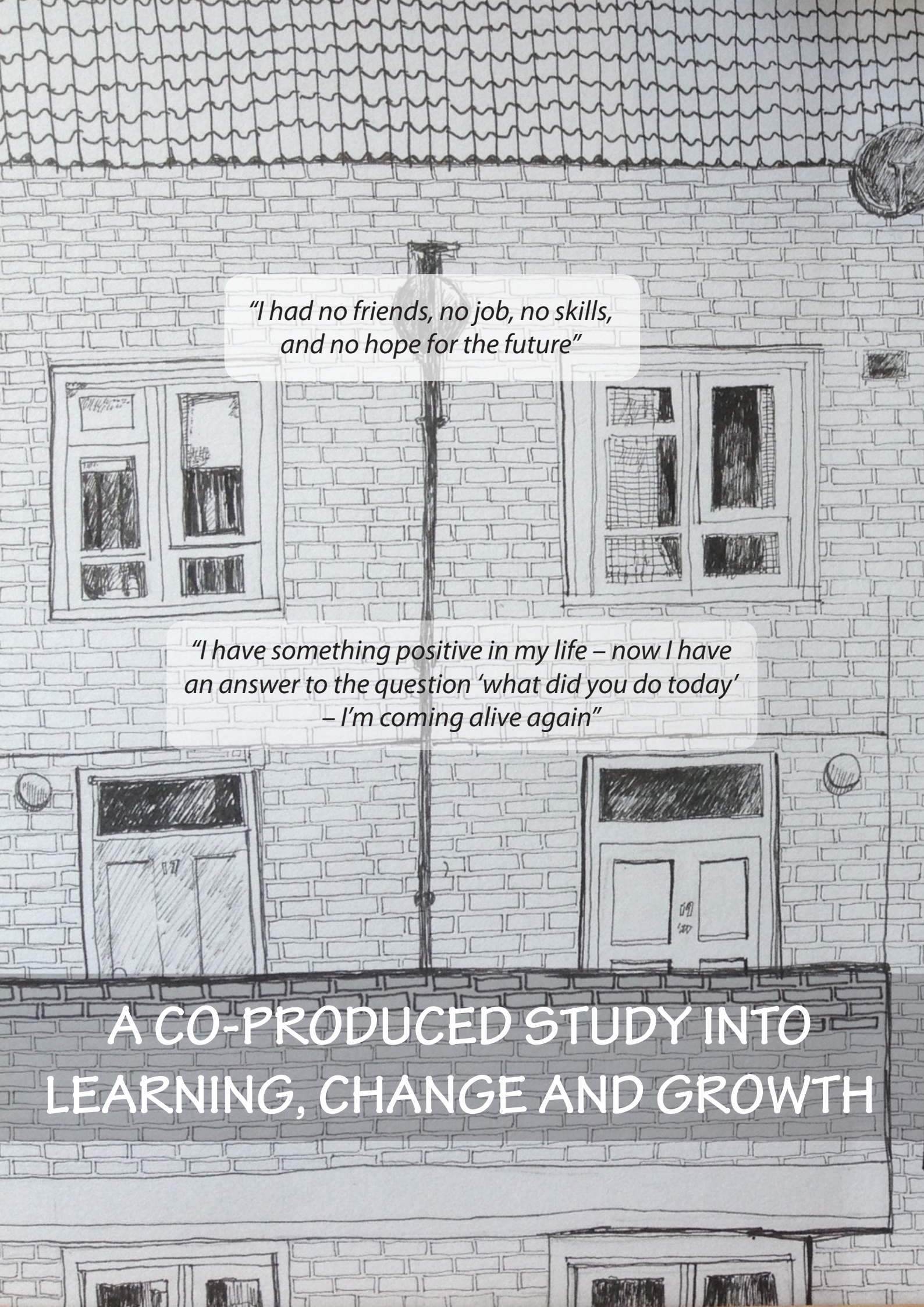


From Surviving

TO THRIVING

How Does That Happen?



*"I had no friends, no job, no skills,
and no hope for the future"*

*"I have something positive in my life – now I have
an answer to the question 'what did you do today'
– I'm coming alive again"*

A CO-PRODUCED STUDY INTO
LEARNING, CHANGE AND GROWTH

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INTRODUCTION

There is a lot of insight into what service users want and don't want from mental health services, but a mechanism that transforms insight into empowering solutions is still to be designed and implemented. We want to be a part of that development by co-producing a model that has the user voice at its heart. The integration of local vocational and peer support projects can create a unique pool of expertise that has never existed before.

The purpose of this study was to explore what works for people in a process of learning, change and personal growth. What are the conditions and types of engagement that help people identify and develop their assets and find their own way forward? What type of opportunities turn lives around- improving mental health, wellbeing and quality of life? To find out we interviewed seven people from peer and vocational projects in Lambeth.

We asked:

- What areas of life were you struggling with prior to engaging in the peer support or vocational service?
- What mental health services were you using and how was your mental health and wellbeing?
- How were you involved in the project, what worked for you and what achievements and life changes have occurred as a result of engaging in peer support or vocational services?
- How is your mental health and wellbeing now and what unexpected changes occurred?
- What are your vocational goals now and how do you see your future?

WHAT DID PEOPLE SAY?

PARTICIPANT 1

Life struggles, service use and mental health

Being unemployed, using drugs, drinking during the day and feeling uncertain about his future. He said he had poor hygiene, no friends and lacked self confidence:

I was struggling in a cycle of anxiety, depression and isolation. I had nothing to do in the day and my only regular trips were to the chemist or to see my key worker.

This man described his mental health as being overwhelmed because of addiction problems and occasional psychotic experiences. He was also having suicidal thoughts and using an extensive array of services:

I had been engaging with specialist mental health services for many years, including a CPN at a CMHT and a key worker at a specialist drugs team. I had also received CBT through an early intervention team. I have a long history of self harming and have had one voluntary admission to hospital. I had also been prescribed anti depressants and drug replacement therapy.

Involvement

In 2012 he joined a local peer support project, underwent a comprehensive training programme and joined a group of peer supporters – meeting regularly for support and supervision. They went on to facilitate peer support on an individual basis:

On a weekly basis I meet with my peer, visit an in patient ward and often have a meeting or forum to participate in. Generally I have something most days.

What worked, life changes and impact on mental health

We explored what worked most effectively about peer support. The importance of being supported, feeling trusted and having autonomy emerged as crucial factors in his learning, change and growth process. This was partly attributed to the leadership style and input from the project co-ordinator. Peers forming equality based mutual support networks and developing friendships were also highlighted:

What has also been effective is the mutual support the group of peer supporters provides to one another. We learn from one another and being a part of a like minded group is really useful. I have made some good friends through this work- my isolation has decreased.

The value and impact of peer support emerged clearly- mutual gains, helping people avoid hospital admissions and connecting with people through shared lived experiences:

I believe the peer support service brings positive impacts for both the individual and the peer supporter – its 50: 50 we both benefit so much from it.

We help people stay out of hospital, access health and community resources they might not have otherwise have heard of and get a chance to focus and talk about what is important to them. We can listen and understand from their point of view.

Having made new friends and stopping drug use/drinking during the day meant that he felt a stronger sense of control, increased confidence and a sense of hope and optimism emerged. He said his health and wellbeing had improved a lot because of his involvement in peer support.

Reasons for this included feeling like he had made a real difference to other people lives, the learning/insight/coping strategies gained during the process, the extent of self-validation and the satisfaction of believing that economic savings were being made:

My mental health and well being has really improved since working as a peer supporter. My CPN pointed out to me that I seemed brighter, less depressed and my personal hygiene was better. In fact my health improved to the extent that I was discharged from the CMHT.

I have also stopped taking anti depressants as my own coping skills have increased.

I have not had to use crisis services in the last 2 years.

When I have moments of distress I think about the peer support work I have done, and what I have achieved and think if I can do this work then something must be right with me.

I feel like I have made a difference and that helps me feel better, I think about supporting people's recovery and helping keep them out of hospital, I have done the figures about what I have saved the NHS, and I walk about with this figure in my head and it makes me feel good.

Achievements

Economic savings to the mental health system was raised again and the impact of being paid:

I have been working on the project for 18 months and as far as I am aware none of the people I have supported have gone back into hospital. I feel proud I have helped prevent people going back in: this is beneficial to the person and has helped saved money to the local NHS.

I value getting paid for the peer support work. I have saved most of the money, and as I am drinking much less my disposable income has increased.

Unexpected changes

Being trusted, given responsibility and having influence over the peer support project development (and other service developments- associated with the Lambeth Living Well Collaborative) had further increased his confidence and sense of value – along with employment opportunities:

I have been offered new job opportunities following on from the initial peer support work- extra peer support work with the SWOT team, facilitating tree of life sessions with SLAM and training new peer support workers.

The future and past reflections

In terms of the future- he was positive about his employability:

I have another 6 months left in this existing role with Missing Link. I feel I am getting near to the point be able to take a more senior, supervisory paid role. I have enjoyed training the new group and would enjoy doing more training.

We asked people if they hadn't had the opportunities what would have happened:

I think I may have still been doing voluntary work in mental health, drifting from small project work to project work. But this feels like its part of a wider change and I can see a paid career at the end of it.

