My Networks Scoping Project Report

October 2022

Report Author

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My Networks

The Forest of Dean Mental Health Scoping Project Report

November 2022

Report prepared by Simon Price,

My Networks Project Manager.

Introduction

The primary aim of this report, and the My Networks scoping project, is to enable the voices, stories, and opinions of people from the Forests' communities to be at the forefront in any decisions and efforts made to develop mental health support between these two rivers. I hope that this report brings attention to any existing gaps and to what is needed by local people to better support our mental health or the mental health of those we care for.

I believe that Forest communities and local people shouldn't just be 'consulted with' about already made decisions, but we should remain central in any efforts to design, transform, develop, and build the right mental health support locally for ourselves. We have discovered through this scoping exercise that there is already an enormous amount of insight, experience, and passion amongst those of us living in the Forest communities that can be harnessed to achieve this.

I recommend after doing this scoping exercise that we build our community response to 'what is going on' through the development of an alliance or network.

I recommend that we continue to use action research methods to build our community response from the 'bottom up'. I recommend that we build around the strengths, skills, and knowledges that we already have available to us but also that we work towards bringing in support, knowledges, and training that is needed in the Forest. Prioritising resources and supports that build our capacity to confidently support the mental health of others in our communities.

I recommend that we respond to the challenges identified in this report with a collective community response. I appeal to anyone wanting to join me in this to get in touch and let me know.

There is already much good mental health support happening quietly, inconspicuously (often unsupported) across the Forest of Dean communities. I believe that these already existing supports, knowledges and mental health sensitive spaces should be built around, linked up, enabled, funded, and encouraged to build and develop what they have already organically evolved to do best. Many of these supports have grown in response to often very specific needs within diverse corners of the Forest communities, that could never be so sensitively, empathically mirrored if set up 'from scratch' or without the unique proximity of their leads and facilitators.

This report is my effort to 'put out there' a resource that can inform developments and support the building of mental health services around the diverse voices and knowledges within our local communities. I hope that this report will also be a valuable text to help us to build a community response to what is going on. I hope at the very least that this report will encourage and enable a 'working with' rather than 'working upon' members of the Forests communities' when building mental health supports and social care services moving forwards.

I hope too that this report will inform and inspire further conversations, flows of ideas, that it will help with the setting up of projects, opening up of opportunities, and ultimately, that It might contribute to building better mental health support for us here living in the Forest of Dean. For too long we have felt left out of mental health provision, we have felt like we have been forgotten when it comes to mental health support and the parity of interventions and access to support compared to other parts of Gloucestershire. We need this to change, we need to mobilise around something to enable Forest voices to be heard towards this. Hopefully this scoping exercise, our mental health steering group, and the creation of this report has played, and will continue to play, some small part in this change and in focusing such a mobilisation.

Using this report as a 'Text',

A large point of this report is that it should be used, be put to work, be a 'text' that helps us to build better mental health supports in ways that keep Foresters voices at the forefront of any decisions or efforts made.

I have tried to preserve the voices of real, knowledgeable, local people as fully as possible throughout this report, have resisted reduction, generalising or over interpretation to allow the voices to speak for themselves. To stay true to the fullness and variety of the perspectives expressed throughout these conversations. I have done this because I feel that this will make this report more useful when it comes to developing a collective community response, but also because I want to stay true to the complexity and diversity of responses to 'what is going on'; remain near to the richness of people's descriptions, knowledges, and insights.

Through this I hope that I have begun to 'show' (to demonstrate and describe rather than 'argue for'), the richness of experience and insight that we already have available to us here in the forest. As you will see in the pages that follow, there are glaring gaps in mental health services and supports. I do believe though, that by drawing upon this knowledge that we clearly have amongst us, upon these local skills and the enormous enthusiasm already here for building better supports for mental health difficulties, we can co-create a rich community response to the difficulties that we are currently facing.

I acknowledge a level of influence here: I wanted to lessen the chance that these words be cherrypicked or 'used' to back up and further already made, top-down, solutions or agendas. I have tried to show, therefore, how Foresters are ready, willing, and able to remain central in any transformation or building up of mental health services locally. I hope to have shown this in this report but also through the ongoing work of the mental health steering group. By leaving the richness of expressions as they are, by describing the workings of the steering group and how we have facilitated this project (in the appendices) I hope I have demonstrated the importance of forest voices, but I also hope that in some way I have managed to shine a light upon the skills, knowledges, and expertise already available to us here to help create solutions to what we have found.

Please cite this text when referring to it, and please stay true to the feelings people are trying to express here when doing so. I ask that people use this text in good faith, and in a way that stays true to the generosity afforded its genesis by the people involved in its creation. Please respect the good will that has made this project possible when you cite, use, build upon, or refer to this text.

