



Southwark Thrive - 18 July 2017 – table workshop feedback

About 60 people, including residents, service users, carers, councillors, council officers, NHS providers and commissioners, gathered to share ideas on how to take the six Thrive LDN objectives forward in Southwark.

Facilitators recorded the discussions - these are the main points they captured.

1) Thrive LDN objective: A city where individuals and communities take the lead

Breaking down barriers

A need was identified to first breakdown stigma in the community. This provides a safe environment for individuals to disclose and seek help:

- ‘Community should be involved in educating (e.g. mental health libraries with literature available to take away)’
- ‘There should be diverse champions within the community, they need to be relatable to improve engagement’
- ‘Use churches to bridge divides, more support for faith groups’

Loss of community spaces and support

People felt that activities and ‘safe spaces’ for communities had been reduced due to cuts in funding. Comments were also made on shifting the balance from traditional/institutional care to community support:

- ‘Alternative/community funding (can target local businesses, ask for donations to buy equipment, Kickstarter etc.)’
- ‘Increase community spaces for dialogue and integration such as cafes and pubs (e.g. Dragon Café). More support for open community events such as a poet’s corner, street parties etc.’

- ‘Initiatives that work such as peer support should be expanded. There is also a need for peer support in black and minority ethnic (BME) communities’
- ‘Peer mentors with lived experience of mental health’
- ‘Using technology such as closed social media groups to build online communities that can organise face to face meetings and events’

Voices being heard and improving engagement

To improve engagement individuals and communities need to want to get involved. People felt that it was difficult to find out about events or where to get support. They wanted more community involvement in decision-making, with funding provided for community groups and service users to be part of commissioning teams.

- ‘As an individual being able to choose the type of support and how it’s delivered’
- ‘Enabling people to design and create their own activities’
- ‘There need to be forums for public involvement’
- ‘People from council to get out and about’
- ‘For example: New care leavers partnership – Catch22 + Southwark council is going to be co-designed with care leavers’

‘Regeneration is taking over and pushing people out’

Many people had strong words to say on regeneration in Southwark – they felt that activities provided in the area were “not for them” (e.g. Southbank Festival). They also felt that the building of luxury flats/shops was negatively impacting some communities.

- ‘Reserving community spaces for people, not businesses (e.g. Tescos)’
- ‘Free up spaces by not having supermarket metros or express shops at the ground floor of new blocks of flats’
- ‘Local people should be taken into account when estates are knocked down then rebuilt to make money’
- Concern that if the focus is on the community providing support to friends and neighbours this will mean services will be removed
- Need to find ways to reach those who don’t come to groups but are more disparate / transient

2) Thrive LDN objective: A city free from mental health stigma and discrimination

Culture and Language

- Change the language used to describe mental health and mental illness to use phrases such as 'emotional wellbeing' as the word 'mental' is often used derogatorily.
- Educate all about language as the terms like 'mental' or 'crazy' are often used which could be triggering for people with mental ill health.
- Move the language used around mental health away from clinical terminology to make it accessible to everyone and simpler.
- Normalise conversations about mental health and highlight the importance of share both when you're feeling good and bad.
- Keep the conversation going constantly and consistently and keep it open to hear all sides.
- Help to build connections that foster open communication – sharing is based on trust so people must know each other to feel comfortable sharing.
- Learn how to challenge other people's stigma and help them understand
- Get the conversation going in the workplace through workshops and management training.
- Make it known that everyone is responsible for good mental health
- Tackle online bullying, not just in-person bullying

Services

- Educate businesses on what mental health is. Some people said that before getting into their position in the mental health field they themselves didn't know what it was!
- Train the employer to understand mental health and be of assistance to employees who may have mental ill health.
- Education around mental health should start at the earliest level – schools should teach mental health awareness from primary level.
- Foster positive role models for children (e.g. teachers, firefighters, policemen, soldiers) who can teach them about mental health and wellbeing.

- Fund activities and programmes, in or outside of the classroom, which cater to educating children about mental health in a fun and interactive way
- Train teachers to have these mental health discussions, be a support for the children, and challenge constructively mental health discussions in order to eliminate stigma at an early age.
- Look at the Youth in Europe Study and implement it in Southwark
- Educate about stigma, e.g. through an online presence
- Education of mental illness should be based on professional knowledge and research – is it treatable? Teaching people that you can learn how to live with it
- Demedicalise mental illness – fighting the preconceived ideas (e.g. people with a mental illness are not violent and are actually more likely to be victims of violence, stop over-medicating...)
- Laws have to change to fight institutionalised discrimination – in some countries people suffering from a mental illness have their human rights violated, although I'm unsure if that is the case in London.