Summary

This man reported being completely overwhelmed, isolated and using an extensive range of secondary care services. His only social contacts were a chemist and a key worker.

Following his involvement with the peer support project he identified the conditions that led to a positive transformation in his mental health and wellbeing. He stated these were having the opportunities to undergo a comprehensive training programme, finding a valuable role to channel his insights and lived experiences through helping others and making connections/friendships with other like minded people.

As well as the clear health and social gains, he thought the peer support project helps people avoid hospital admissions. As his confidence and sense of value increased he was able to move on from secondary services and stopped using prescription drugs. He feels he is now employable, has an optimistic outlook and a range of employment opportunities have opened up.

PARTICIPANT 2

Life struggles, service use and mental health

This man told us he was living an extremely isolated life, with minimal contact with anyone outside of mental health services. Five years of severe depression and self harm had resulted in significant physical injury and an in-patient admission of three months. Withdrawal from life left his days full of emptiness:

I was completely isolated and depressed. I was living in unsuitable accommodation and did not want to engage with anyone, my windows and curtains were permanently closed.

I had lost contact with all my family and friends – either they had decided they could not cope/ didn't want to be with someone with mental health problems, or I had cut myself off from them as it was too difficult to try and interact with people – once you've ignored someone's call 8 times they don't ring again.

His struggle to engage with anything or anyone meant getting support from mental health services was difficult:

When I got discharged I required an enormous amount of health and social care support. I got a lot of support from the home treatment team. I had a Doctor, care co-ordinator and psychologist at the CMHT.As I was feeling so low and hopeless it was hard for me to engage with the team and I missed lots of appointments with my care co-ordinator. Looking back I feel guilty at the missed appointments.... but it was hard for me to get up and do anything.

He did not have any clear plans for the future. His sense of identity and low self-esteem were deeply connected to his sense of frustration and feelings of stigma living on benefits:

I felt very stigmatised as I was unemployed and living on benefits. As soon as people found out about my situation they would barely look at me, nobody would take me seriously because I was on benefits. My self esteem was so low.

Involvement

His care co-ordinator encouraged him to apply to become a peer supporter. Self doubt and low self worth made it challenging to be part of the group at the beginning, but by the end of the training he began to see possibilities ahead:

I could not see how I could do it. I couldn't look after myself let alone others....I joined the training, for the first few sessions I either said nothing or could not turn up, and my confidence was so low and my depression so overwhelming. By the final session I found my voice and then started the journey.

He completed the training and began paid employment as a peer supporter, meeting service users being discharged from hospitals in the community.

What worked, life changes and impact on mental health

We explored what worked most effectively about peer support and it was feeling validated for all of who he was. One of the reasons why he felt the work was achievable and beneficial was the support offered by the project co-ordinator. The co-ordinator offered a reassuring combination of efficiency, knowledge and trust which enabled him to feel confident and autonomous in the role:

The support from Lucas.... has been really effective and has been so useful to me. He was quick to respond to any concerns, would always return phone calls and had a lot of knowledge to support the team with. I felt my mental and physical health were valued and nurtured.

We had quite a lot of flexibility and autonomy about what we did with the clients. I used the person centred model and took the lead from the person.

He worked as a peer supporter for twelve months, on a part time basis. As his skills and confidence grew, a job arose for a full time paid position in peer support. His manager encouraged and supported him to apply. He was successful and this brought about significant changes- coming off benefits and earning a salary.

His job gives him the opportunity to get a real insight about the value of peer support- describing clearly why it brings a wide range of benefits:

I am a big advocate of peer support – I think it helps people’s recovery. People have told me they can open up more with their peer supporter; the conversations happen on a different level – due to the empathy, understanding and the time peer supporters have to listen. People go into crisis less often as they are less isolated and peer supporters are available to help. People have told us they want someone to talk to, loneliness and isolation has been so detrimental to their mental health.

This man attributed his significant life changes directly to the process and impact of being involved in peer support. He has been able to move on from secondary services. Better family and social connections also emerged:

A lot has changed because of working as a peer supporter. Working as a peer supporter has improved my mental health – I have been discharged from the CMHT, I have stopped taking medication and my suicidal thoughts are under control. It worked because it kept me engaged and I saw the value of the work.

My mental health has been transformed, from deep depression, suicidal actions and being so isolated and unengaged with the world I feel my recovery is nearly complete.

Because of the recovery and change in finances I am going [overseas] to see my daughter. I haven't had the opportunity to do this before.

I have friends now, and that makes me feel good. I can scroll down my phone and see friend's names and that makes me feel happy.

Achievements

Included gaining full time employment - off welfare benefits and getting decent accommodation. The service he now manages helps vulnerable people:

Having a salary has really helped my feelings of esteem, and the location and space I get from my flat has helped me feel a lot better.

I am now earning a full time salary but the esteem I have from earning, and the flat I am living in makes all the difference to my well being. I feel my skills are being recognised and I am taken seriously.

We see some really significant changes due to peer support... I had a really long positive e-mail from the person's care co-coordinator on Monday thanking us for the service and acknowledging the crucial role we played in helping avoid a crisis.

Unexpected Changes

He was clear that the input from the clinical team was of value and expressed appreciation for their support. As he is now working in mental health himself, there is still regular communication with the CMHT – but with a very different dynamic- as a colleague not as a patient:

I went back to my old CMHT where I used to get support to do presentation on the service I am now managing. The team were very supportive and it was very emotional.

The future and past reflections

This man is passionate about peer support and sees a good future ahead. He has already achieved some success and was undertaking professional training:

I love working in peer support and can see myself working in this field for a long time. In fact due to the success of the project I have just received a promotion and they are replicating the peer support model in other Boroughs. I am about to start my Level 4 counselling course and would still like to consider counselling positions.

When asked what might have happened if he hadn't had the opportunity to get involved he was uncertain and said that he would have been using services and medication for much longer and still unemployed.

It's difficult to say. I felt in such despair before I started Missing Link, I could not see any future. My care co-ordinator said it was the only thing left for me to try - it was my last chance. They had belief and hope in me when I didn't have any in myself.

My time with the CMHT and being on medication would have been much more prolonged.

I would not have found such rewarding and paid work.

Summary

This person was in a bleak and precarious situation prior to joining the peer support project. Being totally isolated, he had reached the point of making serious suicide attempts and had long periods of hospital admission. In his own words he needed: enormous amounts of health and social care support.

He got involved in the peer support training, but it was difficult- because he was feeling overwhelmed by depression and a lack of confidence. But he did begin an important journey of learning, change and growth. He said the impact of being involved in peer support was massive and life changing - from being totally isolated and suicidal to being discharged from secondary services, stopping medication and being employed. The progression is striking and he is passionate about using his lived experience and insight - as a service manager - to help other vulnerable people.

PARTICIPANT 3

Life struggles, service use and mental health

There was a strong connection between this woman's poor mental health and her social and vocational situation. She is a teacher by profession, but had been unemployed for 2 years, after a traumatic experience being bullied by the head teacher. She explained that as her self esteem was so low, she did not feel confident asserting herself, which resulted in an unmanageable workload.

Her treatment at work and subsequent unemployment left her feeling hopeless and suicidal. Her care package included: medication, a care co-ordinator, a psychiatrist and a psychologist. She told us her days had no structure and she had difficulty with essential daily tasks such as looking after herself or her home. Further distress was caused by income poverty and problems accessing welfare benefits:

My depression meant all daily life went out the window – I wasn't eating or sleeping properly, I was financially struggling as my benefits had been stopped and I was feeling desperate.

She explained after having such an extensive working life it was very distressing thinking about a future with no vocational purpose or hope:

My self esteem was very low as I did not have any meaning or focus in my life. I was doing nothing constructive with my time and that was making me more depressed. I had no idea about what to do with my life and could not see a way ahead.

Involvement

This woman was referred to Vocation Matters, a user run service offering information and support to help people access education, volunteering, training and employment. The staff prioritise getting to know people and building trust, so they can identify people's assets mutually and what they want to do. Aspirations are then matched carefully with vocational opportunities.

Having experienced years of feeling invalidated and worthless, she did not feel she had anything to contribute, and due to her low self esteem did not feel justified in searching for opportunities that would be enjoyable. The vocational project offered her emotional support and a safe space to gain confidence in her self, and trust in others. By showing belief in her they challenged her view that she would not be accepted or valued anywhere:

Shaun is very insightful and supportive; he understood that it was difficult for me to choose an activity/course that was 'just for me'. He encouraged and reassured me that it's OK to do something for myself.

She had a range of professional skills and qualities to contribute, but had a number of anxieties and concerns about working again after her experiences in the workplace.

Issues of acceptance and feeling safe were mutually identified as being crucial to successful re-engagement in vocational work:

All the places I volunteer or study at have a common theme of providing a safe, accepting space, I am grateful to Shaun for understanding the importance of that and signposting me so well.

What worked, life changes and impact on mental health

This woman reported a number of positive changes in her outlook for the future that she attributed to engaging with Vocational Services. Her despair had turned to hope:

My employment prospects have improved, through work experience but also a new found confidence in myself.