*** A note on quotations.** The text marked in colour is to indicate quotations by members of the Forest of Dean communities. These are the people that we spoke to in focus groups, in 1 to 1 conversations, or at Steering group meetings. Each change in quotation colour indicates a change in someone speaking. This is consistent throughout the text. I have tried to include multiple quotes on each topic because I feel that this is in keeping with the, hoped for, usefulness of this text as a source or reference text to encourage, inspire, or back up the development of mental health supports and systems across the Forest of Dean.

The Context

Why we started the My Networks scoping project and

Our Shared Concerns about mental health support in the Forest of Dean.

A few of us with personal and professional lived experience of mental health difficulties, living and working in the Forest of Dean, came together and shared the following concerns about what was happening:

- We didn't know what support was still out there after the Covid Pandemic and the previous few years of lockdowns.
- We wanted to know why social care and support services throughout the Forest were holding so much of the mental health provision; and why many felt that they were being expected to provide increasingly more mental health support, without relevant guidance, backing, or training for themselves. Feelings of overwhelm or abandon were expressed by both staff and those they worked with, and an uncertainty about how best to move forwards pervaded.
- There was a feeling from all of us that something was missing with regards to mental health support in the Forest. A sense that both staff and the people they supported were struggling because of this gap.
- There was a sense that something needed to be done, and an obvious drive to try and investigate further what might be needed - to 'set something up' in response to this lack.
- There was a widespread belief that whatever we set up should be co-produced with as many of the Forests communities as possible.
- There was a concern not to 'helicopter in' solutions, or set up a service reactively and out of panic (which ran the risk of privileging some people while excluding others if we didn't think things through and consult widely at the outset).

The fact that we started this journey from these shared concerns, with a collective sense of urgency that ‘something needed to be done’, meant that our enquiry was polyphonic, many voiced, and participatory from the outset. This journey was not undertaken because of one person’s hopes, beliefs, concerns, energy, or partial witness to the situation. Rather, this scoping exercise was embarked upon because it was felt by many that ‘the time is right’ to rebuild community mental health supports stronger after the Covid Pandemic. There was certainly a feeling that something big needed to happen, that became apparent from very early in our conversations.

Holding complexity

“We are carrying and holding cases because we have nowhere else to refer these on to. This happens a lot.

We build a relationship with our tenants but we cannot pass this on unless we know, and can trust, the next link. We are often required to close a case but can’t break the relationship, they live in our schemes so we have to support them. We end up still holding the individual because there is no-one else to support them – often we are their only support.

We are not experts and it takes a mental toll on us.

Our challenge is: can I trust the service out there or is it going to help or is what they offer going to create more difficulty for the person I’m supporting?

As a result of all this we end up holding all the complex cases.”

These words from a tenancy worker of a local housing organisation were echoed by local police and carers in the early phase of our discussions. All these professionals pointed out that with the individuals they supported, there is no opportunity to ‘not respond’ to their mental health needs and distresses, ‘no way to not respond’. They felt that other services needed to help them with the load – each felt that the current situation was overwhelming in different ways, all saw this pressure as unsustainable in the long term. Tenancy support workers were compelled to respond to mental health challenges as landlords; the carers did so as family members, loved ones and friends. As for the police:

“We don’t have the remit to refuse services, we need to attend. Sometimes knowledge of how to manage a situation can be difficult especially around mental health crisis. There is a real value in establishing local service groups that are set up to problem solve difficult cases. Our responders are frequently managing the same people in distress.”

All of those who we spoke to in these initial conversations found that they were in one way or other **“holding enormous complexity”**. All were unsure of what was going on, where to go or what could be done about it. There seemed to be an enormous ‘holding’ of mental distress occurring, due to ‘something’ that was going on with mental health care and supports (or with people’s mental health itself) in the Forest. Because of this, both professionals and carers were finding themselves at saturation point, were terrified of the pending tsunami of mental health problems predicted in the media after two years of Pandemic loss and isolation.

These initial testimonials from the police, tenancy support workers, and local mental health carers led us to begin to further explore what was going on. We started by talking to friends and contacts who we knew had experienced mental health difficulties. We spoke to other social care, arts or health professionals and carers who were currently supporting people from The Forest of Dean’s communities. We spoke to as many people with lived experience of mental health difficulties as possible, to shed light on what was happening, what was still out there and what might be needed to support people’s mental health better.

“It has to be highlighted that referrals coming through are much more complicated. Services are managing a much greater volume and much more complex work.

There has also been a rise in mental health issues amongst staff as a result of the pandemic.”

“I am holding people as I don’t know where to send people.”

“Until the children fail, there is no support. That is not the place or time to give support. The system is punishing children for being ill.”

“I work in schools and I think they feel out of their depth in regard to supporting their children. Many schools have groups that support the staff but not so much the mental health of their pupils.

It is easier to refer to others as teachers don’t have the in-house training. It is not part of the teacher training.”

“Schools have seen a high number of requests for mental health support, primary schools are rising in numbers too.”

