Thrive LDN Barking and Dagenham Community Conversation Report
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Purpose of document</td>
<td>4</td>
</tr>
<tr>
<td>Community workshop in Barking and Dagenham</td>
<td>4</td>
</tr>
<tr>
<td>Overview summary of workshop tables</td>
<td>5</td>
</tr>
<tr>
<td>Appendix I – Full facilitator notes</td>
<td>7</td>
</tr>
</tbody>
</table>
Introduction

Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners.

It is supported by the Mayor of London and led by the London Health Board, in partnership with Greater London Authority, Healthy London Partnership, NHS England (London Region), Public Health England (London Region) and London Councils.

On 4 July, Thrive LDN launched 6 aspirations for the capital. But the only way we can achieve these is by working with Londoners.
Purpose of document

Barking and Dagenham led one of the first Thrive LDN community workshops based around the six aspirations for London. The conversations were focussed on how to work together to achieve these aims locally.

This document summarises some of the outputs from the event as well as proposing actions which could be adopted locally.

To make real change happen, we need to work together and take ownership of some of these ideas. No single organisation or individual will achieve these alone, so we challenge everyone who attended the workshop to think about how they can contribute in their own way and how they might work with others.

Community workshop in Barking and Dagenham

The community workshop was run by Thrive LDN and Mental Health Foundation. Around 73 people attended the workshop, including residents, service users, carers, councillors, council officers, NHS providers and commissioners and representatives from community and voluntary sector organisations.

The event included introductions to Thrive LDN from Dan Barrett, Senior Communications and PMO Lead, a summary of the local context from Dr Matthew Cole, Director of Public Health for Barking and Dagenham and a summary of the research from Antonis Kousoulis from the Mental Health Foundation.

We then held workshop discussions on the 6 Thrive LDN aspirations to discuss how they may be achieved locally. Facilitators on each table recorded the discussions and the main points were captured.

A two page summary follows, which gives a light overview summary of the discussions.

Following the two pages you can see the full facilitator notes if you would like more detail.
Overview summary of workshop tables

1. A city where individuals and communities take the lead

Key themes and actions:

- Particular local challenges that need to bear in mind - fluid diverse community
- Actually lots of great local community organisations exist, but lack of knowledge of them, be good to map assets centrally
- Focus should not about mental health, but good mental health could be the outcome
- Skill up local young people to become peer advocates
- Faith groups potentially a catalyst to lead
- Bring activities/engagement to people in their own environment for early interventions - pub, barbers, schools, faith groups
- Let community commission their own stuff and run it but provide support too

2. A city free from mental health stigma and discrimination

Key themes and actions:

- Campaigns such as Time to change help break down stigma and discrimination, workplace pledges, This is me campaign (promotes personal stories)
- Use local media to feature positive stories on mental health, inform on clear terminology, challenge stigma online
- Train the trainer - sessions in schools for staff and young people
- Mental health awareness week and day is only once per year - should be more events which are fun, and get people from different ages and backgrounds to connect
- Educating faith communities/local business owners (like barbers for men, or nightclubs for young people for e.g.)
- Educate young people in schools, peer mentoring, speakers in school

3. A city that maximises the potential of children and young people

Key themes and actions:

- Work with families to help change social and cultural stigma
- Co-produce services with young people
- Promote and support community young mental health champions, create a community youth forum, and support peer mentoring projects, diverse role models
- Develop mental health education in schools, with more activities based on well-being
- Supplement this with increased access to services such as a school counselling, interventions before point of crisis
- Provide mental health training to all teachers and support workers
- More resources to bridge the gap between children and adult services
- Parenting classes and better communication of available services
- Borough is disconnected - needs ‘togetherness projects’ such as a community garden space and community festivals where could raise awareness
- Support and collaborate with different community leaders

4. A city with a happy, healthy and productive workforce
Key themes and actions:

- transparent communication, particularly where organisational change happening is very important and employees should have opportunity to discuss and express feeling regarding change
- Where people been off sick, shouldn’t just mean return to exact same job, need flexibility option
- Insecure jobs, zero hours etc. creates stresses
- Training for staff and managers important. Difficulty that only larger organisations could afford
- Need to support small businesses both in training but also hiring those with mental health challenges
- Positive workplace environment where people get along important
- Support those working in caring roles or where deal direct with people in potentially distressing situations, e.g service industry jobs. Managers should be trained to see distress signs and check in with their staff after a particularly difficult day
- Mental health champions in the workplace
- More support to fulfil individuals’ potential and talk about goals and aspirations rather than just targets and KPIs.