My resilience has increased, I feel more confident in saying no to people as I have more self worth now. This helps me feel work is achievable as I feel less anxious about being bullied.

A number of her vocational activities required physical exertion, e.g. sculpture and gardening. As well as improving her physical health, she explained that the physical work was also helping to improve her mental health:

I feel physically stronger and that in itself makes me feel more confident and less anxious.

She described taking on more social opportunities to address her difficulties with isolation and anxiety:

With Shaun's encouragement I also started attending a weekly gardening club at Archbishops Park. This has been really useful for me, it also has a very accepting atmosphere, but also feels very positive, can do and ambitious. It has challenged me to be more socially open.

After building a trusting relationship through sessions at Beale House, she felt comfortable accepting the practical support of Kate at the induction at her voluntary placement:

Kate came with me to the interview, the induction and the first few sessions until I felt safe enough to be there on my own. I would not have been able to go on my own.

Her improved self esteem, mood and resilience has had an impact on what health services she is using, and her service use has decreased:

I am much better than 2 years ago, I, am considering reducing my anti depressants. I am just completing some group psychotherapy and that may be the end of my contact with services. I was discharged from the CMHT over 3 years ago. I value the therapy, but for me the volunteering with mosaics, gardening and coming to Beale House are as just as important to my mental health as the therapy.

This woman expressed satisfaction that the service balanced offering expert knowledge about opportunities with leaving choice and control with her:

The service is so individualised, its OK to say no to something. This is quite unique and empowering.

Achievements

Before engaging she told us her days were empty which was making her depression worse, this was creating a vicious cycle in terms of future vocational plans.

After working with Vocation Matters for 2 ½ years, she was volunteering or studying 3 days a week- developing new skills and improving confidence:

Initially I saw Shaun from Vocation Matters. He supported me to volunteer at South Bank Mosaics. This was a great fit. The activity of mosaic making gave me a focus and I got to learn new skills. As my confidence grew I enrolled in a sculpture course at Morley College, this course was really beneficial for me. My well being increased through the physical nature of the work, I really enjoyed the manipulation of the materials.

She described taking on new challenges:

I also participated in an art workshop with a mainstream gallery Block 336 and have volunteered with Vocation Matters helping with giving education grants.

She feels she has now progressed on to the final stage of her vocational journey:

Shaun is now helping me with my goal in returning to paid employment.

Unexpected changes

A growth and change process can take a long time and she valued having ongoing support to find her own way forward:

I did not expect how long the recovery journey would take. I have been using Vocation Matters for nearly 3 years. When you are experiencing extreme feelings of low self worth and depression it can take a long time to get your confidence back and to see a future. Vocation Matters seem to get this and offer the time and space to help you find your way.

The future and past reflections

As well as her self belief and vocational prospects being stronger, her mental health improved to the extent that she can look forward to life, rather than death:

Before I could not hear or believe anything positive about myself, but now I can accept a compliment and can finally believe I have worth and something to give.

Being involved with Vocation Matters stopped my mental health getting worse, without the support my depression would have led to suicide.

It is not an exaggeration to say without Vocation Matters I would be dead. My life was falling apart, but I have found acceptance, things to do and a focus for recovery.

Summary

In less than three years this woman has journeyed from suicidal plans and rock bottom self esteem, to wanting to return to work and acknowledging that she has valuable skills to offer. Her self belief and confidence had been completely turned around. This has arisen through developing a strong trusting relationship with a vocational team, who understood the importance of facilitating emotional support and finding a range of safe and accepting places to engage in. Having been discharged from the CMHT she highlighted that a growth and change process- for some people- can take a long time.

PARTICIPANT 4

Life struggles, service use and mental health

This young person had been bullied at school and said he was feeling incredibly anxious, to the extent that he hadn't been outside his home for four years. His physical health was poor, there were problems at home and he was feeling increasingly helpless:

I couldn't get out of the house, either oversleeping or no confidence to get out.

I was living at home with my Mum and Dad and there was lots of tension and conflict. I didn't feel I had any control but did not have any confidence to try and get any independence.

I had no friends, no job, no skills, and no hope for the future.

He was being treated in a CMHT, on medication for depression and anxiety and was seeing a therapist for CBT:

My mental health was not good, I felt low and hopeless about the future. I couldn't see how I was going to be able to live a normal life again if I couldn't talk to anyone or go anywhere new.

Involvement

After building up a mutually trusting relationship at Beale House, this young man started his vocational journey through volunteering. As his confidence grew he returned to education and went on to obtain a full time job off welfare benefits:

Initially I was supported by Volunteering for Well Being, who helped me identify some opportunities in a local community centre and charity shop. They also linked me up with a befriender who helped me try out some new social activities.

I went from never leaving the house to slowly going to new places and trying new things.

I then started working with Vocation Matters. They helped me with joining a course with The Princes Trust, through that I started football coaching, Prince Trust team challenges and eventually paid employment with Marks & Spencer.

What worked, life changes and impact on mental health

Being accepted, validated for who he was and access to opportunities helped this young man progress in a change and growth process:

People have shown trust and commitment in me. I felt accepted, which helped to reduce the feelings I had about stigma.

They have helped me feel more comfortable with who I am.

They start with you as an individual.

I liked the fact that I was helped with a range of things – not just work, but education, training and volunteering. For my recovery I have learned I need to do a balance of things, some work, exercise, challenging myself socially. If you just focus on one area I think that reduces your well being.

Going at a pace that suited him and the range of support and opportunities was highlighted:

They went at a pace that worked for me. I had choices about opportunities, but I needed to go a bit gradually at first. I was given time to absorb the options. If I had been pushed too early I may not have done anything.

They have also helped me practically, financially and with emotional support to re-start my education. I have done IT courses and a finance course.

The importance of ongoing support and being seen as a distinct individual during progression was emphasised:

I feel I have had a lot of continued support from Beale House, it has got me from not going out and feeling hopeless to volunteering, to getting some skills back to paid employment.

From my community development work I know there can be a risk to stop seeing people as whole people, and just see the bit that fits with your project's objectives. I never got that sense with Beale House.

With improvements to his physical and mental health he has come off medication, stopped using services and relationships at home have improved:

My physical health has improved – I am a healthier weight (which also makes me feel more confident) I cycle everywhere whereas before I wouldn't go anywhere new on my own.

My mood is much better, my anxiety has almost gone, which has opened up new opportunities. My depression comes and goes but I can manage it myself without anti depressants.

I have finished all my CBT sessions. They finished as I was doing so much more in my days and was starting to achieve things.

As I am so much happier and feel more comfortable with myself, my relationships' at home have got a lot better.

He felt that undergoing change can be challenging, but now he has a full and active life. Using his words- totally turning his life around:

I think change is slow and difficult, it's a bit like exercise you have to regularly put the effort if you want to achieve anything.

I feel in the last year I am fully active, I have gone from doing nothing to having activity in all parts of my life; from working, to exercise to having friends (although I could still push myself on the social side)

My life is completely different to before I started getting support from Beale House, totally turned around.

Achievements

Having a full time job, saving and being able to be assertive because of an increase in confidence are key achievements for this young man.

Through everyone's information and encouragement I am now in full time paid employment as a community organiser. I also do freelance work as senior mentor for The Princes Trust

I have come off benefits and am earning. I am also saving money which will help when I move to my own place.

I have gone from not being able to ask a shopkeeper a simple question to knocking on strangers doors and encouraging them to be community activists.

I feel I have gone from having no confidence to being assertive. This has helped at home where I get on better with my parents now and there is less conflict

I can stand up to people who I think are trying to dominate or bully me. I even stood up to someone in a group interview who I thought was taking over too much.

Increasing his social network and being able to use his lived experience to help others emerged as important:

I have made friends with people who I met through my volunteering. We go to the gym together.

I have that attitude in my community work - I think I have developed skills of looking out for quiet, shy people – I can use my life experience and struggles to help others. Some people may have degrees but I think I have the empathy to help others.

Unexpected changes

I never thought with my background that I would be in full time employment.

The future and past reflections

Retaining satisfying community work emerged as important for his future:

I'm not quite sure what work will be next – but I would like to keep being in work, probably with people doing more community work or something else rewarding.

If he hadn't had the support and opportunities he said:

I would still have been unemployed, with no hope for the future.

Summary

This young man had spent four years indoors because he was feeling so anxious and depressed. He said he had no skills, no friends and no future. He was being treated at a CMHT, saw a psychologist and was on anti-depressants.

He became involved in Beale House first through the volunteering project and then engaged with Vocation Matters. The key approach that worked for him was being accepted for who he was, exploring and engaging in a range of different vocational opportunities- at a pace that suited him. He valued a holistic range of support: practical, financial and emotional. With his confidence increased and improvements in his physical and mental health he was able to stop medication and was discharged from secondary care services. Working full time in a job he finds satisfying and no longer claiming welfare benefits- he now has better relationships at home.

PARTICIPANT 5

Life struggles, service use and mental health

This woman's life had been dramatically altered following a devastating fire in her home, which left her with serious physical injuries and mental health problems. She ended up as an in-patient on a rehabilitation ward for 2 years, and was struggling with being in the world:

I was socially isolated, I felt withdrawn and it was a struggle to talk to anyone. I didn't have any confidence, was having trouble sleeping and felt low.

