Research Program that will evaluate the outcomes of a series of pilot events in the spring and summer, with testing of the use of monitoring and other methods to reduce the risk of infection (GOV.UK, 2021).

A managed but cautious approach to a return to some normality of life is vital, with an acceptance of the continuing presence of COVID-19, maintaining vigilance around hand hygiene, and the continuation of regular testing and vaccination.

Resocialization post covid from a senior perspective

The preventive method against COVID-19 transmission worldwide has been to socially isolate and distance us from one another (Das & Bhattacharyya, 2021). While this has been an effective strategy in combating the disease, consequences for society and particularly the already isolated elderly populations have emerged. Serious psychological stress has developed in seniors who are living both independently and in care homes due to a lack of interaction with friends and family. Feelings of abandonment and becoming despondent can be seen in seniors with dementia as they may not understand the current events of the world (Das & Bhattacharyya, 2021).

There are many challenges to mental health as a result of COVID-19 that have been identified. Resocialization after the removal of COVID-19 restrictions that have resulted in social isolation is a significant issue for the elderly population (Kalashnyk & Khudoba, 2021). The spread of misinformation on laws and restrictions is particularly prevalent in senior populations due to a lack of access to accurate and relevant information or technology (Mathur, 2021). This has led to uncertainty and anxiety about socialising as they are unsure of what the laws and risks are (Senior Living, 2021).

From our meeting with Bishop's Castle core community team, it was identified the fears around resocialization was a significant issue for the community. Bishop's Castle being situated only two miles from Wales who have different laws around COVID-19 restrictions adds to the significance of this issue for seniors in the community (ZOOM meeting). Fear of death fear amongst seniors also contributes to anxieties around resocialization. The mortality rate of COVID-19 is closely linked to age as 65-year-olds are the group with the highest death toll. This can be associated with a higher incidence of chronic illness and a weaker immune system in senior populations which puts them at a greater risk for COVID-19 related mortality (Khademi, Moayedi, Golitaleb & Karbalaie, 2021).

Age UK (2021b) found that death fear relating to COVID-19 is significant in the high-risk senior demographic resulting in concerns that the public are not following guidelines preventing them from leaving home.

Another factor that contributes to socialisation fears amongst seniors is a possible loss of confidence in their ability to carry out mundane activities that they did routinely prior to COVID-19. Age UK (2021b) stated that the confidence to go out to well populated areas and socially engage has been lost for some seniors. Fears around contracting COVID-19 plays a large role in this lack of confidence and it may even stop seniors from leaving home to visit friends and family. This can result in seniors losing their independence and experiencing an overall decline in health (Age UK, 2021b).

Resocialization post COVID-19 from a youth perspective

The impact of COVID-19 with lockdowns and social restrictions on UK youth is concerning. A survey completed in January 2021 (Young Minds, 2021), found that many young people found each subsequent lockdown brought further challenges impacting on mental health and wellbeing.

The following responses below (UK Youth, 2021), ranked by prevalence by the survey participants outline some of the challenges of lockdowns and social restrictions:

1. Increased mental health or wellbeing concerns
2. Increased loneliness and isolation
3. Lack of safe space – including not being able to access their youth club/ service and lack of safe spaces at home
4. Challenging family relationships
5. Lack of trusted relationships or someone to turn to
6. Increased social media or online pressure
7. Higher risk for engaging in gangs, substance misuse, carrying weapons or other harmful practices
8. Higher risk for sexual exploitation or grooming (UK Youth, 2021).

The four-step plan on restriction easing began on 8 March 2021, with the reopening of schools in England. Mask wearing remains mandatory, as well as twice-weekly rapid testing for secondary and tertiary students, including teachers, to reduce transmission within this cohort. According to Young Minds (2021), students reported feeling concerned

about premature returning to school due to fear of returning to lockdowns and further social restrictions. However, a majority of respondents believed their mental health will improve with restriction easing and return to normal life (Young Minds, 2021). Although the anticipation for many youths is relief, for some the anxiety and fear of re-socialisation is likely to have long term negative effects on their mental health.

The recent developments in the UK and Bishop's Castle community in relation to COVID-19 have had implications for the youth and seniors. Resocialisation is beginning to occur with the easing of restrictions after many months of lockdown. This is therefore another current and ongoing factor that can further affect the mental health for Bishop's Castle community. These findings concluded our literature review and enabled us to utilize the Ottawa Charter. The Ottawa Charter is a tool we used to identify the strengths and gaps in Bishop's Castle that would lead us to developing an effective resource for the community.

The Ottawa Charter

The Ottawa Charter's five initiatives, as well as other health promotion claims, work to minimize inequality and unfair distribution of healthcare and other services by addressing social determinants of health at all levels of society. Social justice is the ultimate objective (McMurry & Clendon, 2015). We are going to discuss the five components and what they are and then move into two separate categories of youth and senior to identify the strengths in relation to each of the Ottawa Charter concepts and highlight the gaps. This will assist us to develop health promotion messages and needs as well as resources for the community.

Youth

Build healthy public policy

Public health policies to support adult health should aim to create enabling environments and systems that promote individual and community potential for good health. Health awareness, community participation opportunities, and building capacity development are all part of these individuals' capacities (McMurry & Clendon, 2015).

Youth strengths

- Covid-19 public health policy
- Availability of GP practice and small hospital
- Bishop's Castle have been awarded approximately £2,500 mental health grant, to be put towards youth services

Youth gaps

- They need to build a healthy public policy specific for the Bishop's Castle community that is going to promote early intervention for mental health in relation to youth.

Create supportive environments for health

The socio-ecological approach to health is embodied in this strategy. The Charter encourages everyone to understand the value of conserving and maximising resources that allow people to preserve their health, such as physical and social resources (McMurry & Clendon, 2015).

Environments that facilitate equal access to services at the local level, where people live, work, and play, are referred to as supportive environments. Children and their communities need secure spaces for family life, sufficient schooling, and opportunities for community involvement in order to maintain community life as well as personal health and wellbeing. Multisectoral, interagency collaborations and cooperation with an emphasis on community members are needed to create secure, lively, inclusive environments for living, working, and playing. People's choices should be shaped by supportive environments that make healthy eating and physical activity visible, convenient, and affordable (McMurry & Clendon, 2015).

Youth strengths

- They are a close-knit community that have recreation facilities available for all and have a vision for a community hub.
- Physical activity facilities such as the recreation centre
- Bishop's Castle have recently added the role of a social prescriber
- Free healthcare for all ages through the NHS

Youth gaps

- No creative or supportive spaces specifically for youth

- Opportunities for community engagement have been impacted due to covid-19 lockdown.
- Physical activity facilities such as the recreation centre are not centrally located and therefore, are not easily accessible for youth who do not drive

Strengthen community action for health

Community action is necessary to support people in sustaining their community. This can be guided by the assessment model of the SWOT analysis to assess community strengths and weaknesses. Plans for community action should be based on current awareness of what is being disseminated in the media, to clarify any public misperceptions or expectations. This helps to strengthen health literacy, particularly critical health literacy.

Youth strengths

- Online resources (No Panic, Altogether, Headspace, KOOTH, Rethink)
- Social prescriber
- Effective crisis team
- Good reputation of community school - students travel from Wales to attend
- Approachable school counsellor
- Telehealth during COVID-19 lockdowns
- Creative community (engagement to encourage youth into music)
- IT centre
- Free education until 19 years

Youth weaknesses and gaps

- Long waiting list for Mental Health services
- No provision of mental health services in Bishops Castle
- Reliance on tourism
- High cost of housing
- Specialised health services available in main centres
- Transport links to main centres
- Reliance on fossil fuels for heating e.g. oil
- Unable to access IT centre during lockdown
- No face-to-face mental health services- Crisis
- Low priority for funding due to size (overlooked rural area)

- Decreased jobs after lockdown
- Centralised services in Shrewsbury
- High older age profile in town

Develop personal skills

This strategy directs communities to provide adequate and sufficient education as well as opportunities for skill development so that people can have a say in how their communities use resources to achieve health (McMurry & Clendon, 2015).

Youth strengths

- Free education in schools for those aged up to 16 years in Bishop's Castle, further education available in surrounding towns but travel is required
- Leisure centre for youth to use for sport and exercise

Youth gaps

- Lack of support and encouragement for those suffering from mental illness
- No face to face contact for mental health services and support
- Lack of creative arts and multimedia to help change attitudes for youth
- Limited opportunities for youth in regard to employment

Reorient health services

Reorienting health services is primarily about the health sector changing from focusing primarily on clinical and curative services to increasingly focus on health promotion and prevention (McMurry & Clendon, 2015).

Youth strengths

- Social prescribing
- GP practice

Youth gaps

- There needs to be early intervention for youth with mental health issues
- There needs to be more mental health professionals within the community
- More streamlined easy to navigate services so youth with mental health issues can access these services and receive appropriate care and support

Seniors

Build healthy public policy

Public health policies to support adult health should aim to create enabling environments and systems that promote individual and community potential for good health. Health awareness, community participation opportunities, and building capacity development are all part of these individuals' capacities (McMurry & Clendon, 2015).

Senior strengths

- The community are working towards having a dementia friendly community.
- The state pension for seniors is increasing from £137.60 per week to £179.60 per week (GOV.UK, 2021b)
- Availability of heating subsidy for seniors (ZOOM meeting)
- COVID-19 public health policy

Senior gaps

- There is a need to build a healthy public policy specific for the Bishop's Castle community that will incorporate early intervention of mental health and social isolation for the senior population

Create supportive environments for health

The socio-ecological approach to health is embodied in this strategy. The Charter encourages everyone to understand the value of conserving and maximising resources that allow people to preserve their health, such as physical and social resources (McMurry & Clendon, 2015).

Environments that facilitate equal access to services at the local level, where people live, work, and play, are referred to as supportive environments. Children and their communities need secure spaces for family life, sufficient schooling, and opportunities for community involvement in order to maintain community life as well as personal health and wellbeing. Multisectoral, interagency collaborations and cooperation with an emphasis on community members are needed to create secure, lively, inclusive environments for living, working, and playing. People's choices should be shaped by supportive environments that

make healthy eating and physical activity visible, convenient, and affordable (McMurry & Clendon, 2015).

Senior strengths

- Access to walkways with weekly 'walking for health' group with a dementia friendly leader
- Inclusive exercise classes for seniors including those with dementia
- Regular 'Knit and natter' group
- Lunch club held at Grange Road community centre
- Development of Dementia friendly town status
- Befriending service
- Free volunteered dial a cab services for seniors to attend appointments and collect shopping (community wheel)
- Farmer's market

Senior gaps

- Opportunities for community engagement have been impacted due to covid-19 lockdown
- Creating further awareness of dementia in community shops and centres
- Stigma and prejudice around dementia

Strengthen community action for health

Community action is necessary to support people in sustaining their community. This can be guided by the assessment model of the SWOT analysis to assess community strengths and weaknesses. Plans for community action should be based on current awareness of what is being disseminated in the media, to clarify any public misperceptions or expectations. This helps to strengthen health literacy, particularly critical health literacy.

Senior strengths

- Four residential care units
- Close knit community
- Engaged and active community- The Bishops Castle Community Partnership (Charity led)
- Dementia care within care units

- Telecommunication for medical services during COVID-19 lockdowns
- Dementia friendly town status
- Dial-a-ride service
- Local food bank
- Local GP practice and community hospital facilities
- Social Prescriber
- Funding for heating
- Access to Good things Foundation- Free tablet, 24GB data
- Social infrastructure (e.g. pubs)
- Regular annual events and festivals
- Family friendly community
- Valerie aka Dementia champion
- IT centre

Senior weaknesses and gaps

- Long waiting list for Mental Health services
- No provision of mental health services in Bishop's Castle
- Reliance on tourism
- High cost of housing
- Specialised health services available in main centres
- Transport links to main centres
- Reliance on fossil fuels for heating e.g. oil
- Unable to access IT centre during lockdown
- No face-to-face mental health services- Crisis
- Bishop's Castle is a low priority for funding due to size (overlooked rural area)
- Decreased jobs after lockdown
- Centralised services in Shrewsbury
- High older age profile in town

Develop personal skills

This strategy directs communities to provide adequate and sufficient education as well as opportunities for skill development so that people can have a say in how their communities use resources to achieve health (McMurry & Clendon, 2015).

Senior strengths

- Age UK buddy system that supports setting up internet banking and shopping online
- Good Things Foundation- Supplies free tablet and data

Senior gaps

- Mental Health education is lacking- stigma around mental illness
- Lack of local in-person technology support in Bishop's Castle
- Regaining social skills and participation in society needed for seniors who have lost confidence

Reorient health services

Reorienting health services is primarily about the health sector changing from focusing primarily on clinical and curative services to increasingly focus on health promotion and prevention (McMurry & Clendon, 2015).

Senior strengths

- Community motivated and working closely with dementia services and Valerie (a dementia champion) to make Bishop's Castle more aware of dementia and a suitable environment for those with dementia

Senior gaps

- There needs to be early intervention for mental health issues, so there are less crisis interventions
- Lack of physical specialist diagnosis and treatment for dementia and mental health within Bishop's Castle

Health Promotion messages and resources with rationale

Youth

After completing the Ottawa Charter, we came up with two youth health promotion messages of 'Your mind matters' and 'You can't put a plaster on your brain'. We believe these will encourage youth to look after their mental health, have more conversations about mental health, and seeking help when needed. We decided to turn these two messages into stickers to enforce our message, decrease stigma and advertise a Moodle site which we helped to create a one-stop resource for youth mental wellbeing.



***You can't put
a plaster on
your brain***
www.moodle.com/mentalhealth youth

We created these stickers to be put on laptops and phone cases, therefore we plan to print two different sizes of each. 'Your mind matters' is a reminder for youth to check in with their mental health and seek help when needed as their emotional wellbeing is crucial. 'You can't put a plaster on your brain' is provoking thinking around how to keep working on mental wellbeing and that it can take a lot of constant work. There is no effective quick or temporary fix for mental health.