“We need a teacher at lunchtimes to have a chat, but don’t seem to be properly supported. Teachers are so busy they find it difficult to manage the level of help that is required.

Boundaries slip, because there is no faith in the referral team. If I send this distressed person to the team who should help, the help doesn’t come. Lack of trust in the services means that unqualified people are often left to pick up the pieces.”

“My sister had problems during lockdown because her husband suffers badly from dementia and was not receiving the care he needed. Luckily she has now moved out of the house as he became dangerous. They failed to get essential support to manage his condition.”

“My husband is ex-army and suffers from PTSD and psychotic episodes. It took 6 years to even get referred! Only when he beat me up did we get some help. My marriage is now an abusive relationship, but it is because my husband is ill.”

“Nothing was offered me following a post-natal breakdown and during Corona virus I was told that there was absolutely nothing. It takes a lot to ask for help and then you feel worse off when not helped by the helper.”

“Caring for carers is greatly ignored.”

When asked the question, when permission was created to talk about such matters (and when a safe spaces to speak into had begun to be built) the stories, people’s opinions, perspectives, and experiences, began to unfold and be told.

Difficulties appeared to be experienced across the age ranges and across the diverse communities of the Forest. This was clearly not a problem restricted to one demographic or part of the Forest communities.

It felt to all of us in the facilitation team that an enormous amount could be gained by exploring what was going on further. This is the context out of which the My Networks scoping project first emerged.

My Journey with Mental Health Difficulties after moving to the Forest of Dean

I experienced an unexpected and severe tumble into long latent mental health difficulties about a year after moving to the Forest of Dean, in 2014, with an intense emergence of severe anxiety for the first time in many years. I initially misidentified what was happening as a physical ailment as the anxiety assailed me through symptoms that I had never encountered before. Many of my existing coping strategies no longer seemed to work, or to be sufficient to counter these new developments and this new line of approach that the anxiety had taken.

I felt very vulnerable and began seeking support for my mental health, in a new area, without any near at hand contacts. Despite being an advocate and being connected to services through my previous 13 years working for Mind I found it incredibly hard to find support when I moved to the Forest of Dean. As a result, and for a long time at the start of my relapse, I reluctantly relied heavily upon medication and the rare conversations I was able to have with my GP.

Thankfully CBT worked extremely well for me, despite having to wait an incredibly long time for face-to-face treatment to eventually start. I was able to engage well with the approach, I connected well with the therapist and the techniques used spoke to where I was. I was acutely aware during the therapy that once it had finished there would be nowhere I could go to ‘top up’, build upon or recap upon the work that I had managed to achieve through the CBT. A few people I had known through work, who had similarly tried to seek support, had not been accepted for talking therapy with IAPT (Improving Access to Psychological Therapies), had not been able to complete the treatment, or had found it much more unhelpful than I had. It seemed that current talking therapies and support had a narrower remit than was needed by the community or hoped for by those referring into it. These people included my GP who, at the time of these struggles with anxiety, expressed dismay about the lack of available mental health supports she could reliably refer people into in The Forest, other than IAPT.

I began to wonder at the time what safe supports people could turn to in the Forest other than IAPT, what people could do whilst waiting for treatment, or when the limited sessions offered by IAPT were over. To give some sense of perspective on this, my IAPT CBT sessions lasted for 18 weeks out of approximately 4 years (over 200 weeks) whilst I was seriously struggling with my mental health. For the remaining time I had to try things out and explore what might help me feel better, in a largely unsupported way, besides talking with my GP and close family.

Fortunately, I was also supported in my new self-help explorations by very strong, already existing, peer support fellowships that were left over from the old self help/recovery groups and art collectives that I had been involved in many years previously. I had begun developing these peer support fellowships and friendships in my early twenties, whilst being supported by The NSF (now Rethink), through the key early years of my recovery from teenage psychosis. I wonder now how I would have managed during this period of relapse in the Forest if I hadn’t had these important people still very much in my life to call upon after over 20 years of supporting each other.

A desire to see no-one left without mental health support in this way and a ‘futureproofing’ desire to know that my family members and loved ones could access mental health support locally if ever they needed to; both informed my eagerness to undertake this study into what was going on in the Forest of Dean. This has been an enormous motivator for me throughout this project and the foremost reason why I wanted to be involved in trying to build something better for us between these two rivers.

Findings

98 People attended over 18 focus groups.

72 Individual conversations and first person accounts were conducted.

38 People fed back through the steering group and introductory meetings.

80 People completed the survey.

Thematic Analysis

Four interlinking themes that ran through the My Networks scoping project conversations were identified.

