



Event Summary

13th February 2020, Wellington Baptist Church

Group discussions

Each group was given a topic to discuss and then asked to share their findings to the rest of the room. The discussions were positive, participants were engaged, willing to contribute and sensitive to the other attendees. Cohesion between service users/providers/all attendees gave the sense of a 'level playing field' with plenty of opportunity to listen and learn. Findings will be presented below.

Speakers

Tash Marsh, Rethink

Tash introduced the 'Peer connections', mentoring scheme. Tash spoke articulately and genuinely, explaining how the scheme will work. She engaged the audience with fun participation games. Jade Lucas, a newly recruited mentor, gave her story of her mental health recovery journey so far.

Emily Strange and Tim Yeandle, Somerset Wellbeing and Learning Community (Recovery College for Somerset)

The guiding principles of SWALC were introduced, with a particular focus on 'Lived Experience' and how this is a vital part of how the courses are run. Emily explained her own position as Clinical Lead for the project with the benefit of 'expertise through experience', and being part of the service user community. Emily gave information about various courses and how to get involved.

Karl Adcock- Recovery Partners

Karl gave his 'story of Hope', sharing his recovery journey in candid detail, and in a way in which many audience members could relate. Karl explained how becoming a valued member of Recovery Partners and SWALC helped him get to a more stable place in his life.

Group Discussions

Is it true that it is easier for men to discuss their mental health than ever before?

Some of the answers included;

- "Yes because it has become more prevalent in the media."

- “Talking about it in the media isn’t enough... need other things to change, still a lot of fear and lack of awareness.”
- “Not for older men. Older men still find it harder to discuss their feelings because of their upbringing, it wasn’t acceptable.”
- “In one case a man was admitted to a ward for showing his feelings too much, this leads to fear of seeming mad or to have lost control if men show their emotions too much.”
- “Men aren’t supposed to show weakness, there is still pressure from society. “

These are things that would help

- Joined up healthcare
- Signposting (who needs what from where)
- Ageism is a problem (more support for older people’s mental health)
- More funding needed
- More support needed for isolated rural communities
- Easier to understand language please

Going from hospital into the community or vice versa – what helps and what doesn’t?

- Gaps in service are the main problem - “falling between the cracks “
- Three months (or longer), waiting list for counselling too long.
- Where else do we go after the GP?
- Lack of information from the GP about community resources
- No privacy when discussing our mental health in hospital – hospitals non welcoming
- Fear of admission, no general information about what it will be like on ‘the wards’, what will happen to me there? This makes anxiety much worse, puts people off saying how bad things are, might increase suicide rates...
- One organisation to coordinate all available services... website online
- “I want to connect with other people who understand”
- The support staff at Foundation House were brilliant!

What are the most helpful forms of support?

- Collaborative/services and individuals working together
- Easier referral processes
- Free or affordable
- Easier to understand /help to understand the information/educational
- Non-traditional – holistic/empowering/low level help available
- Not time limited
- Accessible - local/help with transport
- Age and culturally appropriate
- Helper listens rather than dictates/more person centred/user led/goes at person’s pace/flexible support in different forms to suits individual’s need- online, text etc

- Access to nature
- Social network
- Professionally resourced
- Variety of forms of support
- “please can there be a Mental Health Champion at every GP surgery”

Do you think Mental Health is more easily accepted and better understood nowadays?

- “YES!”
- Social media help a lot with raising awareness - makes it easier to open up
- It is featured in the news and on soaps - not so hidden away behind closed doors any more...
- This is a personal thing, some will find it easier, some won't.
- Not so much about medication any more
- “NO!”
- “please try to think like me – not like the book says”
- Mind, body and emotions are connected, not separate things

Terminology - what might be alternative words for Mental Health? What would be a better word for Service User?

- Mind matters
- Matters of the mind
- Head health
- Head proud
- “Get rid of the mental bit”
- Personal wellbeing or personal illbeing
- Headology

Do you fully understand the term lived experience?

- “Not entirely sure”
- Does ‘Lived Experience’ include those who have lived alongside someone with poor mental health or does it need to be direct experience?”
- “Yes - and I think this adds value to the person it describes, it opens up discussion rather than pre -conceptions or prejudice”
- “Employers should look at lived experience as a potential asset rather than something to overcome”
- “This term might not help, some people might feel it reinforces difficult feelings about themselves “
- I find hearing others’ stories of lived experience an inspiration

- Living through mental health problems is a set of skills that you could not learn anywhere else

What do workplaces/employers need to have in place to support their employees' mental health?

- Positive language and communication – seeing individuals as a whole person, including their mental health
- Mental Health First Aiders in place and easily accessible
- Coaching/support - being valued for your contribution
- Conducive physical environment
- Appropriate pay
- Good strategies for managing time/workload pressures
- Whole organisation to increase understanding and reduce stigma
- An organisation-wide acceptance of 'normal' life issues
- A designated time and space to meet and talk about things

Individual feedback

I would have liked more discussion time. Also, there was no mention of ethnic minorities and this would have greatly helped me.”

“Everything went really well, I thoroughly enjoyed it, it made me feel comfortable and accepted. I think it was useful to get connected to people and discuss problems and solutions with people who understand.”

“no GP’s present! We need more mental health champions in each practice - bereavement, gardening, art etc... prevention better than crisis”

“we need more peer support in Wellington”

“I was very impressed at the enthusiasm of those contributing, especially by those who have experienced mental health issues.”

“I was greatly inspired by the approach of Somerset WLC, particularly their blurring of the line between service user and service provider. I think it is great to be rethinking this outdated paradigm, it feels like steps are being made in the right direction. The two speakers were very good examples of how this approach can and does work. Well done NHS for thinking outside the box! Long may it continue.”

“Really positive event. True co-production in action. More of the same please.”