We chose the colour yellow for the 'Your Mind Matters' sticker as it is bold and bright, mentally stimulating and attention grabbing (Lischer, 2021; Vivyan, 2010). This aligns with our goal for the stickers as we want people to notice them and explore the website link. Yellow is also associated with being a positive, optimistic colour that is evidenced to be uplifting (Lischer, 2021; Vivyan, 2010). This is a beneficial colour to have for our sticker as we want people to be inspired to seek help and want it to be a warm, light-hearted approach as we are targeting youth. Further, a UK charity called Young Minds uses yellow as their colour to raise awareness for youth mental health. They ask school students to wear yellow on national mental health day, in October of each year, to show young people they are not alone and can talk to someone if they need help with their mental health (Young Minds, 2017). We believe the values of what Young Minds aims to achieve aligns well with our objectives for the health promotion stickers. Therefore, yellow seemed like a fitting main colour to use. We chose dark blue for the writing as it contrasts well against the yellow, making the words clear and easy to read. We also believe that although any gender can display whichever colours they wish, both dark blue and yellow are typically viewed as gender neutral colours which is therefore appealing to all youth.

We used a simple outline of a plant to make the sticker look more appealing, but it also has significant meaning. A plant can symbolise growth and care, as we must invest time

and energy into caring for a plant for it to grow and flourish, otherwise it will not survive. This is symbolic of our minds, if we don't look after them and put time into caring for them, they will not remain healthy. Leaves have been said to symbolise hope, revival and growth ("#18 Leaf Symbolic Meaning – Leaf Symbolism & Meaning", 2018). In addition, a branch can be symbolic of inclusivity, bravery and resilience (Slagle, 2021). This relates to our aims as we wish for the stickers to include everyone and promote the message that anyone should reach out for help if they need it, thus promoting hope, bravery, and growth.

We wanted the second sticker to look different from the first, to give youth another option as different styles may appeal to different people. We wanted to use yellow again due to the rationale above, but we wanted the stickers to be different, therefore, we chose orange as the main colour and used yellow for the undertones.

Orange is another eye-catching colour; it draws people's attention and stimulates feelings of confidence and courage (Lischer, 2021; Vivyan, 2010). These are all great values to our goal of getting the attention of youth and encouraging them to seek help and speak up about mental health. The colour orange compliments this objective as it provokes feelings of friendliness and warmth, as well as inner strength (Lischer, 2021; Vivyan, 2010).

Orange is beneficial to use on our sticker as it is inviting and cheerful, drawing young people in and is something visual they can decorate their phone case and laptop with. Thus, with the display of these stickers on phones or laptops we aim to promote the website link on the bottom of the sticker, so they can find any help they may need at present or in the future.

We used black for the URL at the bottom of both stickers as it is a contrast to the yellow and orange so easily readable and noticed. We also made it small because we wanted the main slogan to catch people's attention and be the first focus to draw them in, and then they can still read the URL after that.

Instructions for sticker use and distribution:

We aim to print 2 sizes of these stickers and send them to Hope and Sharon who are social prescribers in Bishop's Castle, and Tom and Adrian who are GPs in Bishop's Castle. However, the Moodle page is still in progress, so it was unfeasible to attain the correct URL link before the project was complete. Therefore, we have provided the sticker design and permission to edit the URL link so they can print the stickers and distribute them once Moodle is up and running. We have provided the dimensions for the sizes and decided the 'Your mind matters' to be 6cm x 6cm for the laptop sticker and 4.5cm x 4.5cm

for the phone sticker. We measured the 'You can't put a plaster on your brain' sticker to be 5cm x 9cm for the laptop sticker and 3.5cm x 7.5cm for the phone sticker.

We have asked that once the stickers have been printed Hope and Sharon give a short talk about youth mental health at Bishop's Castle Community College, explaining the Moodle page and distribute the stickers to students. We have also suggested that Hope and Sharon keep stickers at their workplace to give to youth who they encounter in their roles as social prescribers. We believe these are both useful means of distribution as our target age group is 15-24 year olds. By giving stickers to the college, this reaches 11-16 year olds, and through the social prescribers reaching opportunistic youth of all ages. We also request the GPs to keep stickers at the medical practice which they can give to any youth, but especially those who may come in seeking mental health assistance.

We have discovered through our research that the GPs do not have any mental health training, therefore they do not feel equipped to care for youth with mental health struggles. By providing youth with stickers and referring them to the Moodle site for assistance as a starting point, we hope this will make a difference to youth suffering from mental health disparities.

Seniors

The Ottawa Chatter is an effective tool to highlight where the gaps were in the community and develop health promotion messages. The messages that are being promoted through our resources and recommendations are the development of a more dementia friendly community and resocialization as the COVID-19 restrictions ease. The resources we developed to achieve this were dementia friendly stickers and posters for shops including criteria for a dementia friendly shop. Recommendations that we have made include a dementia friendly community kitchen or cafe and a post COVID-19 community gathering where food is shared and resocialization is promoted.

Dementia friendly focus rationale

The Bishop's Castle core community team has identified a need for a wider community awareness and safety for seniors with dementia. With 66 dementia diagnoses in Bishop's Castle and likely more unofficial diagnoses, the need for dementia related mental health solutions is paramount (Woodmansey, personal communication, 2021). The literature review we undertook found that dementia is a significant fear among the senior population due to a loss of independence, changes to social functioning and stigma (Brooker &

Latham, 2016). Dementia is progressive and has no known cure, however current treatments have the goal of sustaining functioning and quality of life for as long as possible. This can be done by enabling social inclusion and meaningful activities to maintain a sense of purpose and improve mental health (Champagne, 2018).

Dementia friendly sticker rationale

Dementia friendly stickers on the windows of shops and cafes will be beneficial to both those with and without a dementia diagnosis. Awareness will be raised in those who don't have dementia that there are those in their community with dementia who are vulnerable and need support. This may lead to members of the community educating themselves about what it means to be dementia friendly, how they can become dementia friendly and the importance of this.

Members of the community with dementia will benefit from shops having a dementia friendly sticker displayed, as this makes them feel safe and supported. It is important that we manage the fear seniors with dementia have about leaving the house and getting lost or facing judgement, so they are able to continue living a purposeful and meaningful life. They may have increased confidence to be a functioning member of society and have some comfort in knowing that the Bishop's Castle community will support them in society as their disease progresses. This can have a positive impact on the mental health of seniors with dementia as they are able to feel normal, included and purposeful in their lives (Regan, 2016).

The sticker below was chosen for several reasons. There were many designs, however this one was very simple and fits in well to this community. It is brightly coloured to draw attention as it will be on shop doors and windows, visible to the community. In addition to the sticker, we have designed a small poster that can be hung near the sticker or within the shop. The aim of this is to give a small amount of information to the community on what it means to be a dementia friendly business.



Rationale for sticker and poster design

Purple

Purple is the official colour for Alzheimer's awareness with the annual Alzheimer's action day for raising awareness and funds encouraging people 'go purple'. In addition to dressing purple, the use of the colour purple in ribbons and visual campaigns is common (Alzheimer's Proof, 2018). Therefore, the colour purple has been used to create a sense of familiarity and recognition in those with and without dementia.

Red Rose

Bishop's Castle is a community that is rich in historical English culture.

The members of the community, particularly the older generation, are proud and knowledgeable of their heritage. The red rose has become a national symbol for England dating back to the Battle of Bosworth during the civil war. The War of the Roses in which the House of Lancaster's symbol of a red rose was pitted against the white rose of the House of York marked the end of the Middle Ages, which was a dark time for England. This means that the red rose has become a symbol of hope and unity (Flower Experts, 2021).

Roses are often interpreted as a sign of love and care, sending a message to those with dementia that this is a place of love and care. This may help reduce fears about interacting with society with reassurance that they are valued and will be cared for.

Structure

Bold colours and font have been used to draw the attention to the sticker and poster so that it is more likely to be noticed in passing. Symmetry and alignment makes it clear and easy to understand for those whose cognition may be impaired. Symmetry and alignment make it clear and easy to understand for those whose cognition may be impaired. The circular shape for the sticker in contrast to the square shape of a window or door frame draws the eye towards the sticker.

Criteria for a shop to be dementia friendly

What does it mean to be dementia friendly?

A 'dementia friendly' community is one where the physical and social environment is responsive and takes initiative to the needs of a person living with dementia (Lin, S., 2017). For a place to be considered dementia friendly, there must be a criteria that is met. The general New Zealand and United Kingdom 'dementia friendly' criteria are very similar. The main concept is of acceptance which is very important for a place to be classed as 'dementia friendly'. Another important thing for places that are 'dementia friendly' is to keep reviewing how they are tracking with the status and identify any change or improvements.

The support for people living with dementia should come from people, communities, organisations and partnerships and can all help to make them feel more included (Alzheimer's Disease International, 2021). Below, is a description of how each can impact on the life of a person living with dementia (Alzheimer's Disease International, 2021).

1. **People** - people living with dementia must be included and centred.
2. **Communities** - the physical and social environment must be appropriate to the needs of people living with dementia.
3. **Organisations** - businesses and organisations must develop dementia friendly approaches and strategies, in particular in healthcare settings.
4. **Partnerships** - cross-sectoral support and collective action are crucial to effect change.

Acceptance of dementia

In order to meet this a business or service must be able to recognise that people with dementia are vulnerable and unique. They may have a variety of different struggles which can impact their interactions with others and their confidence in a social setting. Some of the challenges that people with dementia face are struggling to remember what they are doing or saying, clearly communicating and navigating around cluttered or poorly laid out places (Alzheimer's New Zealand, 2021b).

Raise awareness of dementia

A business or service needs to ensure that there is awareness raised in relation to dementia. This can help to reduce stigma and misunderstanding which can impact a community's mindset on dementia. To ensure a business or service can raise awareness for dementia, they could hold training days for the staff and even members of the community. A massive issue that could be discussed to raise awareness is people with dementia and theft. It is important for security guards to know that sometimes people who are living with dementia accidentally take items from shops as they have forgotten to pay. This would be a key example to make security guards especially aware of this. Other ways of raising awareness can be when a person with dementia is paying for their items but is having trouble getting the right amount of change. This can be where the store owner etc could step in to help them out and could train staff to be a bit more willing to help and be patient (Alzheimer's Society, 2018).

Dementia Champion

This refers to a 'leader' who is accountable for the 'dementia friendly' reputation. This would be a formal commitment for someone within a business or service and they would be held accountable for behaviour within. This means if they saw someone acting in a way that was not "dementia friendly" they would need to solve it with the employee involved.

This person would also work to find more and new ways to work on the 'dementia friendly' status, which would ensure the reputation is upheld. Lastly, this champion would make goals for the business or service and judge whether these were met alongside others (Alzheimer's New Zealand, 2021b).

Accessible environment for people with dementia

To ensure a place is 'dementia friendly' it would need to be easily accessible in a physical sense. This means it would be a place where the flooring is well maintained (no uneven or

slippery surfaces), well lit up, have a simple layout with direct routes, signs up to help navigate, no cluttered areas, quiet background noise and places for people to sit down if they need a rest. The most important thing for a business or service is to have staff approachable and well identifiable (Alzheimer's New Zealand, 2021b).

Information and signs easy to read

One thing that people living with dementia have a problem with is reading and taking in information. This means that it is very important for signs and posters on the walls to be easily readable, making sure fonts are legible and a good size to read, information is presented logically and concisely, only one language is used, white space is used well with minimal pictures to avoid clutter, and most importantly the text is not covered by pictures or colours that are hard to read (Alzheimer's New Zealand, 2021c).

Monitor progress

It is important that for a business or service to have a 'dementia friendly' status it is monitored, and a yearly or bi-yearly review is produced. A review could be as simple as looking at the criteria again and seeing if everything on there is still being met. It could also include feedback from the community about how well the 'dementia friendly' status is obtained. Regular check-ins could be done to ensure that the business or service is keeping up with the status also. This process is very important for ensuring the 'dementia friendly' status works within a community (Alzheimer's Society, 2021e).

Conclusion

Based on the findings above, the six criteria we have chosen are presented in a table below. This can be a tool used to qualify businesses and services that are 'dementia friendly' and can be used as a guide for other businesses and services to become 'dementia friendly'. If a business or service meets all of the following criteria they are welcome to have one of the 'dementia friendly' stickers that we have designed to display in their window. This will help to neutralise any stigma and fear around dementia.

Criteria for 'dementia friendly' status	Have been met	Have not yet been met
Acceptance of people with dementia		
Raise awareness of dementia		
Dementia Champion		
Accessible and Approachable place		
Signs and Posters are legible		
Monitor progress		

Table 5 'Dementia friendly' criteria (Authors)

Community kitchen/cafe

Rationale

Re-socialisation has been identified as a significant concern for the senior population, post COVID-19, and the systematic easing of restrictions. Having a community resource, with a focus of inclusiveness and engagement with appropriate support, will provide a venue that can accommodate engagement and socialisation using the community kitchen and cafe as a safe meeting point. Rebuilding confidence and social links within the community is the focus post COVID-19, with a facility that is exclusive for the community.

Engagement in meaningful and purposeful activities has therapeutic benefits . A food-based activity using familiar kitchen tools and food preparation methods have been shown to extend memory support, and cognitive stimulation, that can benefit individuals with mild to moderate dementia (Champagne, 2018). Maintaining quality of life and wellbeing, can be maintained through engagement in meaningful activities and a sense of purpose and belonging.

Bishop's Castle is fortunate to have an engaged community with a culture of volunteering, who are invested in a wide range of interests which span different areas of the community. Interest in community projects, with support for growing food, has increased since the impact of COVID-19 on the community (Whiddon, personal communication, 2021).

The impetus for these recommendations is building on the momentum of the last 14 months of living with COVID-19 restrictions, and the reported increased interest of volunteering, reported by the core community, to help with food growing projects (Whiddon, personal communication, 2021).

What does it look like?

