

LAMBETH LIVING WELL COLLABORATIVE

# **OPEN SPACE EVENT REPORT**

**If there is no health without mental health then**

**“HOW CAN WE ENABLE PEOPLE  
EXPERIENCING MENTAL UNWELLNESS  
TO LIVE FULL LIVES?”**

23<sup>RD</sup> NOVEMBER 2023

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Session: Session 1

Breakout group: Athens

## **Topic of Discussion: Stigma and misunderstanding around medication**

**Name of the Convenor\*** Anna- Maria

**Who was there** (who was in the discussion group)?\*

Anna Maria, Sara, Viv, Simone, Karen and Anna

### **Main points of the discussion:**

- Non informed people around someone who is unwell-peer pressure.
- Shame around taking medication.
- Not knowing about the medication prescribed
- Constraints and pressure around medication reviews
- Difference in care and approach between mental health and physical health care and support (Lack of care for MH, those with an SMI)
- Positive relationships with external agencies and the difference this has on someone's recovery (GP vs Hospital)
- Should be more flexibility around risk and positive risk taking.
- Subjective language- "schizophrenic" negative use of language, negative effect on people
- Not enough information for service users around medication
- Negativity around going back to hospital.
- Importance of family and friends support for recovery.
- Medication and sexuality

### **Recommendations:**

- Informed choices
- Positive risk taking to empower the individual
- Education - patient, carers and wider community
- External agencies working in partnership - sharing knowledge and skills

## Topic of Discussion: Green therapy

**Name of the Convenor:** Carmelo

**Who was there** (who was in the discussion group)?\*

Jackie, Judith, Alexis, Anthea, Simone and John

### **Main points of the discussion:**

Green Therapy - we talked about the Loughborough Junction Community Farm and its values:

- 1) shared space
- 2) shared learning
- 3) eat and drink and chat together
- 4) safe non-judgemental space
- 5) Benefits:
  - a. being in nature,
  - b. stress reduction,
  - c. learning and sharing knowledge and skills,
  - d. company and reducing isolation,
  - e. peer support,
  - f. less reliance on professionals.

### **Recommendations:**

- 1) Make sure people know their neighbourhood and what is there, e.g. running walking tours
- 2) promoting awareness of social prescribing.

**Session:** Session 1

**Breakout group:** Beijing

## Topic of Discussion: Research

**Name of the Convenor:** Pamela

**Who was there** (who was in the discussion group)?\*

David, Ken, Mark Pamela

### **Main points of the discussion:**

- How to formulate meaningful questions
- How to apply different research methods
- How to create a meaningful relationship between Research and £££s
- How to get a larger pool of people asking insightful research questions
- How to ensure research is inclusive, inquisitive and insightful
- Breaking down barriers of 'us and them'

### **Recommendations:**

1. Ensure more people ask more questions.
2. Establish a new Collaborative Outreach Breakfast Research Approach 'Deliveroo'  
[Take breakfast out to the people and find out what matters most to them]
3. Find out how people are living fulfilling lives even though they have a mental health problem.

## Topic of Discussion: Wellness and Addictions

Name of the Convenor Sam

Who was there (who was in the discussion group)?\*

Georgia, Cherry, Judith, Peter, Monica, Irma, Adrian, Roma, Bill and Doye

### Main points of the discussion:

- Addiction & mental health – one can cause the other/which comes first?
- Dual diagnosis
- Self-medication
- Labelling and stigma of the addict as well as mental unwellness
- Root cause - pain, not only detox and rehab are solution - needs to be in depth and holistic.
- Addiction can trigger or exacerbate mental illness.
- Family support is needed as well as the person with addiction and mental unwellness.
- Nature v nurture can have an impact on the person and addiction.
- Services can have role constraints in what they can offer, particularly talked about mental health and addiction service - integration but could be a lot stronger
- Lack of community response (eg Lewisham) young person in crisis with alcohol issues/suicidal - lack of support.
- Potential impact of pandemic, other difficulties in family.
- Challenge of different sectors that don't talk to one another.
- Social and non-clinical services can help fill gaps.
- Not catching people quickly enough - going from GP to hospital - nothing in between
- Not working together in joined up way.
- Negative impact of competitive and separate tendering /working in silos
- Addictions work can be driven by national standard/targets and don't focus on mental wellness/softer outcomes and can affect attempts at integrated working.
- Can be territorial - impact of commissioning/individual services.
- People falling through the net between addictions and mental health.
- Issues re philosophy of LHH - can undergo therapy until person is completely clean - feel should be happening in parallel.
- Thamesreach example of organisation picking up cases where higher level of complex needs who fall outside the system.
- Difficulties of engaging people and needing services on their terms/person centred.
- Issues re English not being first language and lack of cultural relevance of service.
- Use of interpreters - can look at how this can be shared between organisations?
- Police help needed re dealer targeted vulnerable people - financial abuse/cuckooing.