She felt there was nothing going on in her life- apart from complying with the ward routine:

Being an in-patient I didn't have much independence as I had to fit into the routine of the ward, e.g. they encouraged you to be there for lunch time, and stay in during the morning for ward rounds and medication. There was nothing happening in my life.

Involvement

An Occupational Therapist referred her to Beale House to help find some meaning, and an opportunity to start connecting with others. As a lack of confidence and social anxiety was such a difficulty, she was relieved to find that Beale House was a place she could feel safe in:

My first impressions were that it was a place I could feel comfortable in, it feels welcoming and calm.

She was offered an opportunity of volunteering at Beale House as a receptionist. As her confidence grew she started considering paid employment with mainstream organisations. With support from one of the teams based at Beale House (Status Employment) she started job searching in her previous employment field of finance. As well as the emotional support in building confidence she also valued practical help.

I feel valued and accepted. People are giving the practical assistance to find employment as well as warmth and support.

What worked, life changes and impact on mental health

Since volunteering and being engaged with Vocational Services she told us that her confidence has grown and she has increased her social networks. Prior to her in-patient admission, she had a tendency to withdraw from others, and had found that living on a ward for two years had made this issue worse:

I am much more confident about talking to people now, when I came I was very shy – being on the ward had made me wary of people, but here I enjoy talking to people.

She acknowledged that she has a tendency to isolate herself, which she knows is detrimental to her mental and physical health. Volunteering at Beale House on a weekly basis, as well as regularly engaging with Status Employment connects her with others:

Being here means I am out of my flat and talking to people. The talking has helped my mental health. It has stopped me getting isolated.

As well as her own reflection of her improved mental health and confidence, she believes that psychiatrists and in-patient nurses also saw a change in her wellbeing, which contributed to her discharge back to independent living in her own home:

I believe volunteering at Beale House has improved my mental health, but also how other people see me – it has showed my independence and what I am capable of.

The doctor on (the ward) was impressed that I was showing independence of going out and coming to work for two days, and I think that played a part in my discharge from the hospital.

Since being discharged from hospital in 2012, she explained that her mental health has continued to improve, to the extent that her care is being stepped down from enhanced CPA to minimal support at a fortnightly medication clinic at the CMHT. She is still looking for full time paid employment, but valuing the benefits that volunteering brings:

I feel valued and that has helped my self esteem...I feel more confident, more independent and I get a lot from feeling I have a part to play.

Achievements

Two of the key achievements were getting out of bed and making friends:

I often struggle to get out of bed. I can hide myself away and stay inside and just watch TV and eat. I am proud I get up and have a plan for the day.

I have made friends and acquaintances, this is a challenge for me as I can be so shy and tend to withdraw.

Unexpected Changes

I was not expecting to make friends - I just thought it would help me vocationally.

The future and past reflections

Employment is financially crucial and she wants to reduce her medication:

I am looking for full time work – I have a mortgage and am worried about how to repay it whilst I'm on benefits. I really want to be earning.

I am still on medication, long term I would like to reduce it.

When asked what might have happened if she hadn't had the opportunity to get involved, she thought a longer ward admission would have occurred. Isolating and withdrawing herself is still an ongoing struggle:

I think I would have eventually been discharged and left in the community on my own. I would have got more and more withdrawn and isolated.

The days I don't come in to volunteer I just stay in bed and eat and watch TV. I know this is not healthy.

Summary

This woman spent two years in a psychiatric ward. She was isolated, wary of others and struggled to talk to anyone. At Beale House she became a reception volunteer and felt comfortable in the warm environment. Her confidence grew. She believes her volunteering role, a new routine and increasing independence contributed to her discharge. She is now looking for full time work and has made a number of new friends.

PARTICIPANT 6

Life struggles, service use and mental health

This man explained that although he was motivated to work there were a number of challenging barriers that were preventing him from being employed. He has been using mental health services for almost twenty years, including annual admissions (averaging 3 months at a time) between 1998 and 2007 – 11 admissions. His distress was exacerbated by a Class A substance misuse problem.

He explained that he was isolated from his family and did not have any friends. He told us he was feeling very low, as his life was full of problems.

My life was not going well... I had a large, unhealthy, expensive drug habit. My family weren't talking to me; I wasn't eating as all my money was going on drugs.

He described a range of mental health services that were trying to support him. Their focus was on his immediate social and health issues:

I was with a CMHT, and had a Care Co-ordinator who had to do loads for me – sort out my benefits, try to get my housing sorted, medication issues, health problems. They were busy with my problems.

Involvement

After meeting with Vocation Matters to identify suitable vocational opportunities, he was encouraged and supported to undertake (paid) work with Carpet Cleaning Care, a supported employment project.

I work with them at least once a week cleaning carpets in hospitals and supported houses. I have worked with the project for nearly seven years, the longest I have done anything.

He still meets regularly with Vocation Matters who offer him ongoing support and signposting to other useful organisations:

I also meet monthly with Rob from Vocation Matters, who has helped me get support from Every Pound Counts (they reviewed my benefits and saw that I was able to get more DLA). He also got me into a drug rehabilitation programme which helped me stop my 20 year drug habit.

In the last year we have been looking at furthering my vocational work outside of Beale House, and I am in the middle of thinking about voluntary work for a hospice.

What worked, life changes and impact on mental health

When considering what had been effective in his vocational journey, he identified the respectful and supportive relationships that had been built with members of the vocational teams, and how the relationships had facilitated change:

The way the staff treat you here has really helped me. You can talk to them about anything you need to, as they talk to you like an equal, with respect. They don't look down on you or treat you like a child.

Lots of other people have tried to get me off drugs before, but I haven't listened to them like I have Rob and Kevin. When Kevin spoke to me about stopping drugs it made a difference. Rob took the time to come with me to Lambeth harbour.

Earning a wage instead of just having to rely on disability benefits made a difference:

The money from the wages at carpets has been very useful for me. Often when I was using, all my money went on drugs, so I was able to buy food with my wages. The money I earned felt different to my disability benefits, it was clean money and it felt wrong to spend it on drugs.

Regular work with Carpet Cleaning Care not only provided a wage, but also gave him a focus and structure which he found beneficial:

My mind is more focused than before. Thinking about work helps me feel better.

Working in a team had given him the opportunities to meet new people and try new social activities:

I have made some new friends. I have met people outside the circle that was just connected with drugs and dealing.

I have tried new activities; I went on a bike ride with people with physical and learning disabilities. This helped me think about my own situation and to see the strengths I do have.

Since engaging with vocational services, his well being and lifestyle had improved to the extent that his use of clinical and crisis mental health services had dramatically reduced:

My mood has improved, I'm in a better frame of mind. I used to go into hospital all the time as my life felt out of control but not now. I am so happy not to have to have keep going into hospital.

I have stopped going into hospital all the time since working here. I've only been in once since 2007, before that I was in every year from 1998 onwards.

The amount of work I do with care co-ordinators has got much less, before there was a lot to do, like housing problems, debt, medication problems . I was always with my care co-ordinator. Now I just go to the CMHT for medication – they don't have to do much for me.

I am eating better. Kevin is supporting and encouraging me to try fresh food and cooking for myself.

Achievements

He reflected that his long term engagement with vocational services was beneficial:

I am proud that I have stuck with it – my pattern normally (even if something is positive for me) is to stop. In seven years I only had one disagreement on the project, and that's been forgotten about- we've moved on.

The project often provided a cleaning service to mental health service users. He felt pleased he was able to help his peers:

I'm proud to be making a difference to other service users lives, we've cleaned up some disgusting supported flats, full of dried vomit and diarrhoea. It wasn't nice to do but people need to live in decent places so I'm glad I could make a difference.

One of the significant changes to his life was stopping his drug habit. This was a big achievement that had a number of positive repercussions:

I am glad I have been able to come off crack. Rob and Kevin really encouraged me to stop. I've now got money to spend on my family and I feel much less paranoid.

Unexpected changes

Having a job and earning a wage had made a positive difference to his relationship with his family:

I didn't expect my relationship with my family to improve. What could I chat to them about before? – throwing up after taking drugs, say I sat around all day doing nothing? Now I can ring up my mum and tell her how I earned some money through my cleaning work. They have something to be proud of. I was even able to buy my sister a new top. It's a good feeling.

The future and past reflections

He expressed pragmatic optimism about future vocational plans. Working alongside other service users on the carpets project had opened his mind to the possibility of undertaking peer support:

I need to be realistic whilst having hope. I would love to get some paid peer support work, but need to know a few more skills first.

He told us he is also going to research the possibility of working with older people:

I would also like to look into accompanying old people on holidays to the South coast.

When describing what he thought his life may have been like if he had not started working with Carpet Cleaning Care, the image was a bleak one, with increased distress, service use and substance misuse problems:

I think the same cycle of yearly admission to hospital would have continued.

Working with carpets has kept me out of hospital; It gives me something to occupy my mind on.

I wouldn't have stopped taking drugs without the support of people here, getting me to Lambeth harbour and encouraging me to stop.