Community

- Foster peer support amongst the community, building connections so people are willing to share struggles
- Organise cheerful events (e.g. arts festival) which encourage people to come out, build connections (real contact) and learn about mental health in a fun way
- Market these events for maximum attendance and get people from different backgrounds (i.e. not just mental health professionals) – e.g. many people had not heard about the Mental Health Awareness Week.
- Make use of TV to diffuse information about mental health although do not rely on it solely as this can create another barrier.
- Foster mental health champions and empower community leaders to combat stigma. Politicians, public figures and celebrities who have had experience with mental ill health can do this effectively (Royal Family, Stormzy and Rio Ferdinand).
- Find ways to reach to young carers or set up carer support groups.

- Cater to the local community by training community leaders to become peer mentors (e.g. church, barber shop, peers that people may feel more comfortable sharing their experience with).
- Parenting skills workshops for parents to encourage children to communicate their feelings and break the stigma at home.

3) Thrive LDN objective: A city that maximises the potential of children and young people

Culture and Language

- All tables suggested that young people must be involved in any intervention so it can be designed around and for them. Possible ways of doing this included the youth council, a steering group or in schools
- Young people should lead any intervention with a peer-to-peer focus rather than led by an adult.
- There needs to be a focus on good parenting and supportive home environments – one option could be parenting classes.
- Young people need to be able to report cyber bullying and be given strategies to ensure it doesn't have an adverse effect on their mental health.
- Social media can be a positive with celebrities such as Stormzy, Jamelia and Rio Ferdinand raising awareness by talking about their own periods of mental ill-health.
- Get rid of the stigma around children and young people's mental health – children do have problems and they do not need to be infantilised.
- Address hyper-masculinity and the damage gender roles can do on young children in order to limit problems this causes.
- Take away the stigma around alternative qualifications such as BTECs

Services

- Mental Health First Aid training should be delivered more broadly with a focus on issues facing young people. This could be given to

schools, youth groups, scouts, girl guides and young people themselves.

- Mental health should be taught in schools so children and young people (CYP) are trained in maintaining their own mental health and wellbeing and in how to support each other in doing so.
- Young people should be used as a bridge to children and adolescent mental health services (CAMHS) for other young people in a peer mentoring system, to make the process less intimidating.
- Looked after children are high risk so they must be considered in any strategy. The care leavers' service must also be redesigned with mental health in mind.
- The dots must be joined in the council as CYP are served by many different aspects so a coherent strategy on CYP mental health is essential.
- Young carers can have no one to go to – they need to be identified as at risk and supported because of this.
- CBT should be 'Cognitive Behaviour Training' rather than 'Therapy' and taught in schools. The techniques CBT gives are more useful before crisis point and would help CYP to Thrive.

Community

- There is so much pressure on young people, perhaps work on developing communities as a whole so there is a better support network in place.
- Implement support networks in schools and local communities to ensure that the 'quiet ones' don't slip through the net. These groups must also be alert to neglect or bereavement at home in order to act to support CYP.
- Give place for 'kids to be kids' in the borough such as parks, playgrounds and youth clubs as well as greater investment in afterschool programmes for CYP.

4) Thrive LDN objective: Developing a healthy, happy and productive workforce

Culture and Language

- Work hard to reduce the stigma around mental health in the workplace
- Trust needs to be boosted to develop a workplace where people can be honest about their triggers and feel comfortable 'disclosing' mental ill-health.
- Employers should be encouraged to develop willingness to engage with improving mental health, to become mental health 'literate' – this may need to be led from top of the organisation
- We need workplaces to normalise conversation about mental health
- 'Command and control culture' should be discouraged and there should be more shared leadership and empowered workers
- Better recognition of the value of voluntary work and peer support – it is not free labour
- Understand the economic and social value added by people with mental health challenges - often very creative
- Consider the mental health needs of those who undertake voluntary roles
- Do not stigmatise staff who need to take time off for mental health - asking when they will be back only adds to stress
- Open, two-way communication between staff and employer; other staff who listen
- Less competitive working environment (dog eat dog – not healthy)
- No discrimination
- No blame culture
- Positive culture to facilitate open discussions regarding mental health
- Reduce the pressure to go to work (benefits sanctions)
- Treat carers properly
- Following London Bridge attacks, looking for 'legacy' for businesses/people affected by MH issues
- Stonewall as a model – normalising an issue/engaging well with employers

Services

- Ensure workforce know where to go at the beginning of an MH problem, if you start to feel you need support/help
- Allow individuals to get themselves trained – pride in themselves and also value to employer
- Implement laws to protect from workplace abuse; policies that don't penalise staff
- Business Improvement Districts could play role for smaller employers who don't have EAPs/appropriate resources
- Skills development/MH learning as a student to take into workplace
- Role of Employee Assistance Programmes