### Recommendations:

1. More joined up working mental health and addiction services (integration and person centred)
2. What services are tackling root causes (pain) underlying mental unwellness and addictions (lack of access to psychological therapies/services, housing and help with life)?
3. Outreach of services to communities including those for who English is not their first language.

**Session:** Session 1

**Breakout group:** Cape Town

**Topic of Discussion:** Community Help

**Name of the Convenor\*** Val Poole

**Who was there** (who was in the discussion group)?\*

Val, Sarah, Isha, David, Maria, David, Samira.

**Main points of the discussion:**

- Information , Community Connection, Active listening, Community support (for recovery and prevention) Peer Support (for lived experience/empathy) Sign posting and peer support are the "new community".
- Support outside of the statutory services.
- Look upon the person you are supporting as a guest.
- Lack of coherence between voluntary and statutory services e.g. CBT offering limited sessions, whereas the voluntary services can be much more flexible.

**Recommendations:**

1. Effective early help before referral needed.
2. Access to information.
3. Peer Support and information are the "New Community" and need to be encouraged and developed.
4. More acknowledgement of community networks and how they sustain wellbeing.

**Session:** Session 1

**Breakout group:** Rio de Janeiro

**Topic of Discussion:** How can we support parents who are experiencing mental unwellness?

**Name of the Convenor**\*

Kathryn Beatham, Empowering Parents Empowering Communities, South London and Maudsley NHS Trust

**Who was there** (who was in the discussion group)?\*



Denise Campbell, Carol Egemba, Yvonne, Mark Bertram, Swinda Mark. Representatives from Lambeth Parent Carers Forum, Social Prescribers, Parents of children with additional needs, Parents who had experienced mental unwellness.

### **Main points of the discussion:**

- Parents are afraid to ask for help for mental health - will they be judged or reported? They need safe, non-judgemental help.
- Support for a disabled child is there but not for the parent caring for them.
- If more support for a child is needed, take the needs of the parent into account - do they have a disability or additional need e.g autism. Be sensitive, explain clearly so parent can understand.
- What about parents who are so unwell they are not going out? Outreach, home visits, accompany people to places.
- Consistent support is needed.
- Professionals should be respectful, not patronising.
- Peer led support means parents feel understood and about to talk and open up.
- If a parent is mentally unwell, it's very difficult to navigate practicalities of being a parent, especially if child has additional needs e.g appointments, homework.
- More support groups needed for parents with mental ill health - parents going through the same challenges, opportunities to share.
- If parents have had childhood traumas causing mental unwellness, they need to be able to deal with this. They need long term, consistent therapy. Different types of therapy, not just CBT. Therapy should be culturally competent. Therapist needs to understand cultural background of parent. Parent needs to heal, to break the cycle, to be able to love and connect with their children.
- Opportunities needed for black parents to talk about past traumas, to recognise them and work through them.
- Parents need to find ways to look after both body and mind.

### **Recommendations:**

1. More access to support and therapy for parents experiencing mental unwellness - different types of therapy, long term, culturally appropriate.
2. Reduce stigma for parents asking for help about mental health - more opportunities to talk and ask for support.
3. Outreach to isolated parents/those who find it hard to leave the house.
4. Opportunities for parents to look after their own body and mind to enable them to look after their children better.

**Session:** Session 1

**Breakout group:** Delhi

**Topic of Discussion:** Returning to Life after leaving hospital  
(life = family, friends, work, social life and leisure)

**Name of the Convenor\*** Raks

**Who was there** (who was in the discussion group)?\*

Iman, Margo, Naz, Vanessa, Mozomi, Mark, Catherine, Pamela, Anna, Karen, Swinda, Sabrina