5. A city with services that are there when and where needed

Key themes and actions:

- Idea of creating a wellbeing hub in the borough
- Need holistic and joined up services, including recognising cases of mental health challenges where people have multiple and long term conditions
- Access to advocacy in the borough has been restricted. More flexibility needed at work. “Mental health vocational services” work well but are stretched.
- Services stretched
- Growing population, also very diverse, different cultures may not recognise mental health traditionally
- Some good examples around of innovative service delivery and digital tools, innovating

6. A zero suicide city

Key themes and actions:

- More information needed to inform any organisations’ prevention models (e.g. an audit of methods could inform ways to prevent methods of suicide)
- treat mental health problems at an earlier point and reduce the risk of suicide
- After critical ‘999’ care, there is lack of follow up for - maybe use GPs more
- Train those in the community to discuss mental health (e.g. Mental Health First Aid training for hairdressers/barbers, bartenders, receptionists, those within public bodies or faith groups)
1) A city where individuals and communities take the lead

Challenges

- Very fluid community, transient population, changing demographic and a lack of integration
- Accessibility - language barriers, cultural barriers, social isolation
- Some funding issues, voluntary sector struggling and heavy cuts to services in the area
- Taboo of any association with mental health
- People who have accessed mental health services and become detached from community then on their return home not integrated into community
- Benefits agency should recognise participation in volunteering/community projects
- Areas such as Gascoigne being deconstructed means connectedness and community cohesion are gone – people moved to temporary accommodation
- History of crime in areas is destabilising and has isolated some people who are fearful

Local programs tackling these challenges

- Digital provision - B&D seen as leader-peer support app, gives autonomy
- Online counselling for young people, targeted roll out, no referrals or lists, signposted, access is open ended
- Studio 3 arts - community project
- Youth forum made a good film around breaking stigma
- ‘Big Local Project’- Chadwell Heath- Money to help local people act together
- Peaced Together, a therapeutic art programme developed by Heidi Singleton at Community Resources, Lifeline church in Barking [http://www.peacedtogether.co.uk/](http://www.peacedtogether.co.uk/)
- Farm – have activities around positive mental health and wellbeing
- Community health champions - volunteers are residents who talk to other residents. Volunteers build confidence, wellbeing improved when give something back. Can build on success-target places where people could have greater leverage- faith groups etc.
- Football club run inclusive events
- Clubs for older people which reduce social isolation in some of the sheltered housing. Work well where older residents run them themselves with some support. Empowers people.
- Barking College
- Example of an evening club in Hertfordshire where older people go, activities, dancing, karaoke etc- There is a charity in London- South London Cares and North London cares who do this sort of thing
- Time to Change-sharing own experience can empower others- set up a network

Ideas for more community cohesiveness

- Join up people in the borough - up to date directories of what exists, regularly monitored
• Focus on how network of sports clubs in the borough can enable broader engagement
• Skill up local young people to become peer advocates of services or activities
• Focus should not about mental health, but good mental health could be the outcome
• Faith groups potentially a catalyst to lead
• Bring activities/engagement to people in their own environment for early interventions- pub, barbers, schools, faith groups
• Let community commission their own stuff and run it but provide support too, don’t shift responsibility. Example of club set up by MH service users – collapsed as needed the support. Need to remove these barriers
• Different needs and expertise in the community- could then match make- e.g. new to the area, with someone who is settled. Needs to be facilitated and structured
• Street parties
• Activities for people in 30s-50s – get missed out of the older and younger activities
• Educate people that wellbeing is part of mental health
• Use different language in events improving mental health- self-care – a way of recognising what you find enjoyment in, understanding people’s passions, remove terminology.
• Incorporate into what’s already there- health survey ask how are you today
• In first instance people want to speak to friends and family usually just access services when get much more unwell that people generally go to services. Others are better placed to provide early interventions in the community
• Mental health can be over medicalised-focus on experts providing services. But other things people are involved in can have a knock-on effect. Experts don’t have to ‘social prescribe’
2) A city free from mental health stigma and discrimination