We recommend either using the proposed hub facility, or another centrally located premise, to create a community kitchen and café, which could potentially house the local food bank and the seed saving/swapping initiative that has been proposed for 2022.

It was communicated that the Bishop's Castle community food bank is currently based in the Methodist Hall, whilst there is a permanent arrangement at the hall, the hall is also utilized by various other groups. This facility would be accessible to the whole community, and be dementia friendly, with staff/volunteers having completed dementia friendly specific training. Valerie Woodmansey, Bishop's Castle dementia champion, could help provide education and guidance.

The idea of a community kitchen is a place to integrate the community interest of growing food, interest groups in sustainability and the food bank, in an interactive place for cooking classes, shared cooking for groups, or preserving of seasonal produce. Engagement in these activities would be inclusive of individuals with dementia, as a cognitive activity with therapeutic benefits. This would require a coordinator with support on the floor depending on groups involved.

Having a community café within the facility would accommodate social engagement in a safe setting with the knowledge that staff/volunteers are dementia trained and be a meeting point for members of the community to socialize. With 14 months of various lockdowns and restrictions due to COVID-19, there is a recognition of the anxiety and fear of the senior population to re-engage in their community. Creating a safe space to socialize will help build confidence and assert their place back into community life.

Over the period of COVID-19, there was an increase in demand for food bank services, with food shortages and poverty increasing within the community (Whiddon, personal communication, 2021). This service is well supported with volunteers, donations, funding, and grants.

There is an existing partnership with local Little Woodbatch Market Garden providing free organic vegetables each week to the food bank. With their engagement, together with

volunteers from the food bank, the community kitchen could be utilized for cooking education, with a focus on budget friendly cooking using seasonal local produce, and knowledge sharing with the community. Involvement of seniors and individuals with dementia in this community facility, with support of involvement in preparation and cooking, would provide the opportunity to engage in meaningful activities.

A manageable herb garden could be constructed as part of, or adjacent to the facility, to provide sensory stimulation, as studies have shown how sensory gardens can fulfill the psychological needs for comfort, attachment, inclusion and occupation. Benefits are associated with increased quality of life and a reduction in agitated behaviours (Collins, Van Puymbroeck, Hawkins & Vidotto, 2020).

A Community Gathering

Date: TBD

Time: 12pm – TBD

Title: Bishop's Castle post COVID-19 community celebration

Bishop's Castle is a community that is determined to become a 'dementia friendly' environment. The dementia champion Valerie Woodmansey has been communicating with the carers and community members who are currently living with dementia and a gap in the awareness of dementia in the community has been identified (Woodmansey, personal communication, 2021). During the community project, the Otago Polytechnic students created the idea for a community-based lunch to gather everyone together and share in festivities to not only raise awareness, but to potentially share additional resources created by the students and support resocialization after lockdown.

The food bank business run by Daphne DuCros could be a potential partner in this community gathering along with other volunteers to provide cost-effective catering for the event. Community food projects are about community spirit through the love of food and establishing connections within the community as food has always been a cause for communal activity (Eden Project, 2021). These projects can also create awareness around specific issues and have plenty of benefits such as reducing social isolation and improving both physical and mental health (Eden Project, 2021).

Community gathering rationale

With the effects of lockdown having a severe impact on the mental health of communities around the world, amplifying the rural aspects of physical and social isolation (Hwang, et al., 2020), a community gathering idea for resocialization was created. With Bishop's Castle motivated to become a dementia friendly community, the lunch was presented with the notion to both raise awareness for dementia and to improve the health of the community by reducing social isolation. The lunch would be held within the Bishop's Castle community with pamphlets being shared throughout the community to invite the community to the gathering where there will be some light entertainment and food. This will be a great opportunity for the businesses willing to participate in the student's additional resource of becoming a dementia friendly business to display their stickers.

People living with dementia and their carers have expressed a desire to feel safe in getting around their community, to feel comfortable accessing shops and leisure facilities, therefore this lunch will hopefully help the public facing organisations to understand the needs for people with dementia, overall improving the awareness of those needs (Dementia Partnerships, 2013).

Flyer template

We felt that the images really relate to Bishop's Castle and the idea of a gathering for a social lunch as included on page 117.



YOU ARE INVITED

TO



**BISHOP'S CASTLE
POST COVID-19 CELEBRATION**

EVENT



WHEN

TBC- a date picked by the
organisers



WHERE

TBC- a location picked by
the organiser



WHAT TO BRING:
- FOOD, DRINK ETC



WHAT WILL BE THERE:
- MUSIC, GAMES, NON-
ALCOHOLIC DRINKS

**CONTACT DETAILS OF
ORGANISER:**

- SOMEONE FROM THE CORE
COMMUNITY



WHAT IF IT IS POSTPONED:
- PICK ANOTHER DATE?



UN 17 Sustainable Goals targeted by our resources

Once we had finished our resources, we looked over the 17 sustainable goals and thought about how each of them could be impacted by our resources. Below we have written how each groups resources will impact these goals if they are utilised.

1- No Poverty

Youth: *Improvements in mental health may improve performance in education and jobs which can lead to securing a sufficient income*

Seniors: *The community hub would be made possible with the volunteers in the community, who would help target those on low incomes.*

2- Zero Hunger

Youth: *The resources made will not influence this goal.*

Seniors: *The community hub would be able to feed and educate those on low incomes, provide education around nutrition.*

3- Good health and well-being

Youth: *This Moodle shell will provide useful resources and information for youth suffering from mental illness and help to improve their mental wellbeing.*

Seniors: *The dementia friendly stickers are aimed to raise awareness of dementia and help people with dementia to feel welcomed.*

Both: *Our submission aims to have a health professional employed in Bishop's Castle specifically for mental health and wellbeing. If this position was filled, it would benefit the health and well-being of those in the community.*

4- Quality education

Youth: *The Moodle shell will prove to be a good source of information to read and make youth knowledgeable of, including mental wellbeing techniques and information about different mental illnesses.*

Seniors: *The dementia friendly stickers will allow businesses and services to provide information to the community about dementia and allow for training of employees.*

Both: *With a mental health professional, there would be more education available around mental-wellbeing and what to do if you are faced with a mental illness.*

5- Gender equality

Youth: *The stickers were designed to be gender neutral, to ensure that anyone could have either one because there are different sayings on each.*

Seniors: *Not only do we hope that the “dementia friendly” stickers will make people more aware and mindful of dementia in the community, but we also hope that the community will treat everyone equally, especially who live with dementia.*

Both: *We would like the mental health professional to be equally accessible to both males and females.*

6- Clean water and sanitation

Youth: *The resources made will not influence this goal*

Seniors: *The community kitchen and hub could provide free clean water for people who visit. This would allow everyone in the community access to free water. This community hub where the kitchen is located could ideally have toilet access. This will help with good sanitation.*

7- Affordable and clean energy

Both: *This is not applicable to our resources.*

8- Decent work and economic growth

Seniors: *Creating a dementia friendly community and promoting resocialization can help seniors to maintain full time or part time employment post COVID-19.*

Both: *The submission for a mental health professional would provide employment for someone within Bishop’s Castle.*

9- Industry, innovation and infrastructure

Youth: *The resources made will not influence this goal.*

Seniors: *By creating the community hub, this would use infrastructure to be innovative and inclusive.*

10- Reduced inequalities

Youth: *Distributing mental health stickers to as many youth as possible, gives them all equal opportunity to access the Moodle site and therefore, reduces health inequalities in*

accessing mental health assistance and resources. Further, the stickers may encourage conversation and reduce stigma around youth mental health, again reducing inequalities.

Seniors: *The dementia friendly stickers would hopefully prove to make people with dementia feel less prejudiced against and would make them feel supported within the community as if they are treated the same as others. The community kitchen would provide a venue for food/cooking, education and advice irrespective of income.*

Both: *A mental health professional would be beneficial in the medical practice, in making sure there are no inequalities for those people who have ongoing medical illness. This would assist the majority of the community towards good mental wellbeing.*

11- Sustainable cities and communities

Youth: *The resources made will not influence this goal.*

Seniors: *The community kitchen in the hub is a great idea that will target sustainability. With foods that are potentially going to waste, these meals will be made available to the community which will help to reduce waste.*

Both: *Bishop's Castle have a high rate of suicide amongst youth; therefore, the employment of a mental health professional would set up this community to be more sustainable and would put less pressure on surroundings cities mental health services. This would also make this community a safer place for those battling with mental health issues.*

12- Responsible consumption and production

Youth: *The resources made will not influence this goal.*

Seniors: *The community kitchen would be a good initiative that would help reduce waste, especially in crops of vegetables and fruit. The members of the community would be able to utilise the excess food before it goes to waste.*

13- Climate action

Both: *Our resources will not have a significant impact on the climate.*

14- Life Below Water

Both: *Our resources will not have an impact on this sustainable goal.*

15- Life on Land

Both: *Our resources will not have an impact on this goal.*

16- Peace, Justice, and strong institutions.

Youth: *The mental health stickers we created aim to reduce stigma and promote inclusivity among all youth and not discriminate mental health issues, but rather encourage seeking help.*

Seniors: *The community kitchen would benefit everyone, including specifically older people living with dementia, by meeting our criteria of being “dementia friendly.”*

Both: *If there is a mental health professional added to the team at the medical practice, this would mean that all people would have their needs supported.*

17- Partnerships for the goals

Both: *Global partnership is being enhanced as we are a team of New Zealand Nursing students working in partnership with the Bishop’s Castle community in England for the purpose of sustainable development.*

Revisiting the Kaitohutohu considerations

Once we finished our health promotion messages and resources, we re-addressed the four research questions from our Kaitohutohu presentation to see if our project had developed any involvement of Māori and if it would be of benefit for Māori.

Will the research involve Māori?

Our community was in Bishop's Castle within Shropshire, England. According to the latest census statistics and key contact people over in Bishop's Castle, there were no individuals living there that identified as Māori. Therefore, our research did not involve Māori.

Is the research being conducted by Māori?

Within our group, there were no members that identified as Māori. However, during group discussions we were able to identify the Treaty of Waitangi and discuss competencies 1.2 and 1.5.

Are the results likely to be specific interest or relevant to Māori?

The results from this research can be of benefit for Māori, as we were researching about mental health in both youth and senior persons. Within the New Zealand context, there are many issues around mental health of Māori in both age groups.

Could the research potentially benefit Māori?

We believe our research, although tailored for Bishop's Castle in England, has parallels that can be applied to a New Zealand context. The aggregate populations are based in a small town that is rurally based and face similar challenges with access to health services, transport, and isolation. This is a familiar challenge faced by many rural communities in New Zealand, keenly felt by Māori populations in Northland.

This can relate back to Māori as the people in Bishop's Castle are an isolated population and Māori are a minority group with similar health inequities, therefore, isolated within the New Zealand population.

Conclusions

For youth

Within the youth population we have identified some major gaps from the research. Mental health and in particular, suicide, is an ongoing issue within Bishop's Castle. Without interventions for change, this will remain an issue (Whiddon personal communication, 2021). Youth are in a pivotal part of their lives where social interactions are crucial for their development (Healthy Families BC, 2021). Living in a rural community such as Bishop's Castle poses many barriers to having social interactions and the COVID-19 pandemic has exacerbated these barriers. Youth social isolation is linked to an increased risk of depressive symptoms, suicide, and low self-esteem. Thereby, having negative impacts on adolescents' psychological wellbeing (Hall-Lande, Eisenberg, Christenson & Neumark-Sztainer, 2007). We are wanting to assist with the addition of more mental health services to the Bishop's Castle community, and we hope that the health promotion resources we produce will be a step in the right direction.

For Seniors

From this research, there are areas within the community where there are considerable gaps. In terms of dementia, there is still a need for additional dementia friendly and dementia specific resources and services. Specifically, after the Covid-19 pandemic and the isolation faced due to the restrictions. It is known that change can be very damaging to an individual with dementia, as it can be overwhelming for their thought processes (Weill Institute for Neurosciences, 2021). Individuals with dementia are already disadvantaged with having damage to their brain. This damage progressively worsens and can slowly take over a person's responses. Specifically, people with dementia find it difficult to readjust, especially when there is a change in environment (Alzheimer's Society, 2021). Therefore, re-socialisation will be a very difficult time for individuals living with dementia. For just over a year, they have lived in their homes without having access to services and friends/family. This means they will be used to not seeing many people in the community and meaning there will be a huge change within their daily lives. This could have numerous effects on these individuals. They may act aggressively towards others which

may be a sign that they are distressed from the change (Weill Institute for Neurosciences, 2021).

Overall conclusion

Working on this community research project with the Bishop's Castle community has been an interesting and rewarding experience. Ensuing from the 2020 report, two aggregate populations were identified with mental health needs, and COVID-19 was declared a pandemic, with unprecedented challenges and consequences for society in the United Kingdom.

Whilst we are working with a community on the other side of the world, the needs, and challenges of the aggregates in small rural settings, have parallels that are not dissimilar to vulnerable populations in a New Zealand context. This project presented us with the opportunity to research deeper into the resources, strengths, and gaps of the Bishop's Castle community focusing on the two aggregates applying community assessments, literature reviews, health promotion utilizing the Ottawa Charter, and our health resource development.

We hope that the findings of our research, recommendations, and resources, with continuity from the 2020 report, will give the community of Bishop's Castle the tools and support to address the issues identified by their community. The impact of COVID-19 has added another layer of challenges of which we have included into this report and into our recommendations. Applying a lens on the strengths of Bishop's Castle, we hope that they can move forward with resilience together as a community. We include Hope Robson's poem which she has kindly allowed us to reprint from *Contemporary Research Topics, Scope, Health & Wellbeing* (2019, p.8-9), 4, *Rural*.

I'm Finding You Slowly

Feeling alone, like a chill to the bone
wondered what I would do if I had to do it on my own
my body teases me, makes me see my conscious community.
Thinking of my mind-set, it's so full of positivity
and deep-rooted subliminal thought patterns.
Man I can speak for eternity, see it gets on people and it haunts and taunts
and they want nothing to do with these thoughts.
I've learnt to be by myself, I feel isolated, freezing
oh it can be seen as hell.