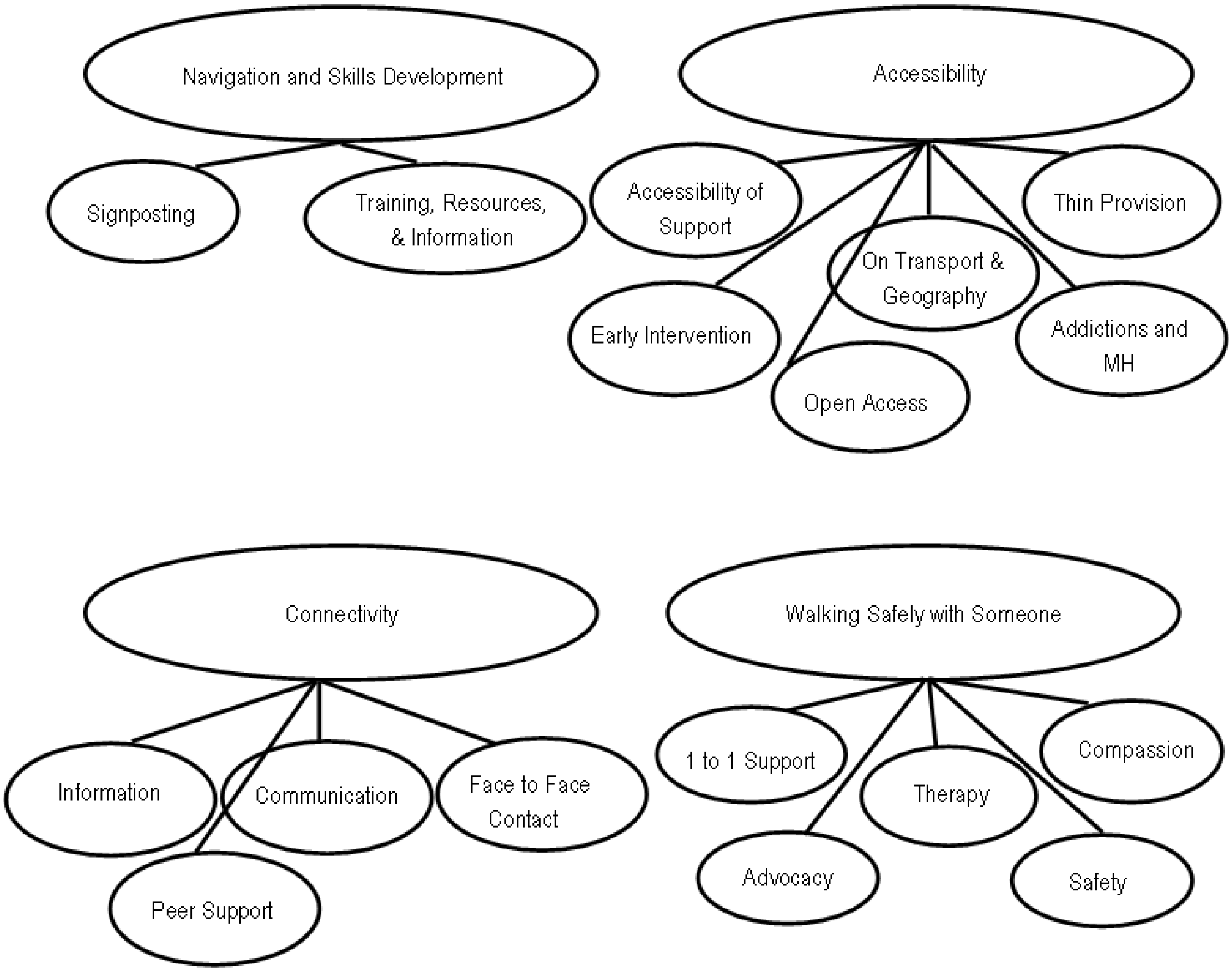

Figure 1: Themes

Theme 1

Navigation, and skills development.

Signposting

One glaring need that permeated many of our discussions was the desire to know what support was already out there, and how to access it:

“I don’t really know what our services do, there is no clarity about what is really available, for whom, and the waiting times.”

“We in the police need a first point of contact to signpost to other places. Maybe a local information app. That could offer the signposting needed but it would need to be kept up to date and accurate. Simply put. We need to put something into place that is person centred, with advice and guidance to the right services.”

“We would like the truth and a real picture of what is happening. A service navigator. The services are so split up into different groups that people don’t know what exists or how to access these.”

“We need a central phone number to ring that is able to signpost to local supports.”

“We need a one stop shop for signposting people –ambassadors that can give advice.”

“It would be useful to have resources that help people to know what is going on. We need a resource telling us what is out there for people in the Forest. Not every GP know what is out there or knows what is going on. We need a resource guide for both us and for G.Ps.”

