



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

Substance misuse, dementia, worklessness, and seaside towns

Substance misuse. Trainee GPs are often uneasy about tackling social issues such as safeguarding. It seems that social care practitioners are equally apprehensive about dealing with issues they have less experience with. Social workers from 11 English local authorities were asked about identifying and assessing substance misuse,¹ in a study published in the *British Journal of Social Work*. Researchers analysed 597 responses to a web-based survey and findings from 12 focus groups. The data highlight a wide variety of practice, with substance misuse generally only being emphasised once it became problematic enough to visibly affect function. The study points to a lack of training and tools to help non-specialist social workers deal with this important area. As substance misuse overlaps with other social problems including poverty, mental health, and domestic violence, it is important that all health and care professionals are equipped to identify and manage them in a proactive way.

Dementia. Much has been written about the health and social care costs resulting from patients with dementia losing their physical independence. To reduce care needs in this group, there has been a focus on physical activity and in a physiotherapy study, researchers from Bath interviewed patients with Alzheimer's disease and their spouse carers to guide the development of a suitable activity intervention.² They identified three themes. 'Self' included all internal factors, which were largely positive and motivated individuals to be physically active and maintain freedom. 'Others', meanwhile, included both positive and negative social interactions with others that affected their likelihood of engaging in exercise. The final theme, 'Couple', was perhaps most interesting and highlights that spouse carers can either promote activity by encouraging walking and visits to day centres or conversely, restrict opportunities due to fears of falling or getting lost.

Worklessness. Long-term sickness is a national health issue, although it can affect communities in many different ways. A *Sociology of Health and Illness* study investigated the impact it has in a deprived

area of East London.³ The researchers conducted 86 interviews with chronically-ill patients and their family members (using seven different languages), exploring individual experiences of long-term sickness and worklessness. Although recent government policy has focused on personalised support for people with long-term sickness, participants in this study understood their position in the labour market to be defined by class, generation, ethnicity, and sex. The authors describe them as 'social actors engaged in ongoing relationships', striving to maintain income through formal means such as sick pay, and informal means, depending on the complex social relationships they have with their employer and community more widely. The study demonstrates the complex web of personal and civic factors that must be considered in order to understand and respond to ill-health related worklessness.

Seaside towns. As overseas holidays have continued to become more accessible, many British seaside towns, once beacons of health and happiness, have slipped into decline and deprivation. Margate in Kent has been particularly problematic and has had many former hotels and guest houses converted into poor-quality privately rented housing. The availability of cheap accommodation has attracted the arrival of a transient population with high levels of migrants as well as unemployed and socially vulnerable individuals. In a *Journal of Environmental Health Research* study, housing workers in Margate were interviewed.⁴ They described a 'fluid' community, facing problems associated with education, behaviour, relationships, overcrowding, and low social capital. Many families are not registered with GPs and not accessing health care. A new system of 'Family Intervention Projects', looking at alternative ways to pool resources for families living in poverty are showing a lot of promise. However, it seems a long way from the days of glorious British summer holidays, where everyone seemed to love 'to be beside the seaside'!

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REFERENCES

1. Galvani S, Hutchinson A, Dance C. Identifying and assessing substance use: findings from a national survey of social work and social care professionals. *Br J Soc Work* 2014; **44**(7): 1895–1913.
2. Malthouse R, Fox F. Exploring experiences of physical activity among people with Alzheimer's disease and their spouse carers: a qualitative study. *Physiotherapy* 2014; **100**(2): 169–175.
3. Qureshi K, Salway S, Chowbey P, Platt L. Long-term ill health and the social embeddedness of work: a study in a post-industrial, multi-ethnic locality in the UK. *Social Health Illn* 2014; **36**(7): 955–969.
4. Stewart J, Rhoden M, Knight A, *et al.* Beside the seaside: perceptions from the 'front line' on the support needs of families living in the private-rented sector in Margate. *J Environ Health Res* 2013; **13**(1): 22–33.