I love my mind and what I dwell on, I love being in my own space
pop the kettle on, have a cuppa tea
relax and think deeply.
In deep thought I think of my tribe wanting to gain a right to be together and be free
come collective, come party with me.

See from time to time I meet people of the divine
on my wave length, they see
and we get lost for hours in speech
talking of this and talking of that
making my heart have an attack of upmost love and respect
finally some minds that fully connect.

I'm finding you slowly. People who relate - people who resonate
we are gathering, it's never too late, oh it's holy
in its own way, come find me by the gate.
Man it brightens my day, having this part to play
find tribe and invite them to escape
to a land of tranquillity.

Learn to tape and bandage the hostility
these are what my prayers are made of.
Finding people that shine and parade in their own paradise
away from the hypnotised mess that we call civilised.

These people I meet make me want to keep my heart to its beat
not to slip back into old habits of self-doubt and defeat
don't disconnect from this higher 'gurl', that's in me
bringing me out, making me find these people
and tell them all about my *true* feelings
and how all this deep thought first came about.

References

- Age UK. (2021a). *Finding and arranging social care*. Retrieved from <https://www.ageuk.org.uk/information-advice/care/arranging-care/>
- Age UK. (2021b). *The impact of COVID-19 to date on older people's mental and physical health*. Retrieved from https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf
- Ali, S., Walsh, K., & Klooseck, M. (2018). Patient perspectives on improving osteoarthritis management in urban and rural communities. *Journal of Pain Research*, 11, 417–425. Doi 10.2147/JPR.S150578
- Alzheimer's Disease International. (2021). *Dementia Friendly Communities*. Retrieved from <https://www.alzint.org/what-we-do/policy/dementia-friendly-communities/>
- Alzheimer's New Zealand. (2021a). *What is dementia*. Retrieved from <https://www.alzheimers.org.nz/information-and-support/information/what-is-dementia>
- Alzheimer's New Zealand. (2021b). *Dementia-friendly Recognition Programme- Toolkit for organisations*. Retrieved from <https://www.alzheimers.org.nz/getmedia/44e2be69-951c-43de-8cf2-43f07c857f70/Dementia-Friendly-Recognition-Programme-Toolkit-for-businesses-FINAL.pdf/>
- Alzheimer's Proof. (2018). *An overview of the symbolism behind the colour purple*. Retrieved from <https://alzheimersproof.com/why-is-purple-the-color-for-alzheimers-awareness/>
- Alzheimer's Research UK, (2021). *How does dementia affect everyday life?* Retrieved from <https://www.alzheimersresearchuk.org/blog/how-does-dementia-affect-everyday-life>
- Alzheimer's Society. (2018). *Dementia-friendly retail guide- A practical guide for shops and retailers to support people affected by dementia*. Retrieved from https://www.alzheimers.org.uk/sites/default/files/2019-07/AS_NEW_DF_Retail_Guide_Online_09_07_19.pdf
- Alzheimer's Society, (2021a). *Facts media*. Retrieved from <https://www.alzheimers.org.uk/about-us/news-and-media/facts-media>
- Alzheimer's Society, (2021b). *Exhausted family and friends spent 92 million extra hours caring for loved ones*. Retrieved from <https://www.alzheimers.org.uk/news/2020-10-05/exhausted-family-and-friends-spent-92-million-extra-hours-caring-loved-ones>

- Alzheimer's Society. (2021c). *Facts for the media*. Retrieved from <https://www.alzheimers.org.uk/about-us/news-and-media/facts-media#:~:text=There%20are%20currently%20around%20850%2C000,age%20of%2080%20have%20dementia>
- Alzheimer's Society. (2021d). *How can dementia change a person's perception?* Retrieved from <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/how-dementia-changes-perception>
- Alzheimer's Society. (2021e). *How to become a recognised dementia-friendly community*. Retrieved from <https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities/how-to-become-dementia-friendly-community>
- American Psychiatric Association. (2018). *What is mental illness?* Retrieved from <https://www.psychiatry.org/patients-families/what-is-mental-illness>
- Australian Government Department of Health. (2006). *Rural and remote communities*. Retrieved from <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-mono-toc~mental-pubs-p-mono-pop~mental-pubs-p-mono-pop-rur>
- Averill J. (2012). Priorities for action in a rural older adults study. *Family & community health*, 35(4), 358–372. Doi: 10.1097/FCH.0b013e318266686e
- Baernholdt, M., Yan, G., Hinton, I., Rose, K., & Mattos, M. (2012). Quality of life in rural and urban adults 65 years and older: findings from the National Health and Nutrition Examination survey. *The Journal of Rural Health*, 28(4), 339-347.
- BBC. (2021). *BBC radio Shropshire*. Retrieved from <https://www.bbc.co.uk/schedules/p00fzl8k>
- Beautrais, A. (2000). Risk Factors for Suicide and Attempted Suicide among Young People. *Australian & New Zealand Journal of Psychiatry*, 34(3), 420-436. doi: 10.1080/j.1440-1614.2000.00691.x
- Bertolote, J. M., & Fleischmann, A. (2002). Suicide and psychiatric diagnosis: a worldwide perspective. *World psychiatry. Official Journal of The World Psychiatric Association (WPA)*, 1(3), 181–185.
- Best Practice. (2015). *Addressing mental health and wellbeing among young people*. Retrieved from <https://bpac.org.nz/BPJ/2015/October/wellbeing.aspx>
- Bishop's Castle. (2021a). *Home*. Retrieved from <http://www.bishopscastle.co.uk/tourism/>

- Bishop's Castle. (2021b). *Travel*. Retrieved from <http://www.bishopscastle.co.uk/tourism/travel/>
- Bishop's Castle. (2021c). *Events*. Retrieved from <http://www.bishopscastle.co.uk/tourism/events/>
- Bishop's Castle. (2021d). *Walking*. Retrieved from <http://www.bishopscastle.co.uk/tourism/walking/>
- Bishop's Castle. (2021e). *Footpath walking group*. Retrieved from <http://www.bishopscastle.co.uk/tourism/wp-content/uploads/2018/06/Walking-Group-July-Sept-2018.pdf>
- Bishop's Castle Dial a Ride. (2021). *Transport for the community, by the community - what we do*. Retrieved from http://www.bc-dial-a-ride.org.uk/?page_id=17
- Bishop's Castle Medical Practice. (2021a). *Welcome*. Retrieved from <https://www.bishopscastlemedicalpractice.co.uk/index.aspx>
- Bishop's Castle Medical Practice. (2021b). *Services*. Retrieved from <https://www.bishopscastlemedicalpractice.co.uk/index.aspx>
- Bishops Castle Town hall. (2021). <http://bishopscastletownhall.co.uk/>
- Bishops Castle Town Council. (2017). *Newsletter*. Retrieved from <https://bishopscastletowncouncil.gov.uk/newsletter/>
- Bishop's Castle Town Council. (2021). *Community Partnership – Town Plan – Bishop's Castle Town Council*. Retrieved from <https://bishopscastletowncouncil.gov.uk/town-plan/>
- Black Dog Institute. (2021). *Mental health ramifications of COVID-19: The Australian context*. Retrieved from http://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319_covid19-evidence-and-reccomendations.pdf
- Bradvik, L. (2018). Suicide Risk and Mental Disorders. *International Journal of Environmental Research And Public Health*, 15(9), 2028. Doi: 10.3390/ijerph15092028
- Brooker, D., & Latham, I. (2016). *Person-centred dementia care*. (2nd ed.). London, UK: Jessica Kingsley Publishers
- Buck, D., & Ewbank, L. (2020). *What is social prescribing?* The King's Fund. Retrieved from <https://www.kingsfund.org.uk/publications/social-prescribing>

- Cacioppo, J., Hawkey, L., Norman, G., & Berntson, G. (2011). Social isolation. *Annals Of The New York Academy Of Sciences*, 1231(1), 17-22. Doi: 10.1111/j.1749-6632.2011.06028.x
- Calabrese, L. (2021). *Suicidal Ideation vs Intent shows the difference between "thinking" and tragically "doing."* Retrieved from <https://loricalabreemd.com/conditions/suicidal-thoughts/>
- Care Home. (2021). *Care homes in and around Bishop's Castle*. Retrieved from https://www.carehome.co.uk/care_search_results.cfm/searchtown/Bishops-Castle
- CBD Choice. (2020). *How to identify and manage mental health conditions in seniors*. Retrieved from <https://cbdchoice.com/how-to-identify-and-manage-mental-health-conditions-in-seniors/>
- CDC: Control for Disease Control and Prevention. (2021). *Coping with stress*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
- CDC: Centres for Disease Control and Prevention. (2018). *Learn about mental health*. Retrieved from <https://www.cdc.gov/mentalhealth/learn/index.htm>
- Champagne, T. (2018). *Sensory modulation in dementia care*. London, UK: Jessica Kingsley Publishers
- Coleman, D., Kaplan, M., & Casey, J. (2011). The social nature of male suicide: A new analytic model. *International Journal of Men's Health*, 10(3), 240-252. Doi: 10.3149/jmh.1003.240
- Collins, P. (2020). What is global mental health?. *World Psychiatry*, 19(3), 265-266. Doi:10.1002/wps.20728
- Community College Bishop's Castle. (2020). *Admissions*. <https://ccbcshropshire.com/parents/admissions/>
- Coverage Care. (2021). *Stone House - Bishop's Castle*. Retrieved from <https://www.coveragecareservices.co.uk/our-homes/south-shropshire/stone-house>
- Craft, J.A., Gordon, C. (2015). *Understanding pathophysiology*. (2nd ed.). Chatswood, NSW, Australia: Elsevier
- Cylex. (2021). *Residential, retirement & care homes in Bishop's Castle*. Retrieved from <https://bishops-castle.cylex-uk.co.uk/residential-retirement-care-homes/>

- Das, M., & Bhattacharyya, A. (2021) Social distancing through COVID-19: A narrative analysis of Indian Peri-Urban Elderly, *Social Sciences & Humanities Open*, 4(1), 1-8. Doi: 10.1016/j.ssaho.2021.100139.
- Discovery Mood. (2019). *The difference between self-harm and suicide*. Retrieved 10 May 2021, from <https://discoverymood.com/blog/difference-self-harm-attempted-suicide/>
- Enterprise House. (2021). *Enterprise House COVID-19 update April 2021*. Retrieved from <http://enterprisehouse.org.uk/>
- Escalante, E., Golden, R., & Mason, D. (2021). Social isolation and loneliness: Imperatives for health care in a post-COVID world. *JAMA*, 325(6), 520–521. Doi:10.1001/jama.2021.0100
- Evans, D. L., Foa, E. B., Gur, R. E., Hendin, H., O'Brien, C. P., Seligman, M. E., & Walsh, B. T. (Eds.). (2005). *Treating and preventing adolescent mental health disorders: What we know and what we don't know*. Oxford University Press.
- Fauci, A., Lane, C. & Redfield, R. (2020). COVID-19 — Navigating the uncharted. *New England Journal of Medicine*, 382(13),1268. Doi: 10.1056/NEJMe2002387
- Fergusson, D. M., & Lynskey, M. T. (1995). Suicide attempts and suicidal ideation in a birth cohort of 16-year-old New Zealanders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(10), 1308-1317. Doi: 10.1097/00004583-199510000-00016
- Fiske, A., Wetherell, J., & Gatz, M. (2009). Depression in Older Adults. *Annual Review of Clinical Psychology*, 5(1), 363-389. doi: 10.1146/annurev.clinpsy.032408.153621
- Flower Experts. (2021). *The English rose: History*. Retrieved from http://www.flowerexperts.com/english_rose.asp
- Food and Agriculture Organization. (1991). *Rural youth situation, needs and prospects - An overview with special emphasis on Africa*. Retrieved from <http://www.fao.org/3/x5636e/x5636e01.htm#:~:text=Rural%20youth%20account%20for%20around,school%20at%20an%20early%20age.>
- Franklin, J., & Henning-Smith, C. (2020). *Approaching the issue of rural social isolation*. Retrieved from <https://www.ruralhealthweb.org/blogs/ruralhealthvoices/january-2020/approaching-the-issue-of-rural-social-isolation#:~:text=%E2%80%9CBeing%20socially%20isolated%20has%20been,%20C%E2%80%9D%20Henning%20Smith%20says.>
- Furlong, A. (2013). *Youth studies* (pp. 2-3). USA: Routledge.