**Main points of the discussion:**

- Practical action plan (crisis recovery) right from the start to deal with individual's priorities and life admin eg mortgage, bills, work, benefit, bank, housing.
- Access to peer support workers and groups.
- Access to national charities eg Mind, Rethink.
- Volunteering opportunities to build confidence, learn new skills, feel valued, have purpose.
- Access to learning opportunities lifelong learning to build confidence and learn new skills.
- Social inclusion programme to discuss and agree personal and vocational goals to help make you part of the wider community.
- Access to support workers and health coaches.
- Access to self development opportunities eg journalling, mindfulness, creative workshops; For repeat admissions there should be a practical action plan already in place which can be picked up and added to, but this requires good record keeping and continuity.
- Access to advocacy.
- Information and welcome pack eg hotel for patients and carers outlining what support is available but this needs to be talked through verbally as well.
- Access to physical exercise opportunities whilst in hospital eg gym, outdoor space, exercise classes.
- Access to discussions around sex, relationships and sexuality as relationships often disintegrate whilst in hospital.
- Ongoing communication with family.
- Proper advance planning for discharge so individual leaves hospital with tailored package of support that is right for them, addresses their priorities, and helps them reintegrate back into society.

**Recommendations:**

- 1) Practical action plan (crisis recovery) right from the start to deal with life admin and individual's personal priorities eg mortgage, bills, work, benefits, bank, housing.
- 2) Access to peer groups and national charities eg Mind, Rethink.
- 3) Volunteering opportunities to build confidence, learn new skills, feel valued, have purpose; and social inclusion programme to discuss and agree and implement personal and vocational goals to help make you part of the wider community.
- 4) Information and welcome pack eg hotel for patients and carers outlining what support is available but this needs to be talked through verbally as well.
- 5) Proper robust advance planning for discharge so individual leaves hospital with tailored package of support that is right for them, addresses their priorities, and helps them reintegrate back into society.

## **Topic of Discussion:** Access to Talking Therapies

**Name of the Convenor\*** Laura Graham

**Who was there** (who was in the discussion group)?\*

Nicola, Guy, Joiss, Mark

### **Main points of the discussion:**

- Long wait for initial and subsequent assessments
- Assessments are challenging when you're already not feeling well.
- Have to prove how ill you are in assessments in order to get treatment and don't feel listened to.
- Assessments over the phone are demotivating because the person doesn't know you.
- It is not always clear which therapy is best or how to access it.
- Virtual therapy can be unsatisfying and not encourage engagement.
- Group therapy is not always appropriate, but it can be difficult to challenge therapists.
- Have to fight the NHS power hierarchy.
- Lack of continuity and bouncing around the system and from therapist to therapist
- Not all therapy is available on the NHS and private therapy quality can be inconsistent as well as expensive.
- Norwegian model where everyone goes into condition specific peer-led group and gets support and signposting.
- Include wellness and health promotion.
- Therapists should show empathy appreciate that some are burnt out.

### **Recommendations:**

- Extend therapy with existing therapist to maintain trusting relationship rather than complete the sessions and get re-referred and start with another therapist i.e. 16 continuous sessions rather than 2 lots of 8 sessions.
- Groups should be more fluid and have therapy graduates as well as those on waiting lists.
- Have people who use services on funding panels, tender processes, reviews, evaluations etc.
- Have longer term therapy on offer.
- Support through the whole therapy journey: person and therapist voices should be heard over how the system operates.

## Topic of Discussion: How can we create safe places for patients with mental health concerns?

Name of the Convenor\* Iman Velji

Who was there (who was in the discussion group)?\*

Samira, Isha, Val, Mark, Sarah and Sarah

### Main points of the discussion:

- There are lots of safe support places in Lambeth and neighbouring areas which we discussed in some detail.
- Peer Support workers often discuss with clients what is "safe" for them. May be groups or may be 1-2-1.
- Mosaic Clubhouse is run by members and staff. Clients can self-refer and then book into see the clubhouse. If they like it, they have a risk assessment and can then be a member. They are encouraged to in come at 9am when they have unit meetings in different areas (like data entry, cafe and gardens, creating posters for events).
- Other safe places included MIND, St Mildreds Church, Walk & Talk groups, Brockwell park gardening group, Certitude, Support your recovery, Age UK, Bereaved by Suicide, James Place, Listening Place, Maytree, Crisis Cafe

### Recommendations:

- Lots of spaces places for patients but often little awareness of what services are and what they provide. Better communication between different groups and charities needed in Lambeth please.
- More info can be found at
- <https://www.lambethcoin.org.uk/>

**Session:** Session 2

**Breakout group:** Kingston

## **Topic of Discussion:** Outreach services for children and young people (0-17)

**Name of the Convenor\*** Denise

**Who was there** (who was in the discussion group)?\*

Marghe, Georgia, Sam, Irma, Pauline, Anna

### **Main points of the discussion:**

- We discussed how children and young people often fall through the gaps during the transition to adult services.
- How few services offer outreach (home visits) and young people and their parents/carers are not signposted to / informed of all support that is available (including community support).
- There is a lack of culturally appropriate support.
- Education institutions such as schools and universities must do more to identify and support young people in distress.
- There are barriers for parents/carers whose first language is not English.