Local programs tackling stigma and discrimination

- Youth forum – promotes youth engagement. It’s a team of young people with an aspiration each year – this year they did mental health surveys in schools, and it’s now into phase 2. Talking about mental health like this whilst engaging youth to participate is a good way to tackle stigma
- Kooth – online counselling. Allows young people to have access to counselling services whenever, wherever – more accessible
- DABD – focuses on the elderly, to reduce isolation, offer peer support to their friend/neighbour, and foster community development. It encourages the elderly to do things they like together, and it includes helping them digitally set-up so they can keep in touch with their families who may live far away.
  - Another program focusing on the elderly is called Castle Point
- Another program that was set up to boost positive mental health involved young men. The young men went to the gym together, built their self-confidence, energy, motivation and connected which could help them express themselves about their mental health
  - Another program focusing on youth and physical activity is the youth leaders program
- Progress project: Young people with disabilities connecting and sharing their story over scrapbooking
- Good neighbour guide to better the community, talks about events and issues in the community -> we could get mental health into this guide
- Time to change program to help break down stigma and discrimination – campaigns and champion network, workplace pledge
- Train the trainer – sessions in schools for staff and young people
- Peaced together – therapeutic art program, taking broken things and repairing them – teaches about resiliency, continuity
- This is me: speaks of personal experiences, promotes personal stories
- Mental health awareness week and the mental health awareness day is only once per year, and it appears rushed, with a small budget. There should be more mental health events which are fun, and get people to come out and connect. It needs to be a more holistic experience with people from different ages and backgrounds coming in
- Programs that promote young offenders and people with learning disabilities engagement in the community
- Mazebook House - about medication: forum for people to be heard, how it makes them feel -> work towards better living, independence, accepting life with long-term medication
- There is a need to promote these programs, and focus on delivery – but there is no capacity/fund to handle more people

Community

- Asking the local people what they want/need + feedback follow-up, promote transparency so they know what is happening and that their feedback truly means something
• Understand and share information about B&D demographics to promote more awareness amongst different cultural groups
• Awareness of the prevalence of mental health issues, and awareness of stigma
• Coffee shops – building places where people feel safe, and can connect
  • Safe space where people can talk about issues that they have, for e.g. at home
• Local champions and role models sharing their story and testimony
  • Educating faith communities/local business owners (like barbers for men, or nightclubs for young people for e.g.)
  • This facilitates conversation for people who may not be willing to talk to a professional. Makes it accessible.
  • Changing the narrative – show people with mental illnesses as capable people -> normalise mental illness
• Create mental health badges like the breast cancer ribbons to create a sense of community

Services
• Make mental health first aid training more enterprise-friendly (because as of right now it’s a little long) to encourage the workplace to train employers
• Workplace: wellbeing activities, fighting the “workplace culture” and towards building a happier one. Getting to know local companies and businesses to get engaged
  • Looking Ahead support: Inviting local businesses into the mental health services on open days
• Education – start young, encourage young people (a lot of work in B&D is done with the elderly but not much on mental health)
  • Continuous education program in schools, involving the families and parents too
  • Education VS practical support: e.g. we can learn about suicide but when it comes down to it can we deal with it?
  • Create a curriculum. Everyone has mental health, it’s a spectrum. It’s different from mental illness. Celebrate positive mental health
  • “Don’t suffer in silence” – training young people in mental health first aid
  • Peer mentoring
  • Speakers in school
• Media, social media – educate on clear terminology, post photos challenging stigma. Challenge stigma online
• Destigmatise mental health services – because people as of right now are scared to approach them and stigma acts as a barrier to access service. Focus on strengths rather than difficulties
  • Rebranding of IAPT’s was done recently – “Recovery model”
3) **A city that maximises the potential of children and young people**

**Culture and Language**

- Focus on changing language used around mental health, make it ‘part of everyday conversation’. This shift can happen by breaking down the stigma, but also by promoting mental health as a ‘part of everyone’.
- There needs to be supportive work done within families to help change the social and cultural stigma, as ‘without changing the home environment, young people will find it difficult to uphold changes made at school’.
- Co-produce services with young people, making them central to the change work. From working with young people, there can be a greater understanding of the range of issues they face, e.g. cyber-bullying, eating disorders.
- Promote and support community young mental health champions, create a community youth forum, and support peer mentoring projects.

**Services**

- Further develop mental health education in schools, with more activities based on well-being such as mindfulness sessions. Yet also to supplement this with increased access to services such as a school counselling.
- Provide mental health training to all teachers and support workers, providing insight into what the ‘tell-tale signs are’. This needs to include mental health first aid training.
- More resources need to be put in to ‘bridge the gap between children and adult services’.
- The concept of mental health and well-being needs to be developed from an early age.
- There must be more ‘before the point of crisis’ interventions, with the reduction of waiting times from referral to psychological services. Signpost young people to community services during this period.
- Focus on parenting workshops, to skill them in understanding mental health issues and how to notice signs of mental health difficulties.
- There needs to better communication of what services are available and how to access them.