The need for support with triage and person-centred signposting was clear; and alongside this, learning what is safe (we will look more in depth at the issue of the safety later). There is clearly a will to understand better what service remits are, what waiting lists are involved, and what groups are still running, or organisations still operating, since the pandemic, in order to avoid people ‘bouncing around’ between services, or not getting the right kind of support for them:

“A lot of the things I volunteer for seem to involve supporting people, I would love a list or somewhere to go to help me to signpost people. There are lots of groups around, but we don’t know where or who they are. I am a volunteer; my brother was very ill over covid and I needed support and I felt I needed the

information around what to do but it was really hard to get hold of. We are awash with information but we don't know where to go if we need the right information. We need support to be able to support others. Signposting people to suit their needs. There must be better ways to connect up with what is around. How can you signpost if you cannot guarantee a certain level of safety?"

"Currently we have services in the Forest but we don't know what is out there, what are the remits? There is lots of passing people around and people bouncing back. National charities and NHS work locally but the reality is that lists are long and many of the national charities do not do outreach in the Forest."

"There is a big difference between knowing you need something, finding something and then accessing it."

There is much uncertainty about what support, if any, is still available for those suffering with mental health difficulties in the Forest. For people accessing services, for carers, and for health or social care professionals, it is currently near impossible to navigate this uncertain landscape, leaving people feeling exhausted, uncertain, and disconnected:

"Services that are available should have a keen knowledge of what is out there. It seems like common sense but the fractured services and constant change in services make help difficult to find. It is not a fixed landscape but is constantly moving."

"It would be helpful to have a directory of activities but a pool of advocates who are able to assist with connection is a more supportive method – is this what Social Prescribers do within the area already?"

"It would be good to pull together all the information on what is out there. You would hope that a social prescriber would be able to inform me, or the enablement team, or there was a directory to services to support me but all

seems uncertain. Often there is a lack of shared knowledge so people often refer to the same people."

Many people suggested that the response to navigating this uncertain landscape would be best placed at a local community level:

"We need a practical implementation of service navigation that is community based. It is so tiring for families in difficulty to negotiate and access even the existing services."

"Gradual links to more community based support is essential."

"As an organisation police are looking for community-based advice and guidance."

In essence, people were outlining a need for local support with navigating local services and feeling connected to others; with assurance that the signposting and advice they were given was safe to follow.

Training, Resources, and information

In our conversations, we encountered numerous calls for more information, resources, and training on mental health difficulties, and how to support people. There is clearly a great will to learn, and to create spaces where we can come together and discuss ideas around recovery and mental health; or develop skills to enable us to support ourselves, and each other, better.

There is evidently a need for information, training, advice, and resources for carers, family and friends:

"There is a need for greater support with carers information. Carers considering care homes, information can be difficult to find. Wanted something local."

"For our own carers group, we would value gaining expertise around a range of areas, to be connected with research and recently published papers. We would value having greater communications with researchers to keep us up to date and help us with care of our loved ones."

“Need clear information. For example, how do we keep our loved ones free of delirium? There is lots of information available but it is not easy to understand.”

“I think I was naïve about my son’s illness and should have picked up on things a lot quicker than I did, but I had nothing to refer to, no guide.”

“We need to support young mums and dads. Need to not overlook families.”

“Additional training is useful. Changes in society can be beyond our own experience and can therefore result in situations that are difficult to manage. Regular updates on trends and changes are relevant and necessary.”

This indicates that alongside existing ‘carer support’ in the Forest (including the views of the current mental health carers support group that has been in existence for several years and currently has had to develop waiting lists), there’s an additional need for more bespoke support for carers, families, and friends. This includes individual or group-based psycho-education; access to resources such as up-to-date guidance including academic material that can be difficult for people to access; all tailored for specific issues (e.g., older adults and dementia and/or delirium; but also postpartum mental health struggles for both parents, and not just mothers as can sometimes happen; mental health difficulties that sit outside of traditional ‘carers groups’ such as psychosis, anxiety, eating disorders, or complex emotional needs etc).

In a similar vein, young people are also asking for more Information, training, and resources to support them to manage their own, and understand each other’s’, mental health and wellbeing:

“Young people are afraid to talk about real mental health issues as a result of it being seen as a trend.”

“There are misconceptions of what mental health issues are.”

“We need to understand and manage the damage generated by toxic masculinity, and unhealthy expectations about gender behaviour. To enable

young people to feel confident in expressing their behaviour as they feel comfortable, not expecting that you just deal with things in a certain way because you are a man. Understand the damage of forcing the masculine traits of a toxic man onto a man. I would like to learn more about short term and long term resilience too."

"We want Life skills, cooking, budgeting, personal care. Very basic skills. Free healthy eating plans, understanding about anxious relationships with food. Volunteer weight loss groups, giving people tools to deal with these things."

"We need greater individual development around job skills. Younger people need to be supported to get the skills we need at the rate we are able to manage it."

"Why do schools not teach basic information about taxes, looking for work, budgeting? The essentials for life. This lack of confidence in basic areas adds to anxiety levels."