### **Recommendations:**

1. Existing services to provide outreach (visits) in people's homes, community centres etc.
2. Support and services to be promoted more effectively in the community such as in coffee shops, supermarkets, youth/community centres, leisure centres, local shops etc
3. Culturally appropriate practitioner services for children and young people

**Session:** Session 2

**Breakout group:** Amsterdam

## **Topic of Discussion:** Parity of esteem between physical and mental health

**Name of the Convenor\*** Laura

**Who was there** (who was in the discussion group)?\*

Jackie, Kathryn, Peter

### **Main points of the discussion:**

- MH doesn't have same priority as physical health.
- Complete division between the two services
- No physical health without MH and vice versa.
- One impacts upon the other, they are interdependent. Need to treat people holistically
- Poor understanding of MH by staff in physical health settings; need for training.
- Medical training covers little psychiatry, nursing is separated into physical and MH training pathways. Doesn't support holistic model of healthcare.
- Poor understanding of mental illness in healthcare settings such as EDs and general hospitals, stigmatised and judged.
- ED environments are not good for people in MH crisis.

### **Recommendations:**

- 1) 1) Review Single Point of Access for MH. No comparable model for physical health. A junior generalist MH practitioner making front line decisions about highly complex MH presentations and rationing of access to care. Too blunt a tool.
- 2) Improve environments for people in MH crisis - specialist MH Crisis Assessment Centres, bespoke MH areas in ED, staffed by staff trained in MH.
- 3) Increased used of paid lived experience practitioner roles in acute hospital settings to support people in mental health crisis or admitted to wards who have MH comorbidities.

**Session:** Session 2

**Breakout group:** Limerick

## **Topic of Discussion:** Continuity / Short Term Support

**Name of the Convenor\***

Adrian, Natalie

**Who was there** (who was in the discussion group)?\*

Viv, Farhana, David, Judith, Cherry, Simone, Alexis, Carmelo, Andrew, John

**Main points of the discussion:**

- How to move through system
- Directory of services; from home made to borough wide.
- Complexity
- Housing
- Engagement, discharge, eligibility
- Gatekeeping
- Secondary Care
- Discharge- Short term Support - Staying Well Service
- System Pressure- high influx
- Turnover of staff
- Handover- lack of clarity
- Accountability - Clarity - Communication
- Longer term offer with an open door <voluntary>
- Better organisational processes eg IT

**Recommendations:**

- Functional directory
- Clear accountability/team <Communicated>
- Practical research into engagement

**Session:** Session 2

**Breakout group:** Beijing

Topic of Discussion: Adult Autism

**Name of the Convenor\*** Mariam Ibrahim

**Who was there** (who was in the discussion group)?\*

Mariam, Simone, Nicola and Carol

**Main points of the discussion:**

- More GP Support- GP themselves to be trained in Autism Awareness
- Access to services to be free or cost effective.
- Waiting times - a prompter assessment timeframe leading to diagnosis
- Differences in presentation/behaviour between women and men to be recognised.
- Awareness training across the board

**Recommendations:**

- Waiting times need to be shorter.
- Once diagnosed, need continued support acknowledging differences between genders
- Need to be listened to more by GPs and other professional organisations.



## Topic of Discussion: Diagnosis First Stage

**Name of the Convenor\*** Natalie

**Who was there** (who was in the discussion group)?\*

Mark, Laura, Cherry, Brent David

### **Main points of the discussion:**

- Confusion and delay and lack of clarity in diagnosis process
- need to clarify the Single Point of Access process as seems to be a rationing body and not an access point. (eg GP or person should be able to self refer to access appropriate medical person).
- Process of diagnosis needs to be clarified locally.
- Difference in difference in mood, psychosis, neurodevelopmental disorder, ADHD, ASD.
- Change in diagnosis depends on the psychiatrist.
- Diagnosis helps with treatment pathway; without a diagnosis we are left "homeless".
- number of untreated people of untreated people is significant and diagnosis is the gateway to receiving help.
- Some doctors refuse to accept or adopt a different approach eg Open Dialogue model and you get it, or you don't.