**Community**

- The borough feels ‘very turbulent and disconnected’. There needs to be ‘togetherness projects’ such as a community garden space.
- Organise community festivals as an opportunity to ‘raise the awareness of mental health in a more personal way’.
- Raise the aspirations of young people in the area, offering opportunities not just within the borough.
- Have diverse and realistic role models, for young people, come and talk in schools and youth clubs.
- Support and collaborate with different community leaders
- Work with the local community to raise awareness of mental health in a ‘fun and creative way’ e.g. art workshops.
4) **Thrive LDN objective: Developing a healthy, happy and productive workforce**

**Culture and Language**
- Companies going through a transformational change need to recognise the impact it has on employees, and department heads should seek methods to assure employees – such as transparent communications surrounding regarding the change and the opportunity for employees to express their feelings regarding the change to the relevant department, such as HR.
- When people apply for jobs, they often leave the box blank regarding mental health/disabilities as they do not want a reason to go through an occupational health interview.
- The culture of constantly being ‘on’ and ‘awesome’ is hard for people with more introverted personalities. Being expected to have a huge smile always is difficult – made even harder by a present mental health problem.
- Those working zero hours contracts, temp roles or so called ‘disposable’ roles like restaurant staff, builders, retail staff need protection. Not having reliable hours is distressing, as is not knowing if you will make rent next month - all that paired with the long hours can be debilitating on one’s mental health.
- There is often a pressure on resources within the office, such as finding the space for people to work quietly, which is why remote working or working from home can be exceptionally useful for people experience mental ill health.
- Contrastingly, always working remotely can have negative consequences on people’s mental health as being in constant transit can be isolating – as can working from home all the time. A balance needs to be struck, which usually comes down to giving employees the choice.
- Recovery shouldn’t mean going straight back to your exact old job - reduced hours should be an option or working from home. Alternatively, part time roles could be brought in – although this is difficult as it is near enough impossible to survive on part time wages in London.
- Managers are often promoted because they are good at their job, not good with people. This must be addressed as managers have a responsibility to look after their employees’ wellbeing, as well as ensuring they are productive at work.

**Services**
- Temporary workers or self-employed contractors are often so consumed in daily operational tasks, they forget to take a break and are more likely to risk burnout, especially they don’t feel as if they can take `leave, sick days etc.
- Bereavement can trigger low places for individuals, and all workplaces should have measures in place to support employees during these difficult times – especially as individuals process bereavement differently.
- Mental Health First Aid training is only an option from big corporations who can afford to invest money and people’s time – not small businesses who already find it difficult to support those off work with mental health problems as their absence is felt harder.
- Small businesses feel less inclined to hire those who have disclosed mental health problems as they are worried about employees needing to take long
term sick leave. We need measures in place to stop this – but to support small local businesses hiring those with mental health problems, instead of punishing them for not. (This sentiment was expressed by several attendees).

Workplace Community

- We must ensure that those who work in roles looking after other people such as carers, or on the front line such as hospitality staff, receptionists or call centre operators are supported. Exchanges with others can often be difficult in these roles, with staff often exposed to verbal abuse. Managers should be trained to see distress signs and check in with their staff after a particularly difficult day.
- Getting along with the people you work with is imperative. A good talk at the water cooler, or during lunch, can do wonders for people’s wellbeing and sense of belonging – your network doesn’t end with family and friends. For those lacking in family or friends, friendly colleagues can be a huge comfort.
- Mental health champions in the workplace – those with lived experience who are happy to talk about mental health and therefore helping to reduce stigma are essential. The less clinical talk, the better – as not everyone can relate to it. We are human.
- More support to fulfil individuals’ potential and talk about goals and aspirations rather than just targets and KPIs.
- Workplaces need employee assistance programmes in place, as well as ensuring mental health is included in the equality & diversity policy and procedure and taken seriously by not just HR, but all line managers too.
5) A city with services that are there when and where needed

Challenges

- We know of local connection between LTCs and mental health problems, so let’s train people more in mental health. Isolation is a big issue as well, and migration a big factor - the IAPT services are stretched (waiting time for referrals is long)
- Service providers are trying to inform people that they are amicable. Probation officers support young people but they are not connected to all local services. Can address negative feelings earlier.
- Women with multiple and complex needs have mental health low on their focus and agenda. There is a gap there in dual treatment services, we need more holistic and joined up services that links up with community services
- Coordinators to move in the community to listen to people (who are passionate). Even high cost services support people to stay in work. Some services are discriminatory, including GPs (some don’t know how to talk to people with mental health problems). Some people are not comfortable talking to their doctor.
- Create availability for people who are at risk of experiencing symptoms. First point of contact is important. 22% increase in population – not everyone understands mental health problems causes and they are isolated. Conflict with traditional cultures.
- Younger people don’t always know how to access services and they often have to travel far for them. There are great people in the services (but stretched)
- Waiting times are long for certain problems, especially enduring ones. Community services need to work closer together.
- Access to advocacy in the borough has been restricted. More flexibility needed at work. “Mental health vocational services” work well but are stretched. Difficult to access benefits.
- When service users are out of hospital some GPs don’t accept locally new registrations. Not enough funding for people with multiple problems.
- People are pushed to full-time work but people with mental health problems struggle. A job is everyone’s right.