- Good Therapy. (2019). *Isolation and loneliness: What's the difference?*. Retrieved from <https://www.goodtherapy.org/blog/isolation-loneliness-whats-the-difference-0312197>
- GOV.UK. (2017). *Defining rural areas*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/597751/Defining_rural_areas__Mar_2017_.pdf
- GOV.UK. (2021a). *Transition*. Retrieved from <https://www.gov.uk/transition>
- GOV.UK. (2021b). *The basic state pension*. Retrieved from <https://www.gov.uk/state-pension/print>
- GOV.UK. (2021c). *The new state pension*. Retrieved from <https://www.gov.uk/new-state-pension/what-youll-get>
- GOV.UK (2021d). *COVID-19 response spring 2021*. Retrieved from <https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary>
- Great Senior Living. (2017). *Am I a senior citizen? Age, terminology and what “old” really means*. Retrieved from <https://www.greatseniorliving.com/articles/senior-citizen-age>
- Great Senior Living. (2020). *Your mental well-being matters: What all seniors and elderly Americans should know*. Retrieved from <https://www.greatseniorliving.com/health-wellness/mental-well-being>
- Hall-Lande, J. A., Eisenberg, M. E., Christenson, S. L., & Neumark-Sztainer, D. (2007). Social isolation, psychological health, and protective factors in adolescence. *Adolescence*, 42(166).
- Hancock, S., Winterton, R., Wilding, C., & Blackberry, I. (2019). Understanding ageing well in Australian rural and regional settings: Applying an age-friendly lens. *Australian Journal of Rural Health*, 27, 298– 303. Doi:10.1111/ajr.12497
- Hands Together Ludlow. (2019). Retrieved from <https://www.handstogetherludlow.org.uk/index.php>
- Hawton K, Saunders K. E. & O'Connor, R. C. (2012) Self-harm and suicide in adolescents. *Lancet* 379:2373–2382. Doi:10.1016/S0140-6736(12)60322-5 2.
- Healthy Families BC. (2014). *Social and emotional changes in adolescence*. Retrieved from <https://www.healthyfamiliesbc.ca/home/articles/social-and-emotional-changes-adolescence-teens>

- Henning-Smith, C., Moscovice, I., & Kozhimannil, K. (2019). Differences in social isolation and its relationship to health by rurality. *The Journal of Rural Health*, 35(4), 540-549.
- Hetrick, S., Parker, A., Callahan, P., & Purcell, R. (2010). Evidence mapping: illustrating an emerging methodology to improve evidence-based practice in youth mental health. *Journal of Evaluation In Clinical Practice*, 16(6), 1025-1030. doi: 10.1111/j.1365-2753.2008.01112.x
- Hintenach, A., Raphael, O. & Hung, W. (2019). Training programs on geriatrics in rural areas: a review. *Current Geriatric Reports*, 8(2), 117–122. Doi: 10.1007/s13670-019-0283-3
- Homecare. (2021). *Dementia care in and around Bishop's Castle*. Retrieved from <https://www.homecare.co.uk/homecare/listings.cfm/searchtown/Bishops-Castle/hctype/dementia-care>
- Institute for Government, (2021). Retrieved from <https://www.instituteforgovernment.org.uk/sites/default/files/timeline-lockdown-web.pdf>
- Iowa State University. (2006). *How kids develop: Ages and stages of youth development*. Retrieved from <https://www.extension.iastate.edu/4hfiles/VI950902FAgesStages.pdf>
- Kalashnyk, N., & Khudoba, O. (2021). COVID-19 Challenges over Mental Health Public Policy. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 11(2Sup1), 165-174. Doi: 10.18662/brain/11.2Sup1/102
- Khademi, F., Moayedi, S., Golitaleb, M. & Karbalaie, N. (2021), The COVID-19 pandemic and death anxiety in the elderly. *Int. J. Mental Health Nurs.*, 30: 346-349. <https://doi.org/10.1111/inm.12824>
- Korkeaoja, J. (2001). *Situation and prospects of young people in rural areas*. Retrieved from <https://assembly.coe.int/nw/xml/XRef/X2H-Xref-ViewHTML.asp?FileID=9322&lang=EN>
- Kozlowski, H., Farkouh, M., Irwin, M., Radvanyi, L., Schimmer, A., Tabori, U., & Rosenblum, N. (2020). COVID-19: a pandemic experience that illuminates potential reforms to health research. *EMBO Molecular Medicine* (2020) 12: e13278 <https://doi.org/10.15252/emmm.202013278>

- Lightfoot Enterprises. (2020). Information hub. Retrieved from <https://lightfootenterprises.org/information-hub/>
- Lilburn, L. (2016). *Ageing in place and social isolation in rural dwelling older adults*. Massey University. Retrieved, from https://mro.massey.ac.nz/bitstream/handle/10179/11081/02_whole.pdf?sequence=2&isAllowed=y
- Lin, S. (2017). 'Dementia-friendly communities' and being dementia friendly in healthcare settings. *Curr Opin Psychiatry*, 30(2). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5287032/>
- Lischer, B. (2021). *The Psychology of Colour in Branding*. Retrieved from www.ignitebrands.com/the-psychology-of-color-in-branding/
- Love Mobility. (2021). *Your family-run mobility shop in Wellington, Telford*. Retrieved from <https://love-mobility.co.uk/>
- Lubkin, I., & Larsen, P. (2013). *Chronic illness: Impact and intervention (8th ed.)*. Jones & Bartlett Learning.
- Luskin Biordi, D., & Nicolson, N. (2013). Social Isolation. In I. Morof Lubkin, & P. Larson, *Chronic Illness: Impact and Intervention* (pp. 97-126). Burlington, United States of America: Jones & Bartlett.
- Martins Van Jaarsveld, G. (2020). The Effects of COVID-19 Among the Elderly Population: A Case for Closing the Digital Divide. *Frontiers In Psychiatry*, 11. doi: 10.3389/fpsyt.2020.577427
- Mathur, A. (2020). Care of Older Adults in the Post-COVID Era. *Journal of the Indian Academy of Geriatrics*, 16(3), 89. Doi: 10.4103/0974-3405.309994
- Mayo Clinic. (2020). *COVID-19 and your mental health*. Retrieved from <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731>
- Mayo Clinic. (2019). *Mental illness*. Retrieved from <https://www.mayoclinic.org/disease-conditions/mental-illness/symptoms-causes/syc-20374968>
- McGorry, P., Bates, T., & Birchwood, M. (2013). Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK. *British Journal of Psychiatry*, 202(s54), s30-s35. doi: 10.1192/bjp.bp.112.119214

- McGorry, P., Purcell, R., Hickie, I., & Jorm, A. (2007). Investing in youth mental health is a best buy. *Medical Journal of Australia*, 187(S7). doi: 10.5694/j.1326-5377.2007.tb01326.x
- McMurry, A. & Clendon, J. (2015). *Community Health and Wellness* (5th ed.). NSW, Australia: Elsevier.
- Mental Health (2020). *What is mental health?* Retrieved from <https://www.mentalhealth.gov/basics/what-is-mental-health>
- Mental Health Foundation UK. (2021). *Impacts of lockdown on the mental health of children and young people*. Retrieved from <https://www.mentalhealth.org.uk/publications/impacts-lockdown-mental-health-children-and-young-people>
- Mental Health Foundation. (2021). Retrieved from <https://www.mentalhealth.org.uk/coronavirus/coping-coronavirus-guide-young-people>
- Midlands Partnership Foundation Trust. (2021a). *Shropshire IAPT: Midlands Partnership Foundation Trust*. Retrieved, from <https://shropshireiapt.mpft.nhs.uk/>
- Midlands Partnership Foundation Trust. (2021b). *Mental Health Community Services: Midlands Partnership Foundation Trust*. Retrieved 10 May 2021, from <https://www.mpft.nhs.uk/services/mental-health-community-services>
- Miller, E. (2020). Protecting and improving the lives of older adults in the COVID-19 Era. *Journal of Aging & Social Policy*, 32(4-5), 297-309. Doi:10.1080/08959420.2020.1780104
- Ministry of Health. (2020). *COVID-19: Mental health and wellbeing resources*. Retrieved from <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-mental-health-and-wellbeing-resources>
- Ministry of Health. (2016). *Models of health*. Retrieved May 11 from <https://www.health.govt.nz/our-work/public-health-workforce-development/about-public-health/models-health>
- National Geographic. (2011). *Rural area*. Retrieved from <https://www.nationalgeographic.org/encyclopedia/rural-area>
- National Health Service. (2021a). *Butler and Finnigan*. Retrieved from <https://www.nhs.uk/services/dentist/butler-and-finnigan/V006761>
- National Health Service. (2021b). *Bishop's Castle Pharmacy*. Retrieved from <https://www.nhs.uk/Services/pharmacies/PctServices/DefaultView.aspx?id=9543>

- National Institute of Allergy and Infectious Disease (2021). Retrieved from <https://www.niaid.nih.gov/diseases-conditions/covid-19>
- National Trails (2021). Retrieved from https://www.nationaltrail.co.uk/en_GB/trails/offas-dyke-path/
- NBC Los Angeles. (2020). *Glendale offers free fans to senior citizens*. Retrieved from <https://www.nbclosangeles.com/news/local/glendale-offers-free-fans-to-senior-citizens/2357573/>
- New Zealand Mortality Data Review Group. (2017). *Child and Youth Mortality Review Committee: 12th Data Report 2011-2015*. Wellington, New Zealand: NZ Mortality Review Data Group, University of Otago.
- NHS. (2021). *Local NHS urgent mental health helpline for Bishop's Castle - NHS*. Retrieved 10 May 2021, from <https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-healthhelpline/result/Bishop%27s%20Castle?age=18&latitude=52.49300621259397&longitude=-2.9978212344338213>
- Nieri, T., Kulis, S., Keith, V., & Hurdle, D. (2005). Body image, acculturation, and substance abuse among boys and girls in the Southwest. *The American Journal of Drug And Alcohol Abuse*, 31(4), 617-639. doi: 10.1081/ada-200068418
- Office, E., Rodenstein, M., Merchant, T., Pendergrast, T. & Lee, A. (2020). Lindquist, Reducing Social Isolation of Seniors during COVID-19 through Medical Student Telephone Contact. *Journal of the American Medical Directors Association*, 21(7), 948-950. Doi: 10.1016/j.jamda.2020.06.003.
- Orgilés, M., Morales, A., Delvecchio, E., Mazzeschi, C., & Espada, J. P. (2020). Immediate psychological effects of the COVID-19 quarantine in youth from Italy and Spain. *Frontiers in Psychology*, 11, 2986.
- Our World in Data (2021). Retrieved from <https://ourworldindata.org/covid-vaccinations?country=GBR~USA~NZL>
- Ozorio, T. (2011). *What is mental health and mental wellbeing?*. Retrieved from <https://www.mind.org.uk/information-support/your-stories/what-is-mental-health-and-mental-wellbeing/>
- Pantell, M., Rehkopf, D., Jutte, D., Syme, S., Balmes, J., & Adler, N. (2013). Social Isolation: A Predictor of Mortality Comparable to Traditional Clinical Risk Factors. *American Journal of Public Health*, 103(11), 2056-2062. doi: 10.2105/ajph.2013.301261

- Parry A. (2020). *New Mayor takes office in Bishop's Castle*. County Times. Retrieved from <https://www.countytimes.co.uk/news/18516647.new-mayor-takes-office-bishops-castle/>
- Parker, K., Horowitz, J., Brown, A., Fry, R., Cohn, D., & Igielnik, R. (2018). What unites and divides urban, suburban and rural communities. *Pew Research Centre*. Retrieved from <https://www.pewresearch.org/social-trends/2018/05/22/what-unites-and-divides-urban-suburban-and-rural-communities/>
- Pateman, T. (2011) Rural and urban areas: comparing lives using rural/urban classifications. *Regional Trends*, 43, 11–86 (2011). <https://doi.org/10.1057/rt.2011.2>
- Police United Kingdom. (2021). *The National website for policing in England, Wales and Northern Ireland*. Retrieved from <https://www.police.uk/>
- Police. UK (2021). Retrieved from <https://www.police.uk/pu/your-area/west-mercia-police/bishops-castle-and-rural/>
- Prester, T. A. (2003). *Psychology of adolescents*. Hauppauge, N.Y: Nova Science Publishers.
- Priory Group. (2021). *Does mental health affect and impinge on family and relationships?* Retrieved from <https://www.priorygroup.com/blog/does-mental-health-affect-and-impinge-on-family-relationships>
- Ritchie, H., & Roser, M. (2018) *Mental health*. Retrieved from <https://ourworldindata.org/mental-health>
- Regan, M. (2016). *The interface between dementia and mental health: an evidence reviews*. London: Mental Health Foundation.
- Restieaux, P., Norgate, A., Lyttle, C., Anderson, C., Monaghan, J., Baxter, B., Gonsalves, L., Gray, N., Thompson, S., Hooker, S., Stanton, T., & Gartner, T. (2020). *Sustainable Rural Futures- A health perspective on Bishops Castle*. Doi: 10.34074/scop.3005029
- Robson, H. (2019). I'm Finding You Slowly. *Scope: Contemporary Research Topics (Health & Wellbeing)*, 4, 8-9. Doi: 10.34074/scop.3004012
- Ross, J. (2019a). Rural community practice: An interview with Alun Roberts. *Scope: Contemporary Research Topics (Health and Wellbeing)*, 4, 10-12. Doi: 10.34074/scop.3004028
- Ross, J. (2019b). Rural communities. *Scope: Contemporary Research Topics (Health & Wellbeing)*, 4, 13-20. Doi: 10.34074/scop.3004017

- Rüsch, N., Zlati, A., Black, G., & Thornicroft, G. (2014). Does the stigma of mental illness contribute to suicidality? *British Journal of Psychiatry*, 205(4), 257-259. doi: 10.1192/bjp.bp.114.145755
- Rural Health Information Hub. (2019a). *Healthcare access in rural communities*. Retrieved from <https://www.ruralhealthinfo.org/topics/healthcare-access>
- Rural Health Information Hub. (2019b). *Factors that impact mental health in rural areas*. Retrieved from <https://www.ruralhealthinfo.org/toolkits/mental-health/1/outside-factors>
- Sane Australia. (2021). *Families, Friends and Carers*. Retrieved from <https://www.sane.org/information-stories/facts-and-guides/families-friends-carers#all-in-the-family>
- Sansonetti, P. J. (2020). Covid-19, chronicle of an expected pandemic. *EMBO Molecular Medicine* (2020) 12: e12463 <https://doi.org/10.15252/emmm.202012463>
- Senior Homes. (n.d.). *The Psychological and Social Impacts of Aging*. Retrieved from <https://www.seniorhomes.com/impacts-of-aging/>
- Senior Lifestyle. (2021). *10 ways to ease anxiety in seniors about getting back to normal*. Retrieved from <https://www.seniorlifestyle.com/resources/blog/10-ways-to-ease-anxiety-in-seniors-about-getting-back-to-normal/>
- Senior living. (2021). *FAQ's for senior citizens*. Retrieved from <https://www.seniorliving.org/life/senior-citizen/>
- Single Care Team. (2021). *Mental Health Statistics 2021*. Retrieved from <https://www.singlecare.com/blog/news/mental-health-statistics/>
- Shropshire Churches Tourism Group. (2021). *Bishop's Castle*. Retrieved from <https://www.discovershropshirechurches.co.uk/south-west-shropshire/bishops-castle/>
- Shropshire Community Health - NHS Trust. (2021). *Alcohol and Drug Services*. Retrieved from <https://www.shropscommunityhealth.nhs.uk/alcohol-and-drugs-services>
- Shropshire Community Health. (2021). *Bishop's Castle community hospital*. Retrieved from <https://www.shropscommunityhealth.nhs.uk/bishops-castle-community-hospital>
- Shropshire Council. (2017). *Ludlow East Ward*. Retrieved from <https://shropshire.gov.uk/media/5271/ludlow-east.pdf>
- Shropshire Council. (2021a). *Environment*. Retrieved from <https://shropshire.gov.uk/information-intelligence-and-insight/facts-and-figures/environment/>