### **Recommendations:**

1. Single point of access needs review, it shouldn't ration, but be an access point. Need to understand people who are not being accepted. Either signpost or offer a service (eg GP or person should be able to self refer to access appropriate medical advice, assessment and diagnosis).
2. Clarity of pathway to diagnosis after diagnosis eg diagnosis within 6 months
3. Alternative approaches to diagnosis should be explored eg Open Dialogue and may not need the diagnosis to access this.

## **Topic of Discussion:** How do we find happiness in our work?

**Name of the Convenor**\* Lilian Latinwo - Olajide, Black Thrive

**Who was there** (who was in the discussion group)?\*

Alexis Brown, social prescriber /Link worker Georgia Raphael, Senior Admin (LWL CMHT)

Anna D'Agostino, Healthwatch Lambeth Peter Norman, Slam Volunteer Olabode Olufemi -

Alliance Commissioner Gabrielle Duberry, Capsa service and evaluation Lead Sabrina

Phillips LWNA Director

### **Main points of the discussion:**

- What is our work?
- What does a good day at work look like?
- What are the overlaps in our work beyond the theme?
- What are the joys in our role?
- How does mental Health support show up in our roles internally?
- What suggestions can be made to improve /work dynamics?

### **Recommendations:**

- Development of wider urgent vs important /standardised work matrix to allow for a /consensus in how we engage and allocate time to support wellbeing.
- Updating communication infrastructure especially around continuity of funding in workspaces and job insecurity
- Developing training packages that are complementary to roles to ensure limited extraction and balance in terms of short term roles vs skill and training to advancement.
- promoting and providing holistic wellbeing beyond standardised wellbeing packages - such as gym memberships and varying therapies - how do we practice what we aim to deliver.
- Collective resources pulling - specifically to VCSE sector and people with lived expertise.
- Financial recognition in relation to lived expertise.

## Topic of Discussion: Provisions and support in Lambeth and other boroughs

**Name of the Convenor:** Irma

**Who was there** (who was in the discussion group)?\*

Guy, Pauline, Fran, Robert. Viv Judith Irma

### **Main points of the discussion:**

- Homesickness and cultural issues, enabling people by listening to what they are saying to exact change.
- Different types of communication to enable people access support.
- Challenges in finding support in local community. home treatment or admissions - no in between.
- The system is not working.
- Not learning from complaints

### **Recommendations:**

- More funding needed and allocated to different services. there is a need for more short admissions wards in the borough.
- Crisis lines that are specific to mental health and staffed by more people. Crisis doesn't wait - an immediate response to the lines needed.
- More art therapies and natural creative therapies needed in the borough to occupy yourself.
- Answers?
- some of the provisions available should have more flexibility in their operating hours both night and day times.

**Session:** Session 3

**Breakout group:**

## **Topic of Discussion:** Adequate signposting for services

**Name of the Convenor\*** Andrew

**Who was there** (who was in the discussion group)?\*

Nicola Val Gavin Beth Carol

### **Main points of the discussion:**

See below.

### **Recommendations:**

- Share info in places like barbershops/nurseries/hairdressers to target specific groups like men/young families.
- Repurpose telephone boxes as information points to direct people May be charger points for this?
- Have a Facebook like page for people to update new/existing charity info. A one page for all services
- List charities by type Mental Health/Young People/Bereavement etc to see all services available in area to see variety and to promote choice.
- Have a Social prescriber appointments to alleviate pressure on GPs.
- Improve training & knowledge of GPs on nutrition etc.
- Improve health & social care outcomes before health decline.

## Topic of Discussion: Thinking about your purpose in life

Name of the Convenor\* Farhana

Who was there (who was in the discussion group)?\*

Big group (names to follow)

### Main points of the discussion:

The idea of one's purpose in life is dynamic and can naturally shift based on one's own circumstances.

One of our participants kindly shared their story as a survivor of long term illness and struggles with this - their key purpose centred around their child and brought them a strong sense of "hope".

Another participant shared how they felt they lost their purpose in life after they became a parent as they felt unable to engage in interests they enjoyed in the past. Yet, they discovered a new purpose in volunteering with charities and organisations which were meaningful to them. A simple "thank you" from the people they were able to help was more rewarding to them than a pay cheque could be.