"I would like teaching to be a lot more open. I have had a tumultuous relationship with weight and mental health. This meant I would go out a lot, I would drink Monster for lunch, not eat well etc. Understanding these behaviours as part of our school learning would have been really helpful. It was unhealthy to be so obsessed with weight."

"Suicide management needs to look at ways to offer management techniques. Need to introduce students to skills around mental health challenges early on."

"We need to increase early intervention and learning. Why are we not teaching children in schools about their feelings and self-management and understanding their environment and why these are normal responses. Look at eating and developing more healthy eating and the real effect of poor diet."

From seeing this spread of people across the age range seeking support, it's clear that any support in the Forest needs to take into account the inter-generational impact of distress. Many parents who are struggling with their own mental health will find it difficult to support their children as much as they would want or feel able to; which means young people are also wanting to seek support for a variety of needs.

There is noticeably a need for information and support to understand and navigate the process of mental health diagnoses:

“We need help to understand what a diagnosis means.”

“The culture where it is difficult to get diagnoses has inevitable led to self diagnosis.”

“There isn’t clear messaging around what to do if you don’t feel happy with your diagnosis. There is often confusions of messages, different diagnoses depending on who you see. Lots of competing opinions. Frequently not finding the GP that has that information.”

“Mental Health words have become more part of the vocabulary, though often not with a full understanding of them. We need to have more discussions around what is normal.”

Alongside this, there is an overarching need to understand more about how and why a person might come to experience mental health difficulties, and how to cope with particular difficulties that if unchecked or left un managed could lead to serious mental health challenges:

“We would like greater understanding and training around complex needs. Working with a team to understand psychology.”

“Trauma informed training around ACES would be useful for us. Looking at first assessment and aces resilience training around the community, schools and work places.”

“There is a real need for information and support on how to cope with an eating disorder, the nearest help is in Cheltenham.”

“There is a need for structured hoarding support for individuals and services. Training to help understanding and make change.”

“It is hard to manage anxiety which leads to anger, I need help with this.”

“I want to learn to cope with anxiety triggers and to manage my responses appropriately.”

“Bereavement help, divorce advice and support, recovery all offered in a space shared by all.”

“Menopause - I want easy access to advice and to understand what is happening with my body.”

Additionally, professionals and volunteers want access to information, advice, training and resources, in order to develop their confidence and efficacy:

“I don’t feel qualified enough to deal with mental health issues so more training should be available for youth workers. Youth workers/community workers should be given enough training to understand support.”

“I want to learn ways of supporting individuals to develop their own tools to live their own lives. To learn to live with powerful emotions.”

“Doctors should have more information and training around mental health. First port of call is the surgery. That is essential that the initial experience is supportive.”

“Training is useful. Supervision and training for peer mentors.”

“We will open our doors at all times, to all people, but we don’t the capacity to manage this approach indefinitely. We need the training to help us to keep doing this.”

This desire for access to knowledge and understanding was not limited to people classically seen as ‘being close’ to services (i.e., not just those people who have either themselves, or someone they care for, accessed services, or works in them) but for the wider community, in line with the concept of mental health being everyone’s business. Some identified a need for more information, training, advice and resources for the community and public:

“Everyone in the community needs to be aware that mental health difficulties are normal.”

“We need to normalise and include mental health learning in all our settings. For example there is a lack of understanding of how to employ people with mental health challenges.”

“What would be nice is to have proper mental health trained person that would be in the community and funded. Someone to go to in the community who could be a mentor.”

“Locally we need easy access to training & support to upskill people around how to deal with different people or complex situations for example.”

“We need training for how to deal with day to day safeguarding.”

“We need to improve training in the community around safeguarding and understanding of vulnerability.”

“We need to do the wellbeing training which can pick up safeguarding issues. There needs to be more training for smaller groups to enable things to be done to a level standard throughout the forest.”

“Perhaps a further reach would be offering training to hairdressers etc., those who meet customers 1:1. Perhaps we could offer short training or information about safeguarding.”

Theme 2

Accessibility

Accessibility of Support

“If places and connections to help are too centralised, are too far away for people to get too, then people may be more likely to keep their difficulties to themselves.”

From very early in the My Networks discussions, the topics of transport to and around the Forest, and the importance of any community mental health response considering the accessibility of support, began to feature in our conversations. The difficulties around the accessibility of support applied to the geographical spread of the forest and issues around transport, but people also referred to the need for an open access service, the need for early intervention, a need for access to services that support people earlier in age *and* earlier in their recovery journeys to stall the development of problems into more entrenched difficulties. It was apparent that some groups of individuals seriously struggle to obtain any support for their mental health difficulties.

On transport and the geographical spread of supports

"The Forest is badly served for transport as it is such a diverse place. It is important to know about the Forest, to understand the way the area is divided if you were looking at where any kind of hub would be. This would need to be a local service, based in their own towns, but looking at the geographical limitations and offering flexibility. Geographical closeness to people needs to be taken into account to further improve the ability to speak to, and access support from, a real person."