- Shropshire Council. (2021b). *Bishop's Castle library*. Retrieved from <https://www.shropshire.gov.uk/libraries/find-a-library/bishops-castle-library/>
- Shropshire Council. (2021c). *Bishops Castle Market Town Profile*. Retrieved from <https://shropshire.gov.uk/media/9681/bishops-castle.pdf>
- Shropshire Council. (2021d). *Let's talk mental health hubs | Shropshire Council*. Retrieved from <https://shropshire.gov.uk/disability-information/mental-health/lets-talk-mental-health-hubs>
- Shropshire Larder. (2021). *Emergency food*. Retrieved from <https://www.shropshirelarder.org.uk/emergencyfood>
- Shropshire Star. (2021). Retrieved from <https://www.shropshirestar.com/services/#local-businesses-tab>
- Shropshire Star. (2019). *Bus service cuts will 'hit most vulnerable'*. Retrieved from <https://www.shropshirestar.com/news/transport/2019/04/02/bus-service-cuts-will-hit-most-vulnerable/>
- Shropshire Wildlife Trust. (2021). *Protecting local wildlife and places*, Retrieved from <https://www.shropshirewildlifetrust.org.uk/>
- Slagle, L. (2021). *How did we get our name? — Olive Leaf Family Therapy, Inc.* Retrieved from <https://www.lovereallyisenough.com/how-did-we-get-our-name>
- Smellie, T., & Robertson L. (2019). Relocating or ageing in place? A story of housing modifications in rural NZ. *Scope: Contemporary Research Topics (Health & Wellbeing)*, 4, 45-57. Doi: 10.34074/scop.3004010
- Smith, L., Peck, P., & McGovern, R. (2004). Factors contributing to the utilization of mental health services in a rural setting. *Psychological Reports*, 95(2), 435-442. Doi: 10.2466/pr0.95.2.435-442
- Smoke Free Action. (2021) Retrieved from <https://smokefreeaction.org.uk/smokefree2030/>
- SMS Toolkit. (2021). *What is social prescribing?* Retrieved from <https://www.smstoolkit.nz/social-prescribing>
- Social Wellbeing Agency. (2020). *Short report: Social isolation, loneliness and COVID-19*. Retrieved from <https://swa.govt.nz/assets/Publications/reports/Short-Report-V3.pdf>
- Super Seniors. (2021). *Social isolation*. Office for Seniors. Retrieved 6 May 2021, from <https://www.superseniors.msd.govt.nz/about-superseniors/about-this-site/index.html#Contactus0002>
- Syan, A., Lam, J., Huang, C., Smith, M., Darnay, K., Hawke, L., & Henderson, J. (2021). *The Wellness Quest: A health literacy and self-advocacy tool developed by youth*

for youth mental health. *Health Expectations*, 24(2), 659-669. doi:
10.1111/hex.13214

Tan L.T.H., Letchumanan, V., Ser HL., Law, W-F., Mutalib, N-S., & Lee, L-H. (2020). PMMB COVID-19 Bulletin: United Kingdom (22nd April 2020). *Progress in Microbes and Molecular Biology 2020*; 3(1): a0000078.
<https://doi.org/10.3687/pmmb.a0000078>

The Telegraph. 10 May 2021. Retrieved from <https://www.telegraph.co.uk/global-health/science-and-disease/coronavirus-news-lockdown-rules-may-covid-vaccine-uk-cases/>

Thornicroft, G., Rose, D., Kassam, A., & Sartorius, N. (2007). *Stigma: Ignorance, prejudice or discrimination?*. *British Journal of Psychiatry*, 190(3), 192-193. doi:
10.1192/bjp.bp.106.025791

Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., & Rose, D. et al. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123-1132. doi: 10.1016/s0140-6736(15)00298-6

Thyssenkrupp. (2021). *What does it mean to be a senior citizen?* Retrieved from <https://www.thyssenkrupp-homesolutions.co.uk/senior-citizen.html>

Tulane University. (2020). *Understanding the effects of social isolation on mental health*. Retrieved from <https://publichealth.tulane.edu/blog/effects-of-social-isolation-on-mental-health/>

Udahemuka, M. (2018). *Interest*. Retrieved from <https://www.interest.co.nz/opinion/93465/nz-initiatives-martine-udahemuka-looks-challenges-young-people-entering-workforce>

UK Census Data. (2011). *Bishop's Castle*. Retrieved May 14, 2021 from <https://www.ukcensusdata.com/bishops-castle>

UK Youth (2021). Retrieved from <https://www.ukyouth.org/wp-content/uploads/2021/01/UK-Youth-Covid-19-Impact-Report-.pdf>

- Umberson, D., & Karas Montez, J. (2010). Social Relationships and Health: A Flashpoint for Health Policy. *Journal of Health And Social Behavior*, 51(1_suppl), S54-S66. doi:10.1177/0022146510383501
- UN News. (2015). *United Nations*. Retrieved May 12 from <https://news.un.org/en/story/2015/12/519172-sustainable-development-goals-kick-start-new-year>
- Virtual Shropshire. (2021). *Bishop's Castle*. Retrieved from https://www.shropshire-guide.co.uk/places/bishops-castle/?doing_wp_cron=1620261176.0331919193267822265625
- Vistaprint. (2021). *Custom window decals*. Retrieved from <https://www.vistaprint.com/signs-posters/window-decals>
- Vivyan, C. (2010). *Colour for mental health*. Retrieved from <https://www.get.gg/docs/ColourBreathing.pdf>
- Walker, E., McGee, R., & Druss, B. (2015). Mortality in Mental Disorders and Global Disease Burden Implications. *JAMA Psychiatry*, 72(4), 334. doi:10.1001/jamapsychiatry.2014.250
- Weather and Climate. (2021). *Climate in Bishop's Castle (Shropshire), United Kingdom*. Retrieved from <https://weather-and-climate.com/average-monthly-Rainfall-Temperature-Sunshine,bishops-castle-shropshire-gb,United-Kingdom>
- Weill Institute for Neurosciences. (2021). *Behaviour & personality changes*. Retrieved from <https://memory.ucsf.edu/caregiving-support/behavior-personality-changes>
- Whiddon, K. (2019). Maintaining the health of a rural community by working towards resilience and sustainability. *Scope: Contemporary Research Topics (Health & Wellbeing)*, 4, 21-30. Doi: 10.34074/scop.3004011
- Williams, B. (2019). *Commemorating mental health awareness week*. Retrieved from <https://www.psychiatryadvisor.com/home/topics/general-psychiatry/commemorating-mental-illness-awareness-week/>
- Willan, J., King, A., Jeffery, K., Bienz, N. (2020). Challenges for NHS hospitals during COVID-19 epidemic. *British Medical Journal 2020*; 368 <https://doi.org/10.1136/bmj.m1117>
- Woods, M. (2011). *Rural*. London: Routledge
- WHO. (2007). *Global age-friendly cities: A guide*. Retrieved from https://www.who.int/ageing/publications/age_friendly_cities_guide/en/
- WHO. (2017). *Mental health of older adults*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

- WHO. (2018). *Ageing and health*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- WHO. (2019). *Mental disorders*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>
- WHO. (2020a). *Dementia*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/dementia>
- WHO. (2020b). Retrieved from <https://www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/>
- WHO. (2020c). Retrieved from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200130-sitrep-10-ncov.pdf?sfvrsn=d0b2e480_2
- WHO. (2021a). *Adolescent health*. Retrieved from <https://www.who.int/southeastasia/health-topics/adolescent-health>
- WHO. (2021b). *Mental health*. Retrieved from https://www.who.int/health-topics/mental-health#tab=tab_1
- WHO. (2021c). Retrieved from <https://www.who.int/news/item/29-06-2020-covid-timeline>
- WHO. (2021d). Retrieved from <https://covid19.who.int/>
- Wu, Y. C., Chen, C. S., & Chan, Y. J. (2020). The outbreak of COVID-19: An overview. *Journal of the Chinese Medical Association: JCMA*, 83(3), 217–220. <https://doi.org/10.1097/JCMA.0000000000000270>
- Young Minds. 2017. *Young minds calls on schools to say #HelloYellow on World Mental Health Day*. Retrieved from <https://youngminds.org.uk/about-us/media-centre/press-releases/youngminds-calls-on-schools-to-say-helloyellow-on-world-mental-health-day/>
- Young Minds UK. (2021). *Coronavirus report: Impact on young people with mental health needs*. Retrieved 11 May 2021, from <https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/>
- Zavaleta, D., Samuel, K., & Mills, C. T. (2017). Measures of social isolation. *Social Indicators Research*, 131(1), 367-391. doi:<http://dx.doi.org/10.1007/s11205-016-1252-2>
- #18 Leaf Symbolic Meaning – *Leaf Symbolism & Meaning*. (2018). Retrieved from <https://treesymbolism.com/leaf-symbolic-meaning.html>

Appendix 1: Letter to social prescribers Hope Robson and Sharon Cochrane

Address (not included for privacy)

Date

Dear Hope Robson and Sharon Cochrane

We are a group of 3rd year nursing students from Otago Polytechnic in New Zealand. For our community health placement, we have undertaken a research project investigating issues in rural communities. We looked specifically at your community of Bishop's Castle as our case study, supervised by Associate Professor Jean Ross. Through speaking with community members and conducting our own research and analysis, we identified youth mental health and suicide, and senior mental health and dementia to be the main issues of the community.

Our group then split into two, with one group investigating the senior issue and the other researching youth. Each group explored areas of mental health in relation to their age group that needed improving. As the youth group we created some resources that believe will help youth access mental health services in Bishop's Castle.

We have created some stickers to promote mental health and well-being along with the Moodle shell that is being created with resources to assist youth in seeking help. We have designed these stickers, with the objective to attach the Moodle shell URL when it is available and to circulate them to youth to display on their phones and laptops. We hope this encourages conversations around mental health and promotes them to reach out for help. Since the Moodle URL is not yet available as the Moodle shell is still a work in progress, we are willing to send you the PDF of our two sticker designs (as seen below) and would really appreciate it if you are able to add the URL and get these printed, as we believe they would be a great asset to improving youth mental health and accessibility in Bishop's Castle.



***You can't put
a plaster on
your brain***
www.moodle.com/mentalhealth youth

These are samples of our two designs for you to see. And below are blank templates so you can put the correct link overtop when it is available.



***You can't put
a plaster on
your brain***

We believe they would be most effective if the 'Your mind matters' sticker was printed as 6cm x 6cm for a laptop sticker and 4.5cm x 4.5cm for a phone sticker. We think the 'You can't put a plaster on your brain' would work well as 5cm x 9cm for a laptop sticker and 3.5cm x 7.5cm for a sticker to go on a phone. We think it would be very beneficial if, once the Moodle page is up and running, you both were able to take a short period of time to speak to the secondary school students about youth mental health and explain that a Moodle page has been created with resources to educate and assist youth in dealing with their mental health. This would be a great opportunity to give them some stickers as the website link to the Moodle will be on them. We also thought it would be helpful if you both wanted to have a stack of stickers on your desks in your roles as social prescribers so you can hand them out to youth you believe would find the Moodle page useful. Lastly, we would appreciate if you passed some stickers on to Adrian Penney and Tom Davies, two GPs who we have also written to and informed them you might do this, so they can distribute them to patients too.

We appreciate this is creating some work for you both, but we value your time and input greatly and think this would be a very useful resource for Bishop's Castle youth to have.

Yours Sincerely

Georgia, Izzy, Sophie and Trinity.
Youth team, Year 3 Nursing students from Otago Polytechnic.

3rd Year Bachelor of Nursing Students,
School of Nursing, Otago Polytechnic
New Zealand

Appendix 2: Letter to Dr Adrian Penney and Dr Tom Davies

Bishop's Castle Medical Practice
School House Lane
Bishops Castle SY9 5ER
United Kingdom

Dear Dr Adrian Penney and Dr Tom Davies,

We are a group of 3rd year nursing students from Otago Polytechnic in New Zealand. For our community health placement, we have undertaken a research project investigating issues in rural communities. We looked specifically at your community of Bishop's Castle as our case study, supervised by Associate Professor Jean Ross. Through speaking with community members and conducting our own research and analysis, we identified youth mental health and suicide, and senior mental health and dementia to be the main issues of the community.

Our group then split into two, with one group investigating the senior issue and the other researching youth. Each group explored areas of mental health in relation to their age group that needed improving. As the youth group we created some resources that believe will help youth access mental health services in Bishop's Castle.

We have created some stickers to promote mental health and well-being along with the Moodle shell that is being created with resources to assist youth in seeking help. We have designed these stickers, with the objective to attach the Moodle shell URL when it is available and to circulate them to youth to display on their phones and laptops. Here are samples of our two sticker designs below.



***You can't put
a plaster on
your brain***

www.moodle.com/mentalhealth youth

We have asked Hope Robson and Sharon Cochrane, two social prescribers, to organise adding the final URL and getting these printed in two different sizes for both phones and laptops. We have

asked them to distribute some stickers to the secondary school and in their roles as social prescribers, as well as asking them to pass some on to you two. We would appreciate it if you accepted these stickers and gave them out to any patients you felt would benefit from them. We believe these can be a great resource for youth of Bishop's Castle to have and help them achieve and maintain mental health and well-being.