Summary

This man has a long history of distress, with repeated in patient admissions over a twenty year period and extensive use of secondary care services. He also had a serious substance misuse problem. Both these factors have made it challenging for him to achieve any vocational progression. The pace of change needed to suit him and his life experiences. During his engagement with vocational services he has made significant improvements to his physical and mental health. He has only had one admission since working with the carpet cleaning project in seven years. He is earning, re connected with his family and planning further vocational goals.

PARTICIPANT 7

Life struggles, service use and mental health

This person experienced catastrophic trauma events that lead to her being in despair, harming herself and being sectioned in hospital: She said her mental health was in a very bad way:

Before coming to Beale House I was struggling with everything in my life. I had experienced a lot of trauma, my partner had been killed, my child had been taken into care. I had lost all my family and friends and I was in despair.

Due to the entire trauma I was experiencing my mental health was in a very bad way. I was suicidal and harmed myself as a way to deal with the pain and as a call for help. Between 2011 and 2012 I was constantly in and out of hospital, including twice via a section 136. I spent a month in the Maudsley. I was also drinking as a way to deal with my pain.

Once in the community she used secondary services and attended Lambeth Mind's peer support group:

I was put on anti depressants, had a CPN and a social worker who I was supposed to see fortnightly.

I was also attending the peer support group at Lambeth MIND which was useful as a place to share my struggles.

Involvement

Her involvement in Beale House led to a focus on vocational goals, but she highlighted the importance of being given space to work through upsetting situations in her life on a regular basis:

I have been getting support from Vocation Matters since January 2013. They have helped me with finding voluntary work, getting on and funding courses and now we are starting to look for paid work.

Due to my complex problems we have been meeting weekly.

The focus has always been on my future vocation, however they are always giving me essential space to talk and get support for my domestic problems. This has been vital – it's crazy to think I can concentrate just on getting back to work when the situation with my son is so upsetting. They gave me space to talk about this and then move on.

What worked, life changes and impact on mental health

When asked what worked for her while engaging with the Vocation Matters project she emphasised the importance of the staff qualities, the fact she could be seen immediately through self referral and that the project was well organised and without time limit:

What I have found useful is the balance of efficiency with compassion.

When I first came to Vocation Matters they saw me immediately – no long assessment, no complicated referral, no waiting list – they saw me quickly and we started to plan and work together immediately.

A lot of my mental health problems and stress had come from children's social services– who were very disorganised and bureaucratic – everything was a battle to get organised, or so slow. The same as when I was trying to find an advocacy service you spend along time researching, you leave messages- they never get back to you. Vocation Matters are always organised and run a professional service, they are always on time, they are clear and open with me.

I could not believe it when I met with them and they told me there was no time limit on the service. This has been so helpful for me. With other services such as my bereavement counselling stopped after 6 sessions, Centre 70 counselling I'll only have 18 weeks. It can feel just as you are beginning to make progress, and begin to trust people, the service ends. They said: you decide when you want to end, this feels very empowering.

A key factor in the process of change and growth was feeling validated through staff believing in her and complimenting her on achievements. Regular and consistent engagement was also important:

They have also helped me get my confidence back. They say well done, they help me feel more positive. They re affirm their belief in me. They believed in me when I didn't believe in myself. Its easy when you are in distress to get wrapped up in a cycle of I should of/I could of. But they keep me focused and positive.

I come on the same day each week this has helped give me a routine.

The life changes she described were profound and varied and this had a significant impact on her mental health and wellbeing. This included: skill acquisition, increased self esteem, a good routine and more control:

The courses I have done have given me skills.

My state of mind has really changed since getting support from Vocation Matters. I am getting focussed on employment, a good routine and thinking about my future. I felt worthless before but now my self esteem has improved. When I come here I know something positive is going to happen.

I feel I have choices and am more in control of my future, I have stopped seeing family that I believe were detrimental to my well being.

Further improvements included a better sleep pattern, improved mood, moving on from secondary services and avoiding hospital admission:

My sleeping pattern has improved. I used to wake up angry in the middle of the night, but now I have things to do in the day and am keeping more active I am sleeping better and won't wake up in the night.

Since coming here my mood has improved and my depression is better. I have a positive state of mind. I have come off my anti depressants and have discharged myself from SLAM. I have had a lot of trauma and have been very low but I am re-building myself stronger.

I haven't been in hospital since starting with Vocation Matters and don't think I'll ever feel that low or suicidal again.

Achievements

When asked what achievements she was most proud of, engaging in an increased range of activity, feeling more independent and in control and the sensation of coming alive emerged.

Since starting with them I have undertaken a community translation course, a learning support course, volunteered at an adult education college and am now looking to set up my own business of translating and tutoring.

I feel more independent, I feel more in control of my emotions which has lessened my feeling of depression and self harm.

I have something positive in my life – now I have an answer to the question what did you do today – I'm coming alive again.

Unexpected changes

Having access to a holistic approach emerged as important:

I didn't expect to be able to find somewhere that supported me as a whole person. I come as a package – someone looking for employment but also someone who has been through a lot of bad things. Most services want to put you in a box – and will choose the bit of you they want to help. But Vocation Matters saw all of me and gave me space to address everything.

The future and past reflections

She now feels in a position to get a job:

I know which career I would like, but I am also going to take a job quickly just to be working and earning

When we asked what would have happened if she hadn't had the opportunity to work with the vocational service, she stated that positive changes in her life would not have happened:

I know the changes in my life are down to Vocation Matters as I had nothing else – my counselling had finished as had the peer support group. So without them I would not have changed from feeling depressed to positive, I wouldn't be doing courses and would have a future of unemployment and no hope.

Summary

This woman told us that the catastrophic life events (partner murdered and children taken away by social services) impacted negatively on her mental health and wellbeing, to the extent that she was sectioned in hospital. She said the emotional pain and despair was such that she felt suicidal and took to self-harming and drinking, as a call for help. Following several admissions she was referred to a CMHT, prescribed anti-depressants and saw a number of professionals including a psychiatrist, a CPN and a social worker.

She said the approach she valued was being seen as a whole person, having regular safe space to work through painful emotions - combined with a clear and helpful focus on achieving vocational goals- without time limit. She called this: efficiency and compassion. She now feels more independent, in control and is looking for work. She decided to discharge herself from the CMHT.

IMPACTS AND OUTCOMES

The evidence from these individuals is moving and clear. Everyone involved progressed and achieved significant health, personal and social outcomes. See Appendix 1 for details.

Health

All interviewees significantly reduced their use of secondary care services, being discharged from hospital and CMHT'S, stopping or reducing prescription medication and avoiding crises. People reported improvements to their sense of well being, physical health and self management abilities.

Personal

People said their confidence and sense of optimism for the future had improved a lot. They felt a stronger sense of control, more independence and happier. Feeling valued, proud and having a positive state of mind also featured strongly. One person likened their experience to coming alive again.

Vocational and Social inclusion

Everyone increased their range of mainstream activity and were actively job seeking. Several had gained new skills through accredited training courses. Two people were in employment, off welfare benefits and everyone reported making new friends. Several people said their family relationships had improved and they had better routines. Helping others through peer support emerged as a valuable vehicle for increasing social inclusion prospects.

Without opportunities

Reflecting back people said that without the opportunities for learning, growth and change very little would have happened in their lives. Most said they would be stuck where they were: isolated and drifting, unemployed with no hope and no future. One person said she would have ended up dead and several thought they would still be dependent on secondary care or crisis services.

Cost benefits

Making direct cause and effect attributions about the economic impact of peer and vocational services on the improvement of people's mental health and wellbeing requires a cautious approach. This is because many factors can play a role and it is difficult to calculate the cost savings accurately. However, we believe that the insights of service users into what they think or feel makes a difference to their quality of life and health outcomes is valuable.

All of the service users reported making significant progress. All reported significantly reducing their use of secondary and specialist services – either being discharged completely, stopping medication or moving from hospital wards to the community. Several thought that the opportunities and life changes had meant that they were able to avoid crisis services. Several had got employment and were no longer claiming any welfare benefits. It is important that methods are constructed which can calculate the cost benefits of these projects. We are currently liaising with a senior health economist and a researcher to devise a cost/benefit model from this evidence.

WHAT DID WE LEARN?

With permission all of the interviews were transcribed and each person received a copy of their interview- along with our interpretations. To validate this, participants met with the interviewer- a few weeks later- and several made small amendments to ensure accuracy. Everyone agreed with our interpretations of their experience. For this group of people the types of engagement and conditions that worked to improve mental health, well being and quality of life have been identified clearly. These can be stated:

INTERPERSONAL RELATIONSHIPS

Accepted as an individual

Being accepted and treated as a distinct individual and being seen as a whole person emerged as very important for all of the people we interviewed.

Equality based trusting relationships and safety

People told us they valued having a respectful trusting relationship that was equality based, consistent and dependable. Combined with a warm and calm environment, this created the internal and external conditions of safety that are crucial to begin a change and growth process.

Validated and asset based

People felt a sense of belief and optimism in their assets and potential, but often doubted themselves initially. This belief in the person's potential was consistently validated.

INSIGHTFUL APPROACH

Connecting with lived realities

To facilitate a learning, change and growth process service users thought the staff needed to have sufficient insight, to understand the range, impact and consequences of life struggles that cause distress. Service users told us distress always stemmed from understandable causes. People reported being done to (traumatic events) or being neglected and isolated (alienated). Eroded over time. Feeling validated and understood helped people find their own way and progress e.g. creating a safe space so that struggles could be understood and managed- rather than focusing on what is 'wrong' with them.