Some of the people we spoke to on this journey felt that mental health support at Coleford House, and the previous day service model of provision (prevalent around 10 years ago) had been helpful for people in some ways. For some, its' worth lay in that **"it offered the opportunity for peer support in the community".** The centralised model also seemed to create more opportunities for co-working with other organisations because it provided a central focal point for mental health supports. **"Services have not been the same since we lost the day hospital, there is less and less social interaction, these kinds of things often link the community together".**

According to one mental health professional the Coleford House daycentre model worked well because **"the Clubhouse was built on the idea that it was a membership group, run by members of staff and users. It was a drop in service with work related activities, all sort of things, cooking, newsletters, people could get involved at any level or could just sit and be with people. It was safe and supported. If you are with people that are doing stuff, that level of activity has a positive effect on the attendees. It was a safe place to come to."**

On the other hand, some service users of the Coleford daycentre talked to me about difficulties with this provision. One particular problem that was highlighted with such a type of centralised mental health support (such as a daycentre or hub) was that these could be difficult to access for many people because of the lack of public transport to parts of the Forest and its inaccessibility for many with mobility, anxiety, or financial difficulties.

There was an awareness that, with regards to the Forest communities we need to develop a response that supports a wider group of people struggling with mental health difficulties than those catered for, eligible for, or spoken to by this daycentre model. **"The Forest is very diverse, made up of small areas that are very different and with very large cultural differences. Any response to what is going on with peoples mental health needs to be community based. For example the culture in Cinderford is completely different to the rest of the Forest. Any response needs to take account of these differences"**

"People living in Coleford will not travel to Cinderford for their support and vice versa."

Though clearly useful for some, not all of the population who experience mental health difficulties feel that this mental health daycentre model could support them or is a resource that they would access. Such individuals encountered on the My Networks journey included individuals off work for periods with stress, professionals and carers, travellers, refugees, those struggling with addictions, or those not wanting to be exposed to medications or other drugs at such centres. Young people, those who work, or those who understand their mental health difficulties differently to the medical or recovery model definitions of "mental illness", are traditionally excluded by a centralised daycentre provision. One thing that became apparent as the My Networks conversations unfolded was that any community response, to what was going on with mental health in the Forest, clearly needed to be diverse enough in its spaces and types of support to respond to the equally as diverse population of people currently needing help in the Forest.

The question of how a *single* such place could *safely* support such a wide range of people was expressed a few times: **"How can we safely support individuals with dual diagnosis learning disabilities and mental health, and**

those with dual diagnosis addictions and mental health in the same space without serious concerns arising and making people vulnerable?"

"I would love to have a mental health café in the FoD…But what would that mean? I would like one in the evening with counsellors, a safe space which is accessible during times when services are closed, but how do you make a mental health café safe for use by different demographics of people?...Where would you locate it in the Forest?"

Similar services exist in the centre of Gloucester, a city that benefits from very different transport links and accessibility to the Forest. Despite such differences, and despite an uncertainty about how this could be done, there is clearly an appetite in some quarters for establishing a similar drop in provision to that available in the city. I feel that this would involve a collective effort to do well, to create a safe space that is connected with wider available community supports. A space that is empowering, a steppingstone and a safe place where people can become resilient enough to begin living life again. Time and care would have to be taken to avoid creating a space where stigma and apathy were nurtured and where people's problem stories are overly enriched, trapping people in a sense of impotence and dependency. In my experience avoidance of self-management can inadvertently be encouraged or people exposed to situations and dynamics that result in them feeling worse if such a provision as this is not sufficiently thought through. The will to create something such as this is definitely there amongst our communities:

"We could do with a drop-in model. A place where you could go and see someone face to face, not even formal counselling but just a person that is mental health trained."

"It would be fantastic to have a local drop in. For those with shared experiences around mental health, people could come without judgement but find lots of stuff to do."

"We need more drop in places around the community such as drop-in breakfasts."

"Dorset have an open access listening service called the Retreat, which seemed interesting and may be an idea for what we might want in the Forest"

We discussed a number of times throughout our journey how resourcing venues or services around the Forest might be one possible way of responding to the difficulty with the accessibility of supports. Resourcing already existing or emerging support, cafes, services, or venues in a way that enables them to become more confident in offering mental health support (and drop in capacity) across the different areas in the Forest could be more inclusive, offer more options, and therefore create greater safety and more opportunities for agency in recovery for those who are seeking help.