Speaking of pay, this may be one of the many barriers that many face to finding meaning and purpose in life, e.g. not having the funds to access activities and classes, or needing to work excessive hours to make ends meet, leaving little time to nurture their own purpose and meaning in their lives.

Mental ill health in itself serves as a barrier also. When one must constantly attempt to dispel negative thoughts from their mind, how can one begin to ask the daunting questions of "what is my purpose in life"?

But does it have to be daunting? Perhaps the simplest interests and hobbies we enjoy in life can bring immense meaning in life and drive a sense of purpose.

Something that gets you out of the house and brings structure to your life and "balance".

Cultivating activities that may bring you a sense of "mindfulness".

Something which simply brings "people together". Being part of a group, a social network, a "family", a "tribe", whatever you may want to call it.

Striving toward finding one's purpose and meaning in life aligns with the Japanese concept of "Ikigai" - in that finding purpose in your actions and way of living could help you achieve happiness. It is interesting to think about how British culture differs from others in that our way of living may often miss the important questions such as these in our very fast-paced style of living.

**Recommendations:**

- Ironically, having more discussions like this could be around having more conversations about purpose and meaning in life.
- Building connections in the community - more peer led opportunities for open space reflective groups.
- Collective support from service providers to have more focus on people's purpose, meaning and values in life - moving away from a very clinical approach.

## Prioritised Recommendations

**Access to information. Peer Support and information are the "New Community" and need to be encouraged/developed. 15 dots**  
(Topic: Community Help)

**More acknowledgement of community networks and how they sustain wellbeing 15 dots**  
(Topic: Community Help)

**Increased used of paid lived experience practitioner roles in acute hospital settings to support people in mental health crisis or admitted to wards who have MH co-morbidities 13 dots**  
(Topic: Parity of esteem between physical and mental health)

**Have longer term therapy on offer 12 dots**  
(Topic: Access to Talking Therapies)

**Alternative approaches to diagnosis should be explored eg Open Dialogue and may not need the diagnosis to access this. 10 dots**  
(Topic: Diagnosis First Stage)

**More funding needed and allocated to different services. there is a need for more short admissions wards in the borough. 10 dots**  
(Topic: Provisions and support in Lambeth and other boroughs)

**Improve environments for people in MH crisis - specialist MH Crisis Assessment Centres, bespoke MH areas in ED, staffed by staff trained in MH 10 dots**  
(Topic: Parity of esteem between physical and mental health)

**Better communication between different groups & charities needed in Lambeth please. More info at <https://www.lambethcoin.org.uk/> 10 dots**  
(Topic: How to create safe places for patients with mental health concerns)

**Crisis lines that are mental Health and manned more by people. Crisis doesn't wait, needs immediate response 8 dots**  
(Topic: Provision and support in Lambeth and other Boroughs)

**Make sure people know their neighbourhood and what's there, e.g. running walking tours 6 dots**  
(Topic: Green therapy)

**Promoting awareness of social prescribing. 6 dots**  
(Topic: Green therapy)

## **All the Recommendations**

### **Wellness and Addictions**

1. More joined up working mental health and addiction services (integration between and person centred)
2. What services are tackling root causes (pain) underlying mental unwellness and addictions (lack of access to psychological therapies/services, housing and help with life)
3. Outreach of services to communities including those for who English is not their first language

### **Community Help**

1. Effective early help before need of referral.
2. Access to information. Peer Support and information are the "New Community" and need to be encouraged/developed.
3. More acknowledgement of community networks and how they sustain wellbeing.

### **How can we support parents who are experiencing mental unwellness?**

1. More access to support and therapy for parents experiencing mental unwellness - different types of therapy, long term, culturally appropriate
2. Reduce stigma for parents asking for help about mental health - more opportunities to talk and ask for support.
3. Outreach to isolated parents/those who find it hard to leave the house
4. Opportunities for parents to look after their own body and mind to enable them to look after their children better

### **Research**

1. Ensure more people ask more questions
2. Establish a new Collaborative Outreach Breakfast Research Approach 'Deliveroo' [Take breakfast out to the people and find out what matters most to them]
3. Find out how people are living fulfilling lives even though they have a mental health problem



## **Green therapy**

- 1) Make sure people know their neighbourhood and what's there, e.g. running walking tours
- 2) promoting awareness of social prescribing.