Autonomy and choice

People valued having the autonomy to make changes. They felt in control of what was happening and were never told 'what to do' or subject to any degree of coercion. People worked out their own direction. The projects had in- depth knowledge of a range of opportunities e.g. peer support, employment, training, education and volunteering. This integration of autonomy and choice constitutes successful co-production.

Acknowledging that change is difficult

The evidence tells us that personal, vocational and social change can be a slow, delicate and difficult process- given where some people start out from. If people don't feel ready and refuse this is respected.

Suitable pace

It was important for people to engage in a learning, growth and change process at a pace that suited them. All of the people we asked felt that the projects had got this right.

VALUED ACTIVITY

Purpose

Having a sense of purpose emerged as very beneficial and meaningful for all of the participants in this study. They said having a clear direction and vocational goals meant they felt more positive and hopeful about their future.

Matching activity with aspirations

Crucial to progression was the importance of matching people's assets and aspirations with activity that facilitated increases in confidence, skills and social networks. People said they felt like the opportunities were a great fit.

Earning money

It emerged as important for people to have the opportunity to earn money- either through training, peer support projects or employment. It helped people feel valued, increased their confidence and for those employed, it turned their lives around. We were told healthy social inclusion is not possible without economic inclusion- it makes the difference between surviving and thriving. People also told us income poverty is miserable and seriously detrimental to mental health and wellbeing.

GOOD ORGANISATION

Ease and speed of access

People said they valued the option of self referral, being seen quickly and not feeling assessed or judged. No assessment forms or measurement tools are ever used.

Efficiency, compassion and holistic range

Several people remarked that the projects were well organised, dependable and professional. It was highlighted that the integration of emotional, practical and financial support was effective. Some people thought it was unique and empowering to find a compassionate approach combined with efficient vocational support. This flexibility worked for people because they had a safe emotional space to share their experience and when they felt ready they could focus on achieving vocational goals.

Ongoing support

A number of service users said they valued ongoing support and that for them a time limit would not have worked. This does have a capacity effect on the projects, but most people do move forward and increase their own confidence, resilience and independence.

PEER SUPPORT

An extensive range of learning has emerged about peer support from the interviews and can be grouped into themes:

Reciprocal relationships

People told us that the transformative power of peer support stems from the nature of the relationship. Helping other people in a mutually reciprocal relationship creates a sense of satisfaction and achievement. This can increase confidence and the feeling of being valued and validated as an individual.

Valuing insight

The insights service users have about their own learning, growth and change process can be shared to create encouragement and hope. This means the experience is felt as valuable, in turn this increases confidence further.

Lived experience

People who can understand what it is like to experience serious and damaging distress are more likely to be able to empathise and connect with people within their own frame of reference- having walked in their shoes. We can listen and understand from their point of view. This emotional resonance can have a powerful transformative affect. People get to realise others have been there- suffering, they are not alone. Their struggles are understandable.

Like minded people

Being with like minded people can create a sense of camaraderie and friendships emerge.

Inclusion

People in a peer support relationship say they are less likely to feel isolated and isolation has been reported as detrimental to mental health and well being.

Support and autonomy

Peer supporters value support themselves - in order to undertake the role effectively. They also value having autonomy and flexibility.

Earning money

Being paid for peer support further increases peoples confidence and sense of value in the role.

Cost benefits

Peer supporters consistently report that- as a direct result- of their contact and relationships with service users they help avoid crises and hospital admissions. Peer supporters also report being less likely to have crises and hospital admissions. It is important that methods are created to calculate the economic savings. A detailed and robust study is required.

Vocational support

Vocational support for peer supporters is valuable because it can help with the achievement of their vocational goals e.g. getting employment, education, volunteering or training. Likewise- peer supporters can form empowering relationships with service users on vocational journeys.

Summary

This evidence demonstrates that peer support produces mutually beneficial effects. Transformation in people's lives happens when insights are shared about the journey of change and growth. This unique level of validation emerges because people can genuinely connect and empathise authentically- having been through similar struggles. Peer support also brings important health and social gains and is likely to create cost savings. The next step is to work out a model for calculating how much.

THEORY OF CHANGE

Based on this evidence and learning from a wide range of sources (service user consultations, annual reports, project evaluations and national publications) a theory of change has emerged.

Validation or invalidation: to be or not to be?

Throughout the interviews people described their life struggles as being detrimental and invalidating to their well being. In contrast, they said that with the right validating conditions they were able to learn, change, grow and achieve important vocational goals. A validation and invalidation framework can help us understand the lived context:

The following are examples in important areas of living:

Validating = promoting wellbeing	Invalidating = creating distress
Somewhere to dwell: safe, warm and peaceful	No where to dwell: homeless, incarcerated or noisy and unsafe
Something to do: employment, hobbies, fun things to do and achieving personal goals	Nothing to do: boredom, frustration and no fun- easy to slide into apathy and lose confidence and hope
Someone to love: personal and social relationships, friends and networks	No one to love: isolated and alienated
Economic inclusion: enough income to thrive. You can have nice choices.	Economic exclusion: not enough income to survive. Hard choices to be made like eat or heat.
Accepted: as a citizen in society with rights and responsibilities	Stigmatised: rejection and discrimination
Healthy communication: heard and understood. What happened to you – how are you feeling?	Unhealthy communication: Judged, ignored- talked at. Told what to do – what’s wrong with you?