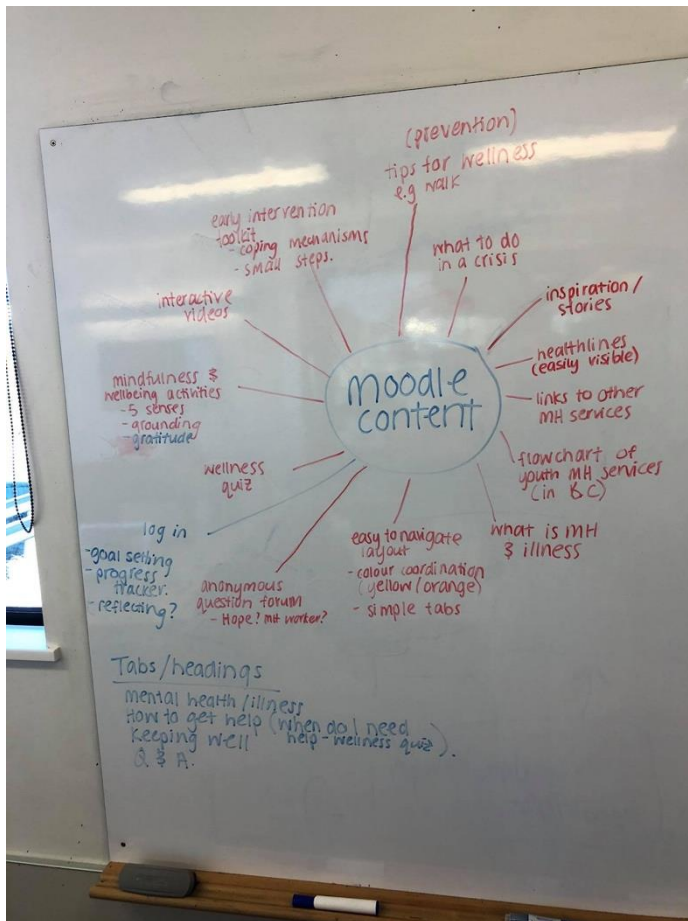
Yours Sincerely

Georgia, Izzy, Sophie and Trinity.
Youth team, Year 3 Nursing students from Otago Polytechnic.

3rd Year Bachelor of Nursing Students,
School of Nursing, Otago Polytechnic
New Zealand

Appendix 3: Youth mental health Moodle shell content

Below is our initial brainstorm of what content we thought was most beneficial to include in the Bishop's Castle youth mental health Moodle shell.



Bishop's Castle youth mental health grant

This year, the Bishop's Castle community managed to secure a small cash grant of £2,500 to go towards a mental health youth population in the community. A submission from the core community team was submitted.

The grant was applied for after worrying suicide numbers had occurred among youth in the past five years. Influencing factors included lack of employment, unaffordable housing, and a large lack of mental health services in the Bishop's Castle area. The COVID-19 lockdowns exacerbated these factors and so a sudden need for change was realised.

The intention of the grant is to be used to set up an interactive learning resource platform through Moodle where all information and support regarding mental health can be in one place, that is easily navigated and easily accessible (Whiddon, 2021).

Benefits of the Moodle platform

Moodle is the world's most popular learning platform that is free to use.

There are many benefits to using Moodle as a learning platform:

- It's easy to use - simple layout/interface, easily navigated
- It's flexible to meet individual needs - at any time, Moodle can be tailored and fitted to fit each purpose of each individual.
- Can fit all group sizes - Moodle is adaptable to suit individual groups or whole populations
- Is secure and private - no one can enter the specific shell without being authorised and there is software to prevent unauthorised people entering.
- It can be used anywhere at any time - it is compatible with many electronic devices. Due to it being web-based, it can also be accessed anywhere in the world.

Student recommendations for the Moodle content

We developed a brainstorm of ideas and concepts that we believe should be included in the development of this Moodle shell. The overarching concepts we recommend to be included on the Moodle shell are mental health and illness, how to get help, keeping well, and an anonymous question and answer forum. Within these categories we have created ideas of specific content aimed at youth to make mental wellbeing a priority.

1. Mental health and illness

- This tab will include a simple description of mental health and some common mental illnesses and the most common symptoms associated with these.
- Another main focus of this tab is to reduce stigma. This can be incorporated by sharing success stories of youth with mental illness and sharing simplified facts regarding the high prevalence of mental illness. Also convey health promotion messages such as 'it is okay to not be okay', 'you are not alone', and 'your mind matters'.

2. How to get help

- The contents of this sub-shell will be composed of local mental health services (online and face-to-face options).
- Helplines should be easily visible e.g. at the very top of every page
- Stand-out information/advice on what to do in a mental health crisis in Bishop's Castle e.g. who to call, what to do if you need emergency psychiatric services.

- Include a flowchart of mental health services in Bishop's Castle/surrounding areas e.g where to seek help first, then outline what the next steps are. This could also prompt primary health services (Bishop's Castle medical practice) with a plan of action for patients with mental health presentations to the clinic.

3. Keeping well

- Keeping well can include a variety of tools to enable early intervention and prevention. This tab should include wellbeing activities and resources for example, healthy coping mechanism prompts, goal setting assistance, mindfulness guides, interactive videos, ideas of wellness activities which have positive influences on mental wellbeing e.g going for a walk, grounding techniques e.g. 5 senses and practicing gratitude.
- a wellbeing quiz to determine whether the individual needs to seek further help or

4. Q & A

- The idea of an anonymous Q&A forum is an option for youth to send in questions regarding mental wellbeing which can be answered by Hope/Sharon or a separate mental health professional. The answers would be shared to the forum for other youth to see previous Q&A's. The purpose of this forum being anonymous is to allow youth to feel comfortable asking confidential questions on a stigmatised topic.

Details about layout

During a meeting with Claire Goode, we discussed our recommendations for the Moodle page and decided to include small amounts of orange and yellow as she explained these colours can be difficult to read and do not often contrast well. We further discussed the layout of the Moodle platform and agreed that we would like the layout to be a simple website design as Claire agreed less clicking and scrolling is effective for engaging the youth's attention. Further, she suggested we could break up text with pictures of Bishop's Castle to personalise the shell to the community. She supported our idea of using short interactive videos to minimise text and provide a variety of mediums.

We spoke about our idea of an anonymous discussion forum where youth can express their feelings or concerns to a mental health professional who can share these responses to all users, which Claire was on board with. After this discussion, we have decided to create a welcome page similar to a website layout with the tabs at the top of the page. On the welcome page we would like to include an introductory video of ourselves explaining our input and hopes for this page, also showcasing the health promotion stickers we created to advertise the Moodle shell. Alongside this video, we would like some text briefly explaining what the purpose of this shell is and to engage with users.

We want to ensure that the layout of the Moodle shell is simple and easy to navigate. This is so that we do not create any confusion around where to find resources if someone really is struggling or so people do not lose interest if it's too hard to access. It has to be appealing to the youth population so that they have the desire to go and find the information they need to intervene early on their mental health struggles. We would like the youth to be able to set some recovery goals and be able to have a progress tracker to reflect on how far they have come.

The overall goal of implementing Moodle

The aim of developing a resource such as Moodle is to increase awareness and reduce stigma around youth having mental health struggles. The Moodle shell should create some positive networks, building positive behaviours, engaging youth in community projects and activities with the aim of them becoming a positive influence on the community (Whiddon, 2021). It should provide the youth population with the necessary steps to reaching out for help before reaching a crisis point where it is harder for them to recover.

Appendix 4: Letter to dementia champion Valerie Woodmansey

Address (not included for privacy)

Date

Dear Valerie

We are a group of 3rd year nursing students from Otago Polytechnic in New Zealand. For our community health placement, we have undertaken a research project investigating issues in rural communities. We looked specifically at your community of Bishop's Castle as our case study, supervised by Associate Professor Jean Ross. Through speaking with community members and conducting our own research and analysis, we identified youth mental health and suicide, and senior mental health and dementia to be the main issues of the community.

Our group then split into two, with one group investigating the senior issue and the other researching youth. Each group explored areas of mental health in relation to their age group that needed improving. As the senior group we created some resources that we believe will help seniors access social and health services in Bishop's Castle.

We have designed a dementia friendly sticker to be displayed in shop and cafe windows for the purpose of promoting a dementia friendly community. These stickers will be given to the shops and cafes if they meet the dementia criteria that we have formed based on the Alzheimer's New Zealand 'Dementia-friendly Recognition Programme- Toolkit for organisations' and the Alzheimer's Society 'Dementia-friendly retail guide'. We are requesting that you facilitate this process by printing and distributing these stickers to businesses who meet the criteria. They must be decal stickers so that they can be stuck on the inside of the shop to prevent water damage and to prevent damage to the window. We also request that you assess whether a business is dementia friendly using the criteria checklist resource that we have developed.

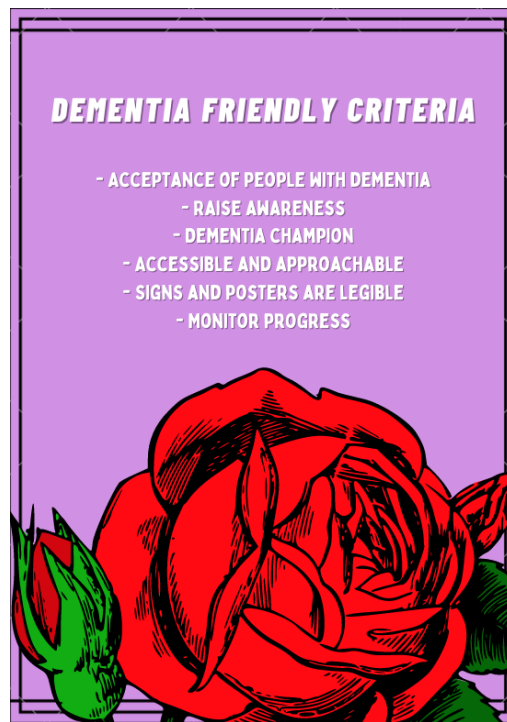


The stickers have a 10cm diameter (Width: 10cm, Length: 10cm). The stickers should be placed on a glass window or glass door near the handle or where the door opens. This will ensure that the sticker is seen upon entrance to the building.



Custom window decals. (Vistaprint, 2021).

We have also developed a small poster that can be hung near stickers or in the shop so that customers can be informed on what it means to be dementia friendly. We request that these are printed off and distributed along with the sticker to shops that meet the dementia friendly criteria. This is attached below.



We appreciate this is creating some work for you, but we value your time and input greatly and think this would be a very useful resource for Bishop's Castle seniors to have.

Yours Sincerely

Nicole, Lucy, Katherine and Josh.
Senior team, Year 3 Nursing students from Otago Polytechnic.

3rd Year Bachelor of Nursing Students,
School of Nursing, Otago Polytechnic
New Zealand

Appendix 5: Letter to Keith Whiddon

Address (not included for privacy)

Date

Dear Keith

We are a group of 3rd year nursing students from Otago Polytechnic in New Zealand. For our community health placement, we have undertaken a research project investigating issues in rural communities. We looked specifically at your community of Bishop's Castle as our case study, supervised by Associate Professor Jean Ross. Through speaking with community members and conducting our own research and analysis, we identified youth mental health and suicide, and senior mental health and dementia to be the main issues of the community.

Our group then split into two, with one group investigating the senior issue and the other researching youth. Each group explored areas of mental health in relation to their age group that needed improving.

With the information we gathered from our research project, we have drafted up two big ideas for the Bishop's Castle community. These include a shared lunch post COVID-19 restriction and a proposal for a community hub.

Community gathering flyer

The first recommendation we formed was the idea of a community gathering to promote socialisation post COVID-19. Below is a template of a flyer we have designed which could be given out to the people in the community. We will give you the PDF so you are able to edit this flyer and put proper dates, however this example is very brief so could be changed in any way that is wanted. We felt that the images really relate to Bishop's Castle and the idea of a gathering for a lunch. These flyers could be printed out and put in mailboxes, attached to walls in community spaces and/or digitally distributed through Facebook groups and email.

We suggest that a shared lunch or meal would be a great way for the community to reconnect post COVID-19. We identified Daphne's food bank business as a potential partner to support the lunch and request that you gauge interest from her as to whether or not she would be interested.



YOU ARE INVITED

TO



**BISHOP'S CASTLE
POST COVID-19 CELEBRATION**

EVENT



WHEN

TBC- a date picked by the
organisers



WHERE

TBC- a location picked by
the organiser



WHAT TO BRING:
- FOOD, DRINK ETC

WHAT WILL BE THERE:
- MUSIC, GAMES, NON-
ALCOHOLIC DRINKS

**CONTACT DETAILS OF
ORGANISER:**
- SOMEONE FROM THE CORE
COMMUNITY



WHAT IF IT IS POSTPONED:
- PICK ANOTHER DATE?



Community kitchen/cafe

The second recommendation we formed was the concept of a community kitchen or cafe within the proposed community hub. We believe that this will promote socialisation and participation in meaningful activities for seniors with a risk for poor mental health post COVID-19. This kitchen could be a home for the local food bank and seed swapping/sharing initiative proposed by the Bishops Castle community. This kitchen and cafe would be inclusive of all and will need to ensure that it is dementia friendly. We request that Valerie Woodmansey could provide guidance as to how the environment could be dementia friendly. The community kitchen could be a place for cooking education in partnership with the Little Woodbatch market garden which provides free produce. This would be reliant on volunteers from the community. A small herb garden could be constructed for the purpose of sensory stimulation for seniors with dementia and cooking education. We request that Keith Whiddon and Valerie Woodmansey facilitate the development of this community kitchen or cafe.

We appreciate this is creating some work for you, but we value your time and input greatly and think this would be a very useful resource for Bishop's Castle Seniors to have.