Examples of good practice – making the most of what’s already implemented

- People are not accessing hospitals – delays for beds; but this is getting better in B&D compared to London. Community teams manage a lot of acute incidents. Good that hospital stays are short and that there is a collaboration with community services
- Community pharmacists currently run a pilot project for people with mental health problems to be referred to them if discharged from hospital.
- Highlight the voice of people’s stories – this can be developed – “Big White mall”: online peer support for some residents: online unlimited access for local residents
- With local Transformation Plans, we have piloted many projects (e.g. PPP) -> need to have conversations about what they want to see. There are good seeds of good practice, so we can capitalise on that
Some of it is piloted in schools, trying to reach Children and Young people – successful so far. Children’s centre and library in Thames view is often empty – we can improve that.

Idea of creating a wellbeing hub in the borough – passion to make it work. Example of other boroughs that have done this – physical places and outreach workers.

Access to A&E was fine for self-harm but the on going referral to specialist services was delayed because of capacity. We need a tier that is in-between, perhaps more social workers out of clinical services. Attempting to do that in B&D

Samaritans: very good service, generic counselling services

MIND offers free counselling and they are community-based; Arts activities for people on the waiting list.

Kooth – online counselling services for young people and signposting

Mental health street triage works well in B&D – team of mental health professionals support the police.

Women’s groups are available and are very good. Recovery college as well. But a lot have been cut. Such schemes could include primary and secondary care + focus on prevention. Same for young people – support prevention, e.g. The listening zone (TLZ)

Statutory services are covered but other interventions are not accessible, like in DA services. The Bromley-By-Bow centre in another borough is a good example of social prescribing. Peer support through one scheme – need to enable people with lived experience to take the lead - > be facilitators

Gardening scheme that was not taken up. But there are social activities for people with learning disabilities like group trips. Need for equal work and activities - > there are some for swimming and air football for service users.

Opportunities for prevention

Next step can be disintegration and highlight community services and commitment by the council for those with enduring problems. Local Authority staff are trying to set up more resources as there aren’t many social services locally – preventative services can be further developed; upskilling local workers. No MH-specific peer-support schemes in B&D – except “Big White Mall” (see below for more details)

The council is working towards a “hub”-type scheme, but more focus is needed in primary care and up skilling GPs. Examples of good practice in other boroughs (e.g. “Integrated project” in Haringey). More focus earlier on to help people start feeling better. Using simple tips for individuals and mentoring

A lot of communities don’t recognise mental health - > more resources through prioritising prevention

Support people from hospitals in the crisis services project. The crisis care service is meant to be there but it doesn’t always work. There are massive expectations and demand for services but they are not always available - > so we need to fill gaps before crisis with a focus on prevention when first symptoms appear.
6) A zero suicide city

Prevention

- More information is needed to inform any organisations’ prevention models (e.g. an audit of methods could inform ways to prevent methods of suicide)
- Prevention is key in this area to treat mental health problems at an earlier point and reduce the risk of suicide and it would be better for the individuals and more cost effective if support was provided earlier.

Frontline Services

- Cuts to frontline services mean lack of appropriate and timely services when needed (often referred to inappropriate services).
- After critical ‘999’ care, there is a lack of follow up for individuals.
  - Individuals are at risks of ‘bouncing’ between services
  - Waiting lists to services mean individuals’ mental health could worsen in the meantime.
- Possible to use GPs more – but recognise with waiting times etc., this may not be practical.
- Less support available for those over 16
  - Could target groups particularly at risk e.g. young offenders.
- Possibility of creating an app in which individuals can text IAPT if they are in a crisis point.
  - Will help individuals when ‘in-person’ support has long waiting lists.

Community

- Mental health is not talked about enough.
- Greater proportion of men take their lives than women – need to build mechanisms for men to talk about health more upstream of crisis point.
  - Could normalise, for example having a mental health equivalent of ‘Movember’ or involve in sports (e.g. in schools).
- Train those in the community to discuss mental health (e.g. Mental Health First Aid training for hairdressers/barbers, bartenders, receptionists, those within public bodies or faith groups)

Local example of best practice – ‘Big White Wall’