Insights from the evidence

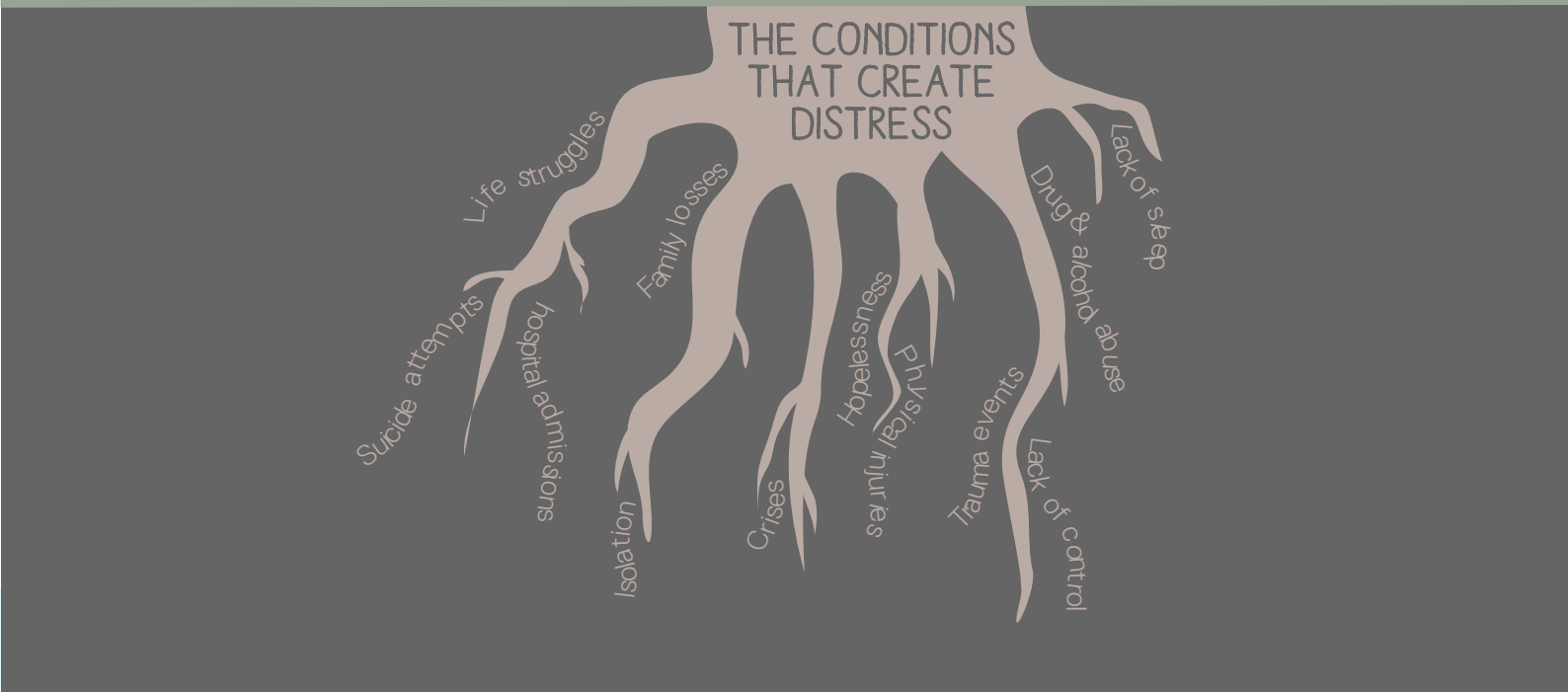
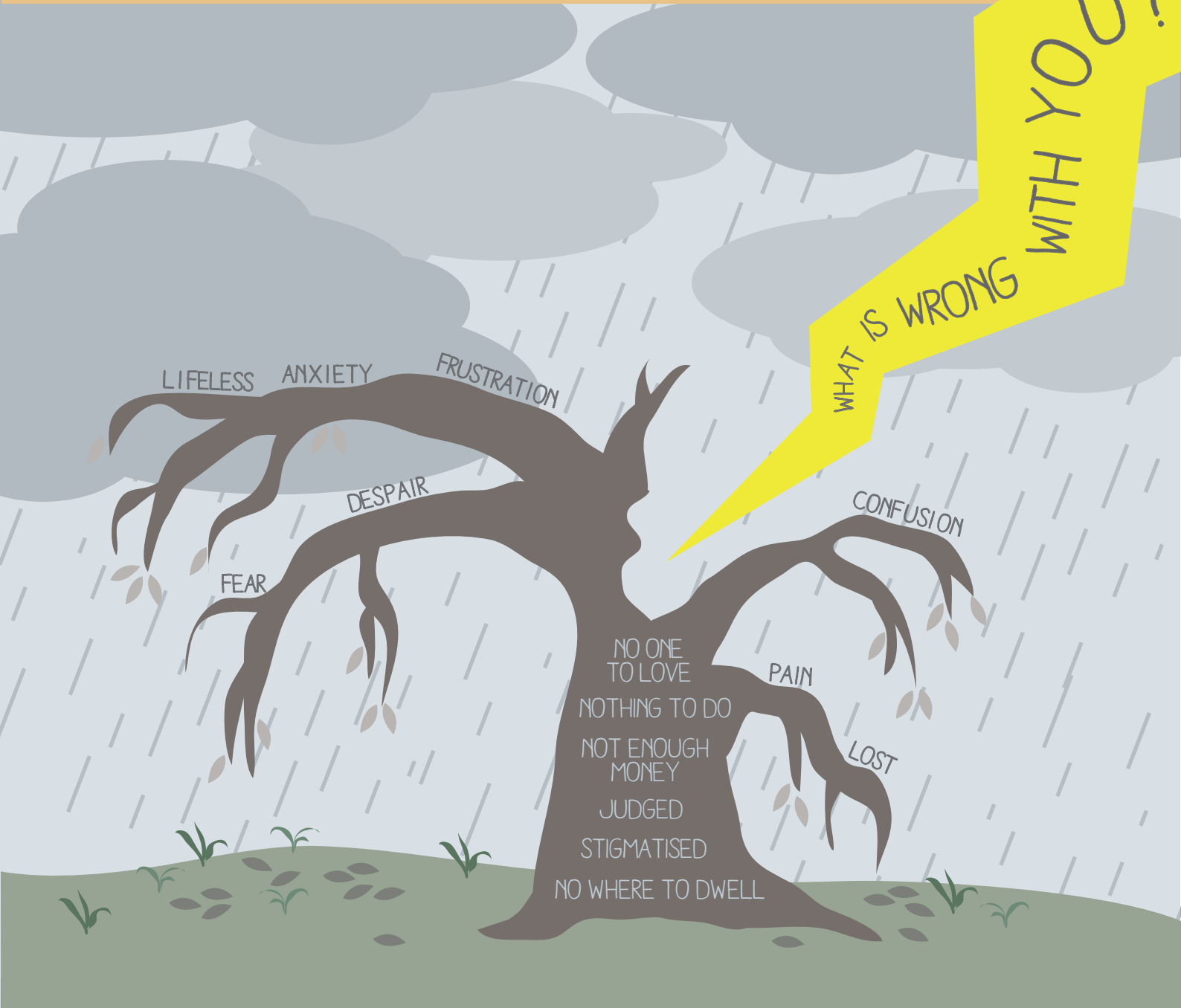
We found the extent of personal and social invalidation was relative to the extent of distress. People told us that feeling safe internally and externally helped them begin the process of learning, change and growth. Safety emerges from building a trusting relationship whereby people are listened to, accepted for all of who they are, and all of their experiences are heard and validated.

It is crucial to find out what happened to people and what they want to do – rather than focusing on what is ‘wrong’ with them. The primary principle underpinning any helping process starts with where the whole person is– in an emotional, social and practical sense. It is essential that people explore, define and develop their own asset based pathway- on their own terms- rather than being ‘told what to do’. Self developed insight can be learnt, but not taught. People have to find their own way.

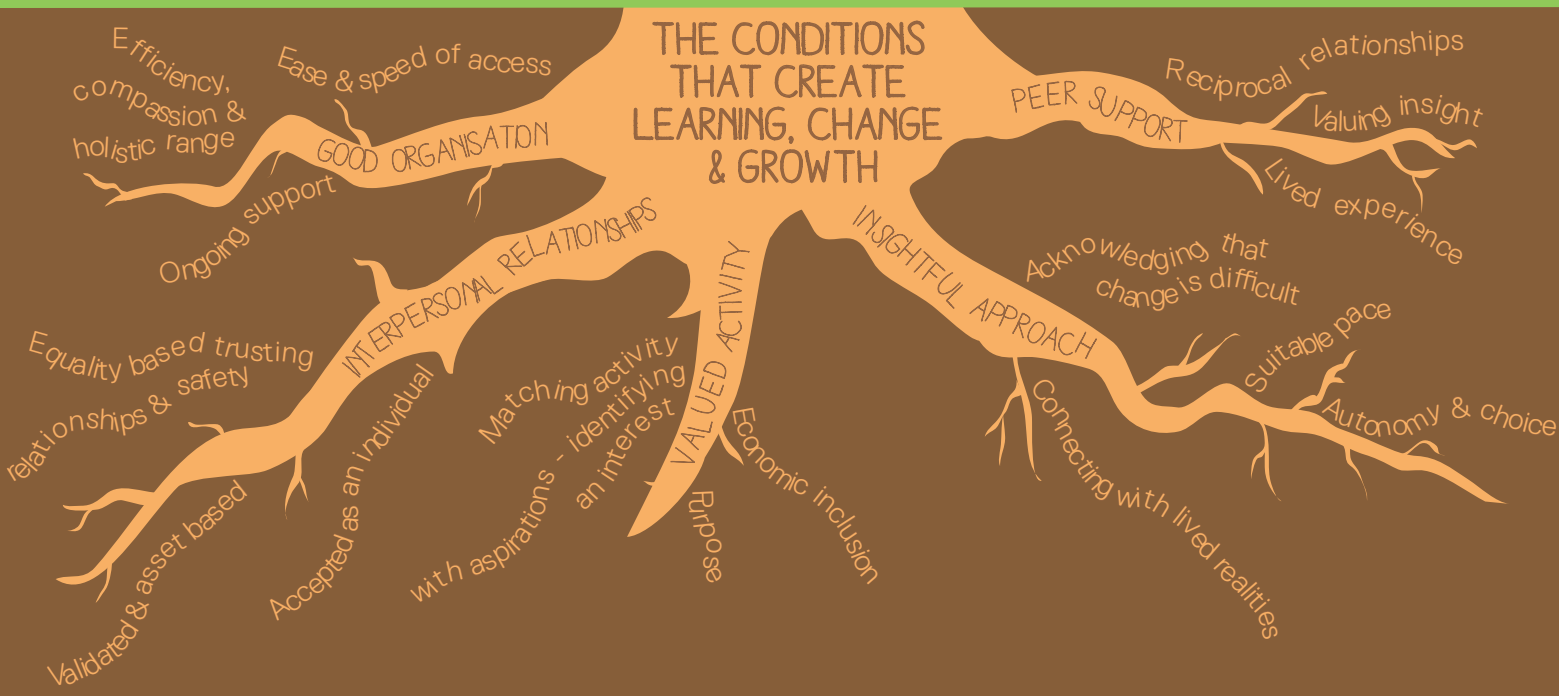
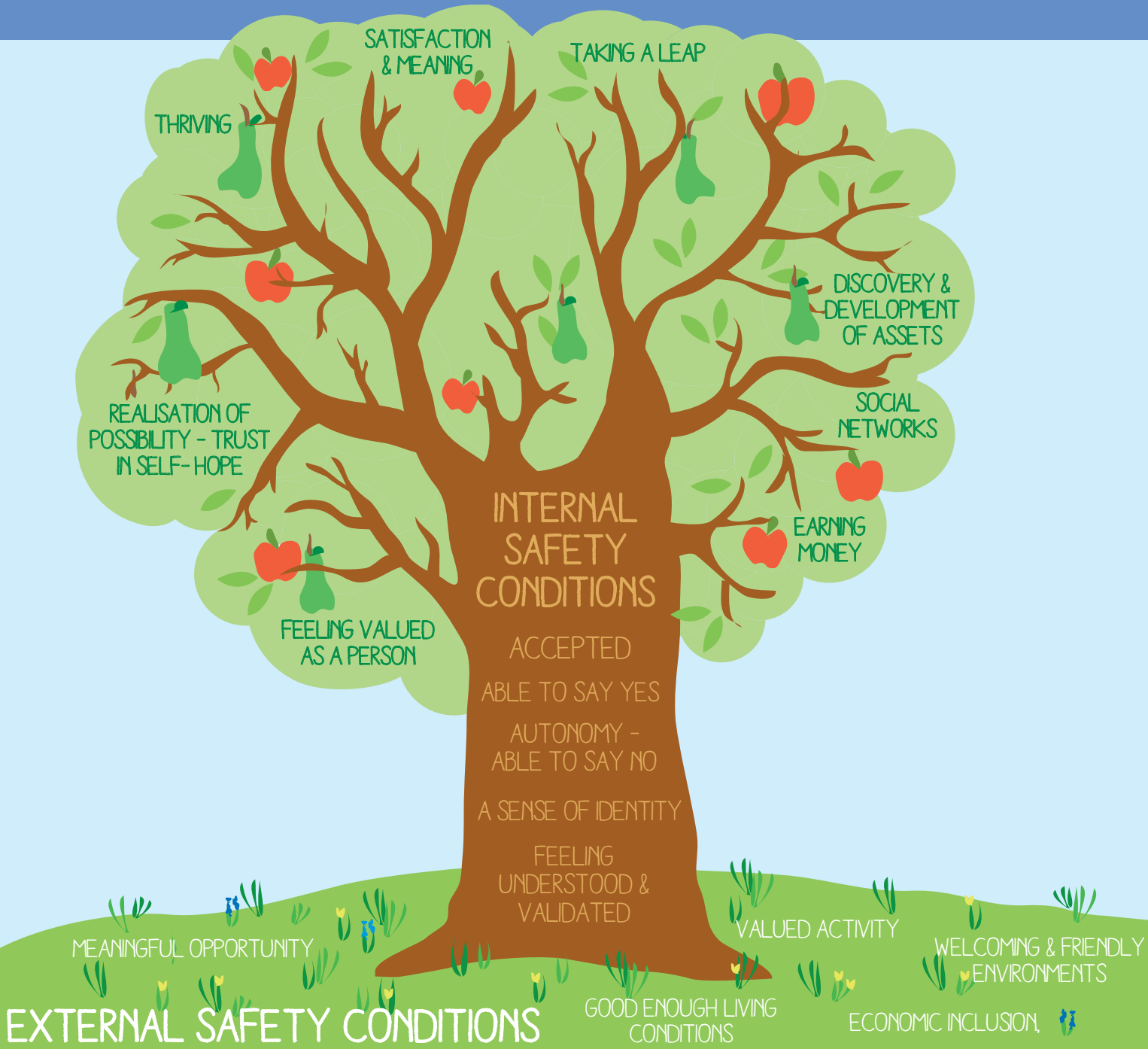
Our evidence from the projects indicates that having control and autonomy during the process of change is empowering. People value being believed in and having their assets recognised. Confidence can then begin to grow and different activities and interests can be explored, at a pace suited to the individual. Sometimes progression can be difficult and slow, sometimes it can be fast.