Yours Sincerely

Nicole, Lucy, Katherine and Josh.
Senior team, Year 3 Nursing students from Otago Polytechnic.

3rd Year Bachelor of Nursing Students,
School of Nursing, Otago Polytechnic
New Zealand

DEMENTIA FRIENDLY CRITERIA FOR PUBLIC SPACES

- ACCEPTANCE OF PEOPLE WITH DEMENTIA
- RAISE AWARENESS FOR DEMENTIA
- DEMENTIA CHAMPION: VALERIE
- ACCESSIBLE AND APPROACHABLE
- SIGNS AND POSTERS ARE LEGIBLE
- MONITOR PROGRESS



Appendix 7: Dementia friendly sticker for door/window of shops



Appendix 8: Draft flyer for community shared lunch

YOU ARE INVITED
TO

BISHOP'S CASTLE
POST COVID-19 CELEBRATION
EVENT

WHEN
TBC- a date picked by the organisers

WHERE
TBC- a location picked by the organiser

WHAT TO BRING:
- FOOD, DRINK ETC

WHAT WILL BE THERE:
- MUSIC, GAMES, NON-ALCOHOLIC DRINKS

CONTACT DETAILS OF ORGANISER:
- SOMEONE FROM THE CORE COMMUNITY

WHAT IF IT IS POSTPONED:
- PICK ANOTHER DATE?

***You can't put
a band aid on
your brain***
www.moodle.com/mentalhealthyyouth



Appendix 10: Submission for a mental health professional to be employed

NHS Shropshire Clinical Commissioning Group
William Farr House
Mytton Oak Road
Shrewsbury SY3 8XL
United Kingdom

20 May 2021

Re: Submission regarding the provision of the employment of a Mental Health nurse in Bishop's Castle, Shropshire.

To whom it may concern,

We are a collective of 3rd year nursing students from New Zealand, studying at Otago Polytechnic in Dunedin. For our primary health placement, we have continued the Polytechnic's established partnership with the rural community of Bishop's Castle in Shropshire, under the supervision of Associate Professor Jean Ross, and in collaboration with the core community of Bishop's Castle.

Following the 2020 report 'Sustainable rural futures – A health perspective on Bishop's Castle', two aggregate groups (youth and seniors) were identified as populations with vulnerabilities of mental health and lack of accessible resources. The consequences of COVID-19, with lockdowns and social restrictions, has had a disproportionately negative impact on the mental health of these vulnerable populations.

Our report specifically focused on these two aggregates, and with the impact of COVID-19, we strongly concur with the recommendation of the 2020 report for the employment of a Mental Health nurse in Bishop's Castle. The specialist practice of a mental health nurse will complement the existing health services available in Bishop's Castle, by providing significant and timely intervention and prevention to avert declining mental health including worsening of symptoms and progression of mental illness, which are currently referred to the crisis team in Shrewsbury.

Enclosed is a copy of our Bishop's Castle 2021 report 'Sustainable rural futures – A perspective on the mental wellbeing on the residents of Bishop's Castle post COVID-19' and a submission with recommendations.

We would like to thank you for taking the time to read this report and consider our recommendations. If you wish to discuss this further, please contact either Bishop's Castle core community project co-ordinator Keith Whiddon at keith.whiddon@btinternet.com or Dr Jean Ross at jean.ross@op.ac.nz.

Yours Sincerely,

Trinity Krueger, Katherine Caderas, Lucy Chote, Georgia Dobbs, Nicole Dunford, Sophie Fairbairn, Josh Gallacher and Izzy Woodward

3rd Year Bachelor of Nursing Students,
School of Nursing, Otago Polytechnic
New Zealand

Resubmission leading on from Submission 2020

This report is a collective effort by a group of 3rd year nursing students from New Zealand. It focuses on the rural community of Bishop's Castle, in Shropshire County, UK. The Otago Polytechnic has an established partnership with Bishop's Castle, having completed a community project in 2020. From this report, it was identified, among other issues, that access to mental health is an issue that is faced by vulnerable groups in the community. These groups being older adults, youth, minorities, and young families.

The availability of a Cognitive Behavioral Therapy Councilor for four hours per week, with the closest mental health team based 40km away in Shrewsbury, is inadequate to provide early intervention and support for the mental health needs of the community. Since the 2020 report, a world pandemic was declared due to the emergence and spread of COVID-19. The UK was particularly impacted with high case numbers and deaths, resulting in the national health system being overwhelmed. Measures were put in place to contain the virus, prevent community transmission, and preserve the NHS, using nationwide lock downs and social restrictions, that have prevailed from March 2020 to date.

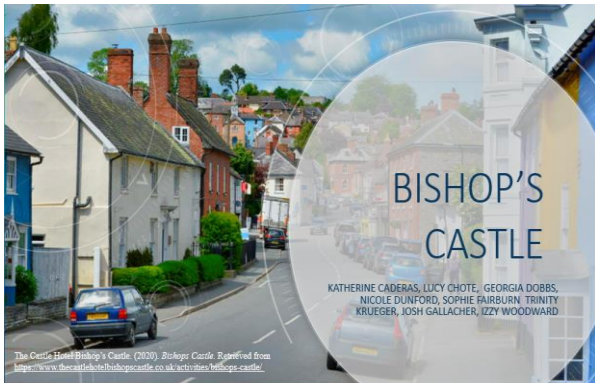
Our research focused on two aggregates, seniors, and youth, concentrating on incidents, barriers to accessing mental health services whilst living in a small rural community. The impact of COVID-19 has added another layer to mental health, with current research indicating the negative impact on mental health of both aggregates, and the concern around re socialization especially for the senior population. These findings have accentuated the need for the deployment of a full-time mental health nurse for the Bishop's Castle community.

The following recommendations were made based on the research by the group, specifically for the community of Bishop's Castle. We believe that these resources and recommendations will support the community post COVID-19 regarding mental wellbeing, but for effective support and intervention, the provision of a mental health nurse is crucial and overdue in Bishop's Castle.

- The creation of a digital platform that will be depository of mental health resources, designed specifically for the youth aggregate. The community has been active in securing funding for the creation of this platform, with the nursing students supplying recommendations for content and layout.
- Stickers have been designed and produced with mental health promotion messages and the contact details for the digital platform.
- For the senior aggregate, the group are supporting the existing initiative of a dementia friendly community, post COVID-19 with the production of stickers for window signage identifying businesses that have 'dementia friendly' status.
- The community has secured a facility with a proposal to form a community hub. The group has made recommendations to incorporate a community kitchen and café, that is accessible to the community. The idea of the kitchen is to build on the interest during COVID-19 in participating and volunteering in the community garden, with the kitchen as a venue for nutritional education, cooking classes, and knowledge sharing.
- As a community, after 14 months of COVID-14 lock downs and social restrictions, the group proposes an inclusive community event in the shape of a shared community lunch, based on the format of a street parties that are traditional in British culture. This would be a

celebration of the easing of social restrictions, an acknowledgement of what the community has endured together, and an impetus for moving forward symbolically and practically. It is hoped that such an event would encourage re socialization, especially within the senior population.

Appendix 11: Bishop's Castle presentation



MIND MAP – CHANGES IN THE LAST 14 MONTHS FROM COVID-19

Although there were a lot of changes within Bishop's Castle in the last 14 months due to COVID-19 lockdown we were able to identify key areas to focus on from our mind map after the zoom meeting

The World Health Organization, [2019]. International youth day. Retrieved from <https://www.who.int/news-room/events/detail/2019/08/12/default-calendar/international-youth-day>

SENIORS

- Seniors can be defined as people over the age of 65 years
- Bishop's Castle has an aging population with the average age being 46
- Have been impacted from COVID-19 due to being isolated for over 14 months
- Seniors are less likely to access support for mental health issues

SWOT Analysis Senior Persons		SWOT Analysis Youth	
Strengths <ul style="list-style-type: none"> 4x residential care units Close knit community Engaged and active community-The Bishop's Castle Community Partnership (Charity led) Dementia care within care units Telecommunication for medical services during COVID Dementia friendly town status Data and sensor Local foot bath Local GP practice and community health facilities Strong transport network Funding for training Good things foundation- Free tablet, 2020 sale Social infrastructure (e.g. pub) Regular annual events and festivals Family-friendly Valerie is Dementia champion IT centre 	Weaknesses <ul style="list-style-type: none"> No provision of mental health services Reliance on tourism High cost of housing Specialised health services available in main centres Transport links to main centres Reliance on local buses for heating oil etc. Unable to access IT centre during lockdown No bus to local mental health services Low priority for funding due to size (overlooked rural area) Decreased jobs after lockdown Central services in Shrewsbury High older age profile in town 	Strengths <ul style="list-style-type: none"> Online resources (no panic, all together, headspace, KOOTH, rethink) Social prescriber Effective online team Good reputation of community school Students travel from Wales Approachable school councillor Mental health during covid lockdown Creative community engagement to get youth into music IT centre Free education until 19 years 	Weaknesses <ul style="list-style-type: none"> Lack of employment opportunities (heightened post-covid, loss of purpose) No education past 16 years Long waitlists for mental health services No early interventions for mental health Lockdown halted many services Long travel to college No streamlined services, all different IT centre unable to be used in covid Not many youth remanental leave for better employment and other opportunities High cost of travel results in isolation No face to face mental health services Lack of access for youth to socialise (rely on surrounding bigger towns) Low priority for funding due to size (overlooked rural area) Limited wages available
Opportunities <ul style="list-style-type: none"> Community Hub Improve and regulate traffic and parking in centre of town Post Coronavirus better connections using online platforms and digital communication- hybrid services New housing developments Volunteering Expansion of Bishop's Castle business park 	Threats <ul style="list-style-type: none"> Covid-19 pandemic - isolation exacerbates dementia progression Lockdowns - isolation, restrictions Social isolation Cold housing- poorer health (old homes) Fuel poverty Aging population (to provide services etc) Callbacks to services post Brexit and Coronavirus pandemic Economic downturn Re-socialization- help and confidence Senior population are proud and may not seek help/utilise services Burden of care on families 	Opportunities <ul style="list-style-type: none"> Community hub Skate park Mental shack Sports leisure centre Football grounds Mental health grant Innovate creative community Raise profile of mental health to reduce stigma 	Threats <ul style="list-style-type: none"> Covid lockdown - online mental health services felt not useful Post-covid restrictions Lack of feeling supported with mental health Increased mental health struggles - 9 suicides in past 5 years Heavily impacted by parents income in relation to job, travel, and school opportunities

SENIORS SWOT ANALYSIS

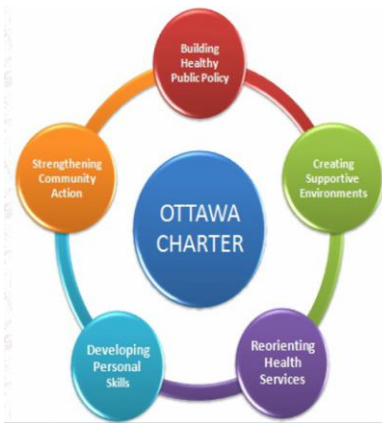
Strengths	Weaknesses
<ul style="list-style-type: none"> 4x residential care units Close knit community Dementia care within care units Dementia friendly town status Valerie is the 'Dementia Champion' 	<ul style="list-style-type: none"> Long waiting list for mental health services No provision of mental health services in Bishop's Castle Low priority for funding due to size (overlooked rural area)
Opportunities	Threats
<ul style="list-style-type: none"> Community Hub Telehealth Post Coronavirus better connections using online platforms and digital communication- hybrid services Volunteering 	<ul style="list-style-type: none"> Covid-19 pandemic - isolation exacerbates dementia progression Senior population are proud and may not seek help/utilise services Burden of care on families

YOUTH SWOT ANALYSIS

Strengths	Weaknesses
<ul style="list-style-type: none"> Online resources (no panic, all together, headspace, KOOTH, rethink) Social prescriber Telehealth during covid lockdown 	<ul style="list-style-type: none"> Lack of employment opportunities (heightened post-covid, loss of purpose) No early interventions for mental health No face to face mental health services
Opportunities	Threats
<ul style="list-style-type: none"> Community hub Mental health grant 	<ul style="list-style-type: none"> Covid lockdown - online mental health services felt not useful Lack of feeling supported with mental health Increased mental health struggles - 9 suicides in the past 5 years

IDENTIFIED HEALTH NEEDS

- Mental health in relation to suicide for youth and dementia for seniors
- Re-socialization post COVID-19



HEALTH PROMOTION MESSAGE FOR YOUTH

Guided by the Ottawa charter we were able to identify strengths and gaps among youth

- Your mind matters
- You can't put a band aid on your brain

Damon Fuller. (2021). Diabetes. Retrieved from <https://damonfullerdiabetes.weebly.com/ottawa-charter.html>

YOUTH HEALTH PROMOTION RESOURCES

- Submission to NHS Shrewsbury
- Mental health stickers
- Moodle platform and content

You can't put a band aid on your brain
www.moodle.com/mentalhealthyouth

DEMENTIA FRIENDLY CRITERIA FOR PUBLIC SPACES

- ACCEPTANCE OF PEOPLE WITH DEMENTIA
- RAISE AWARENESS FOR DEMENTIA
- DEMENTIA CHAMPION: VALERIE
- ACCESSIBLE AND APPROACHABLE
- SIGNS AND POSTERS ARE LEGIBLE
- MONITOR PROGRESS

HEALTH PROMOTION MESSAGE FOR SENIORS

Guided by the Ottawa Charter we were able to identify strengths and gaps among seniors in Bishop's Castle

YOU ARE INVITED TO

BISHOP'S CASTLE POST COVID CELEBRATION EVENT

WHEN: TBC
WHERE: TBC

SENIORS' HEALTH PROMOTION RESOURCES

- Dementia friendly stickers and criteria
- Proposal for community kitchen within community hub
- Proposal and flyer for a shared lunch post COVID

CONCLUSION

THANK YOU!