Workplace Community

- Encourage a better work/life balance or flexible working hours
- Give job security/no zero hours contracts/living wage (mentioned several times)
- Give workshops on wellbeing and seminars on mental health awareness
- Recognise and talk about issues, e.g. bullying
- Regular appraisals to help self-esteem
- Regular check-ins with line manager; part of regular catch-ups; although this is dependent on manager's skills/employee's relationship with manager
- Ongoing training for managers and information available/signposting (mentioned several times); empowering managers to be able to have these conversations
- Information/signposting available to all staff
- Exercise/gym membership (mentioned a couple of times)
- Mentor people
- Workplace strategy to get the best out of people with MH issues
- Stated wellbeing policy; wellbeing action plans (MIND has these?)
- Regular days when staff discuss whole workforce wellbeing
- Regular (?Friday) wellbeing talks
- Nominated person in the office who is equipped to deal with crisis
- Staff MH as part of safeguarding policy
- External person/facilitator to enable MH conversations/pastoral support

- Reflective session/forums for openness

5) Thrive LDN objective: A city with services that are there when and where needed

Culture and Language

- Ensure services are young people friendly by removing the fear factor preventing access
- Social isolation is a key problem. Could give peer-mentoring for individuals who are isolated in order to reach them.
- Understand how people with substance abuse disorders can also access mental health services. A range of options + community counselling should be available.
- Political aspect needs to be considered. Also need to consider how funding and commissioning translate into a reality as there is often a massive gap.
- Consider how the council can be mental health friendly such as through liaison officers.
- There is a struggle with resources and funding so support strong community based voluntary and community sector organisations (VCOs).
- Everyone should get involved: Not just NHS services, but social care, community support, community-based activities, businesses, commerce (places where mental health might not always be very well accepted)
- Educate the larger news and media services around the availability of services so accurate information can be provided.

Services

- A shared vision to join commissioning of all services across the borough was mentioned to develop a positive mental health ethos. Services need to communicate more.
- The threshold for CAMHS is difficult to navigate. An alternative counselling organisation that faces/focus/train people to support

young people could be developed or each school could have a counsellor who will tackle emerging problems.

- Easier access to services (big barrier)
- Out of home holistic services could be developed that are open to what person's needs are (Addere Community Service)
- Bootcamps 5:30am-6:30am in the morning to keep people active
- Need better commissioning of services: they need to close the gap in inequalities, not to think of just commissioning services but rather cater to what people need.
- Commissioning is disjointed as all specifications should have Mental Health featured.
- Services should be easier to navigate as they can be difficult for people to understand
- Follow the benchmark of good services while learning from bad services. Evidenced-based projects around the world should be considered for replication here.

Community

- Get religious communities involved as they give the opportunity to socialise and reach more individuals
- Provide spaces that enable people to come together such as community gardens and green spaces
- Support families and carers who help the struggling services and empowerment for those who volunteer to provide or be involved in services.
- Certain communities fare very badly within traditional MH services (not a safe space) so it's important to cater to them and find other activities that would benefit them.
- Recovery Cafes like the Dragon Café are a very good model that should be expanded as they give co-dependency groups every day.

6) Thrive LDN objective: A zero suicide city

Language and culture

- Normalise discussions about suicide so that we have more honest conversations when see signs and that people outside the mental

health sector are comfortable talking about suicide: 'feelings of suicide are normal, acting on these feelings is not'.

- Introduce suicide awareness at early age – this came up several times.
- Change focus to 'working towards a zero suicide city' or 'reducing suicide' – 'zero suicide' is unrealistic and stigmatising.
- Increase awareness of how to recognise signs of someone in crisis for example someone saying: 'you will be sorry when I am not here'.
- Identify where suicide is taking place and in what communities so can focus attention on these
- Engage people to get involved in activities perhaps wouldn't normally do for example sports
- Can't focus on suicide on its own - it needs to be part of a focus on all the six thrive objectives. We will know that doing well with these when the number of suicides fall.
- Identify where people have conversations naturally each day, like barbers and hairdressers, and provide simple toolkit of questions that could enable signs of distress to be recognised.
- Increase awareness of how to recognise signs of someone in crisis i.e. 'you will be sorry when I am not
- Set up groups where people can meet their peers for a chat i.e. young mums, faith groups, sporting groups - pay people to lead these groups, shows its importance and that of peer support.
- What can we learn from boroughs, cities, countries where suicide is lower?
- Challenge cultural beliefs about suicide i.e. go to hell
- Better understand and communicate the relationship between self-harm and suicide. More research into understanding what leads someone to commit suicide
- Promote importance of family, that doing activities together, sitting down to a meal together is good for mh
- Reach out to men through traditional sports such as football, cricket to encourage conversations about suicide. This could be online where feel safe to have this conversation.

Services

- Bring together to work together different service providers ie GP's, Samaritans, police, ambulance, community leaders for a collaborative approach
- Drs should look for the signs that someone is showing signs that could trigger suicide attempt
- Need to look at how services can be provided 24 hours a day – emergency mental health counsellors situated at emergency departments.
- Identify key places in the community where suicides take place like multi storey carparks, railway platforms, and have signs and trained staff available to help.