The visual representations on the following two pages are grounded in the evidence here. They depict the life conditions that can cause distress or create the potential for learning, growth and change.

INVALIDATING CONDITIONS



VALIDATING CONDITIONS



CONCLUSION

This co-produced qualitative study explored and described:

- What life struggles people experienced?
- What was the impact on mental health and well being?
- What were the conditions and types of engagement that helped people find their own way- to turn their lives around?
- What impact did the learning, change and growth process have on mental health, wellbeing and quality of life?

Life struggles that cause serious and damaging distress

People were very clear and identified a wide range of life struggles such as: income poverty, unemployment, trauma events, serious physical injuries, bullying, isolation, drug and alcohol problems, family losses, stigma, meaninglessness, hopelessness and a lack of sleep and self confidence. Some people stated they were struggling with 'everything' and it was the direct effects that caused serious damage to their mental health and well being.

Impact of serious distress

We were told the impact involves intensely distressing emotions (anxiety, fear, despair and helplessness). These were attributed to problems with living in isolating social contexts and/or being exposed to traumatic events that felt, at best difficult, and at worst- intolerable. Most of these people felt totally invalidated (personally and socially) and had given up hope of any kind of decent or healthy future- several were suicidal, or had spent long periods in psychiatric hospitals. It is striking and disturbing, just how bleak, harrowing and precarious people's lives can become in the capital city of a modern society.

What works?

The good news is that all of the people we interviewed found their own way through and there are several important threads that bind these stories together. How people were perceived and treated was simply- everything. It was the human, can do and co-productive approach within the vocational and peer support projects that shone through. People felt accepted for all of who they were as individuals. They felt all of their experiences- struggles and assets- were consistently validated and respected. This foundation underpinned the range of activity that people undertook.

This level of trust and action created the internal and external conditions of safety- necessary for people to courageously vote with their feet and engage in a self- learning, change and positive growth process. Everyone involved progressed and achieved significant health, personal and social outcomes. To use the words of one person:

I have something positive in my life – now I have an answer to the question 'what did you do today' – I'm coming alive again.

RECOMMENDATIONS

- ➔ The evidence here reveals that the difficulties that bring people into contact with mental health services are multifaceted, but have common themes – problems with living and being invalidated. The challenge is to recognise and address the material, psychological and social consequences of these life struggles through co-production. If these areas are not addressed then the demand on services will continue to increase.
- ➔ The vocational and peer support projects developed and shared the right conditions- for co-producing learning, change and growth. The next step is to take forward the integration of vocational and peer support into a suitable structure. This can create a unique pool of expertise that has never existed before. The potential is huge and we believe this to be core business for commissioning priorities and mental health services.
- ➔ The theory of change and the invalidation/validation framework that we have created from the insights and wisdom of service users needs to be developed further, so that positive health approaches and outcomes can increase across the system.
- ➔ Significant reductions in the use of expensive secondary services and people gaining employment clearly have cost savings. An economic model needs to be designed to calculate these accurately.

ACKNOWLEDGEMENTS

This is a co-produced report. People from a range of local organisations in Lambeth contributed. We thank everyone: the people who voted with their feet and courageously undertook these profound journeys, telling us what it was like. The vocational and peer integration project planning group: Shaun Williams, Manju Rajput, Lucas Teague, Rob Harrison, Kate Reaney and Kevin Poulton. The interviewer and transcriber: Sarah McDonald. Economic cost/benefit model advice: Paul McCrone. Cover artwork: Jolie Goodman. Theory of change tree designer: Sophie Walker. Report formatting and graphics: Karis McLaughlin. Website reporting: Karen Hooper. Report reviewers: Jolie Goodman and David Grey.

The report authors: Mark Bertram and Sarah McDonald, March 2014.

APPENDIX 1

Impact and outcomes

The impact of engaging in a self learning, change and growth process produced positive and significant health, personal and social outcomes for all of the participants:

Participant	Health	Personal	Vocational & social inclusion	Without opportunity
1	Discharged from CMHT Stopped prescription medication Stopped illegal drug use Reduced alcohol Avoided crisis service Helping others avoid hospital admission	Increased sense of control Increased confidence Increased hope and optimism Improved personal hygiene	Increased job opportunities New friends Saving money Facilitating peer support training	Drifting
2	Discharged from CMHT Stopped prescription medication Helping others avoid crises	Increased self esteem Increased sense of wellbeing Feels good Complete recovery	Full time employment off benefits Job promotion Improved accommodation New friends Improved family relations	Prolonged secondary care use Still unemployed
3	Discharged from CMHT Reducing prescription medication Improved physical health	Increased resilience Increased confidence Optimism Can accept compliments	Work experience Improved employment prospects Increased range of activity	High risk of suicide
4	Discharged from CMHT Stopped prescription medication Improved physical health Improved self management Improved mood	Increased confidence Happier Feeling comfortable with self	Full time employment off benefits Saving money Improved family relationships New friends Helping other people Increased skills	Unemployed, no hope and no future

5	<p>Discharged from 2 year inpatient stay</p> <p>Discharged from CPA</p> <p>Increased sense of wellbeing</p> <p>Wants to reduce prescription medication</p>	<p>Increased confidence</p> <p>Feels valued</p> <p>Feeling Independent</p> <p>Enhanced self esteem</p>	<p>Volunteering</p> <p>New routine</p> <p>Actively job seeking</p> <p>Increased independence</p> <p>New friends</p>	<p>Eventual ward discharge</p> <p>Withdrawal and isolation</p>
6	<p>Avoided hospital admissions</p> <p>Reduced reliance on CMHT</p> <p>Withdrawn from illegal drug use (Crack)</p> <p>Improved physical health</p> <p>Eating healthily</p> <p>Improved mood</p>	<p>Feels better</p> <p>Feels proud of achievements</p> <p>More focused</p>	<p>Paid work training</p> <p>Increased range of activity</p> <p>New friends</p> <p>Improved family relationships</p>	<p>Yearly admissions to hospital</p> <p>Continued drug abuse</p>
7	<p>Discharged from CMHT</p> <p>Stopped prescription medication</p> <p>Avoided hospital admission</p> <p>Improved sleep</p> <p>No self harm</p>	<p>Positive state of mind</p> <p>Improved confidence</p> <p>Feels stronger</p> <p>Increased sense of control</p> <p>Feeling alive again</p> <p>Feeling independent</p>	<p>Increased range of activity</p> <p>Actively job seeking</p> <p>New skills</p> <p>Improved routine</p>	<p>Unemployed and no hope</p> <p>Depressed</p>