## **Stigma and misunderstanding around medication.**

1. Informed choices
2. Positive risk taking to empower the individual.
3. Education - patients, carers and wider community
4. External agencies working in partnership - sharing knowledge and skills.

## **Returning to Life after leaving hospital (life = family, friends, work, social life and leisure)**

1. Practical action plan (crisis recovery) right from the start to deal with life admin and individual's personal priorities eg mortgage, bills, work, benefits, bank, housing.
2. Access to peer groups and national charities eg Mind, Rethink.
3. Volunteering opportunities to build confidence, learn new skills, feel valued, have purpose; and social inclusion programme to discuss and agree and implement personal and vocational goals to help make you part of the wider community.
4. Information and welcome pack eg hotel for patients and carers outlining what support is available but this needs to be talked through in person as well.
5. Proper planning for discharge so individual leaves hospital with tailored package of support that is right for them, addresses their priorities, and helps them reintegrate back into society.

## **Access to Talking Therapies**

1. Extend therapy with existing therapist to maintain trusting relationship rather than complete the sessions and get re-referred and start with another therapist i.e. 16 continuous sessions rather than 2 lots of 8 sessions Groups should be more fluid and have therapy graduates as well as those on waiting list.
2. Have people who use services on funding panels, tender processes, reviews, evaluations etc.
3. Have longer term therapy on offer.

4. Support through the whole therapy journey: person and therapist voices should be heard over how the system operates.

### **How can we create safe places for patients with mental health concerns?**

1. Lots of spaces/ places for patients but often little awareness of what services are and what they provide.

2. Better communication between different groups and charities needed in Lambeth please. More info can be found at <https://www.lambethcoin.org.uk/>

### **Outreach services for children and young people (0-17)**

1. Existing services to provide outreach (visits) in people's homes, community centres etc.

2. Support and services to be better promoted in the community. i.e. in coffee shops, supermarkets, youth/community centres, leisure centres, local shops etc

3. Culturally appropriate practitioner services for children and young people

### **Parity of esteem between physical and mental health**

1. Review Single Point of Access for MH. No comparable model for physical health. A junior generalist MH practitioner making front line decisions about highly complex MH presentations and rationing of access to care. Too blunt a tool.

2. Improve environments for people in MH crisis - specialist MH Crisis Assessment Centres, bespoke MH areas in ED, staffed by staff trained in MH

3. Increased used of paid lived experience practitioner roles in acute hospital settings to support people in mental health crisis or admitted to wards who have MH comorbidities

### **Continuity / Short Term Support**

1. Functional directory

2. Clear accountability/team <Communicated>

3. Practical research into engagement

### **Adult Autism**

1. Waiting times need to be shorter.

2. Once diagnosed, need continued support acknowledging differences between genders

3. Need to be listened to more by GP's and other professional organisations.

## **Diagnosis First Stage**

1. Single Point of Access needs review, it shouldn't ration, but be an access point. Need to understand people who are not being accepted. Either signpost or offer a service (eg GP or person should be able to self refer to access appropriate medical advice, assessment and diagnosis).
2. Clarity of pathway to assessment & diagnosis eg diagnosis within 6 months
3. Alternative approaches to diagnosis should be explored eg Open Dialogue and may not need the diagnosis to access this.

## **How do we find happiness in our work?**

1. Develop wider urgent vs important /standardised work matrix to allow for a /consensus in how we engage and allocate time to support wellbeing Updating communication infrastructure especially around continuity of funding in workspaces and job insecurity.
2. Develop training packages that are complementary to roles to ensure limited extraction and balance in terms of short term roles vs skill and training to advancement.
3. Promote and provide holistic wellbeing beyond standardised wellbeing packages - such as gym memberships and varying therapies - how do we practice what we aim to deliver.
4. Collective resources pulling - specifically to VCSE sector and people with lived expertise financial recognition in relation to lived expertise.

## **Provisions and support in Lambeth and other boroughs**

1. More funding needed and allocated to different services. there is a need for more short admissions wards in the borough.
2. Crisis lines that are specific to mental health and staffed by more people. Crisis doesn't wait; an immediate response needed.
3. More art therapies and natural creative therapies need in the borough to occupy yourself.
4. Answers?
5. Some of what is available should have more flexibility in their operating hours both night and day times.

## **Adequate signposting for services**

1. Share info in places like barbershops/nurseries/hairdressers to target specific groups like men/young families.
2. Repurpose telephone boxes as information points to direct people. May be charger points for this?
3. Have a Facebook-like page for people to update new/existing charity info. A one page for all services
4. List charities by type Mental Health/Young People/Bereavement etc to see all services available in area to see variety and to promote choice.
5. Social Prescriber appointments to alleviate pressure on GPs.
6. Improve training & knowledge of GPs on nutrition etc to improve health social care outcomes before health decline.

## **Thinking about your purpose in life**

1. Ironically, having more discussions like this could be around having more conversations about purpose and meaning in life.
2. Building connections in the community - more peer led opportunities for open space reflective groups.
3. Collective support from service providers to have more focus on people's purpose, meaning and values in life - moving away from a very clinical approach.

## Closing Comments

- Very helpful, like previous workshops I've been to, but this is the first time my daughter has come too.
- I have lived in Lambeth for 30 years and have only now heard about Healthwatch Lambeth.
- I only came this afternoon, but the food was lovely and it was nice to be able to chat, feel safe enough to share, it feels natural and easy.
- I came later, I had a problem and people helped me, thank you all and God bless.
- Lovely day stepped out of retirement to be here. The day has been well managed – I have a massive amount to do now!
- The way it was organised was very good. I enjoyed the food [and] the groups. Grateful to be here.
- It's been a trip down memory lane for me, the small groups had lots of energy.
- We have a lot more that connects us than divides us.
- Thank you very much for today. There have been many highlights not least finding a personal life.
- Very impressed with the set up. Heartwarming.
- I feel positive and motivated. It's been a safe space.
- It's been a really good day. How do we bring lived experience into our lives.
- Good hearing what everybody does.
- As a SLaM service user, it's been good to be about people who care.
- It's been a good day, generated experiences. The shared humanity came out.
- Thank you for sharing in an open/honest, space. Most people know the answers which is very encouraging.
- I'm grateful to have been here. New perspectives. Differences but similar goals.
- Really enjoyed today, I learnt a lot both in and outside the groups lots of information to take away.
- It's been a very inspiring day. We got straight to the point. We didn't have to go around the houses.
- Thanks everybody. Great having so many different conversations and lots of enthusiasm.
- Thank you for very nice and informative day, interesting to see how many points overlap.
- It's been a really good day. I liked open space so I could float around. I'd like copies of everything please.
- It's been interesting, enjoyable, and different services coming together.
- I'm new to the area so it's been good to see what's on offer and people have been very welcoming.
- Really lovely day. Great food shared my difficulty accessing mental health services, some others had similar experiences.
- It would be good to repeat this in a year.
- Thank you, it's been really productive. Well organised herding us cats. Several different stories to share and hear. It's been a difficult few weeks at work but this has been revitalising. Thank you for a good day.
- Thank you, good organisation, good to meet colleagues. Good, we should meet more often.
- Very interesting day. Really interesting comments. my fear is it requires extra funding and that's my worry. I would like to see a 'you said we did' feedback.
- Thank you so much for this time. I didn't know these types of conversations were possible. I found answers, and lovely people. I will pass on to others because this is an amazing way to recognise mental issues and get better.

- It's been a good day really enjoyed meeting people face-to-face especially different groups discussing sometimes difficult issues. I take away hope.
- Productive lots of energy. Thank you.
- Really enjoyed today – genuinely a blank sheet for people to suggest what they wanted to talk about, this has been my first open space.
- Amazing food and conversations. More actions change and less lip service from people in power.
- The value of connecting, creating an environment where people can thrive. A place where, when you come through mental unwellness, there's a good place to be when you get better. Also, I want to be a bit mischievous, take a few more risks. I've been chair since 2010. I really want to thank Beth for organising this and Margaret from the venue. Wow, what food! And starting with a blank sheet and generating the agenda from the room that was great.
- It would be good to have had councillors and the police here.

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## Glossary of terms & abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
ED	Emergency Department (A&E, Accident & Emergency)
GP	General practitioner (or family doctor)
LHH	Lorraine Hewitt House (location of Lambeth Addictions Services)
MH	Mental health
Open Dialogue:	an innovative form of treatment for SMI being trialled in some mental health trusts in England
SMI	Severe (and often long lasting) Mental Illness
Single Point of Access:	the Lambeth entry point for adult mental health services
SLaM	South London and Maudsley NHS Trust
Thamesreach:	housing and rehabilitation charity. Member of Lambeth Living Well Network Alliance (LWNA)
VCSE	Voluntary, Community & Social Enterprise sector
vs.	versus, or compared with