People expressed how they felt that within the boundaries of the Forest of Dean, services often **"forgot"** the north and south reaches of areas like Dymock, Newent, or Sedbury and Beachley. Residents from each expressed how they felt **"left out"** even more than the rest of the Forest, in terms of support. More than one person articulated how they felt that **"the same areas always get the services".**

We heard stories of how **"young people in these far northern and southern areas of the Forest are particularly vulnerable to exploitation by county line gangs because of their isolation from Forest supports conjoined with the easy access to motorway junctions in both of these areas".**

Public Transport to and from Newent to support and services that have been set up elsewhere in the Forest meant that people had to travel to Gloucester first. From Sedbury we heard stories of individuals sanctioned with their benefits for not attending their employment support allowance review meetings when these were felt to be virtually impossible to get to, and were routinely held in another of the forests towns. Mental health workers reported how **"If you live in Sedbury it is almost impossible for people in need to reach us here (in Cinderford) by public transport. It is also difficult for us to advise on where they can access support closer to them when we know so little about what there is in these distant areas."**

Accounts of specific transport issues were rife. **"Staff are so often told we need to be looking for other things to introduce the people we support to, we are encouraged to get people on the bus, but the buses don't run!"** Staff from another social care facility and from a housing association both expressed how they were encouraged to move people on and towards independence, but that they found themselves **“holding onto people”** because they **“need better guarantees of safety from the services, groups and activities that we are supposed to be sending people to”.**

“The lack of bus services and constant reduction to existing services means people are not even able to get to the pharmacies so they can get their medication. For certain controlled medications you need to be able to receive this at the pharmacy.”

There are also **“Financial barriers to accessing support. Having a free bus would be so valuable. Sharing food is so important for this reason too.”**

Public transport was considered to be a solution to these problems for some **“better access to transport would definitely help with the feelings of isolation.”** There was talk about how another way of responding to this difficulty might look: **“Putting the support around the Forest would mean that you don’t need a bus to transport individuals around.”**

These responses indicate that rather than a ‘hub and spoke’ or traditional centralised day centre model, a more helpful approach would be to consider a ‘network’ across the Forest of smaller, more localised, drop-ins and safe spaces that can better respond to the individual needs of their target communities. An example of this approach might be through resourcing existing cafes around the Forest to enable them to become more confident and capable of offering mental health support. Such places could receive resources, training, and support to develop what they are doing. During our steering group discussions, it was considered that maybe a network of supports could be one way to answer these dilemmas of how to make sure support is accessible geographically whilst also ensuring that it is accessible in terms of the diversity of people needing support across the forest communities.

Difficulties accessing support due to the thin spread of provision

“There is not much support for mental health for young people in the Forest. Too much is based in Gloucester.”

Another, often repeated, problem about accessing support for mental health difficulties was that so much support is commissioned as a countywide provision, which in practice, barely reaches the Forest at all:

“We are told of county-wide mental health schemes, but in reality these do not really touch the Forest, many of their sessions are no longer taking place following Covid.”

A desire was widespread to develop the capacity of local supports. Our conversations returned at times to an awareness after the Covid pandemic of how important local supports and near at hand resources could be. There was a sense from many of how important for our wellbeing and safety, local services had inadvertently become during the previous two years. Many services not commissioned or set up with mental health in mind had taken up the role of supporting mental health and wellbeing without ever intending to. Some had become good at it but expressed how now they felt **“near burnt out”** or **“out of our depth”** and wanted support themselves, to enable them to continue supporting the people who they were now linked in with in their communities and who they now felt a responsibility for. This applied to informal support of this kind offered everywhere from local ‘chuck wagons’ and cafe’s, faith-based supports and churches, to gyms and convenience stores, all administering to different parts of the Forest.

It occurred to me at times on our journey that this could give us a potential to return and look more thoroughly (from a capacity building perspective) than had been achieved locally before with the Safe Space scheme. We could approach it through the lens of these services that seemed to organically have evolved into becoming so supportive during the Pandemic. Many of these spaces now seem to need help to continue to do the good work they have by necessity evolved into doing. Resourcing what was working well to be more confident responding to mental health could be one option for our network.

Some people in the Forest reported how they felt that even before the pandemic, countywide services “**often don’t reach this far. We are the forgotten zone, and as health care staff we feel like that.”** Members of the community also expressed feelings of abandonment by some areas of mental health provision. Discussion of local gaps in care that seem to be related to the commissioning of countywide provision returned repeatedly to the inaccessibility of support for young people, the need for more support for harm reduction in substance use, the need for more peer support groups, a desire for information about mental health in the forest, the need for better access to specialist support for particular mental health conditions (such as bipolar, eating disorders, and support for individuals with complex emotional needs).

One person even expressed how they felt that because of the thinly spread nature of supports and services **"Drug use locally is very high";** while another expressed how **"The drugs and alcohol use amongst our clients has increased. We are looking to a countywide service to support people to make changes around drug use but the workers available to do that work are split between Gloucester and the Forest, meaning that there is currently very limited support here."**

We heard stories of services commissioned to provide countywide support having premises in the Forest but barely, if ever, using these or being able to invest the time at them to be able to build the trust required to provide the support that they were commissioned to provide.

It **"Takes a lot of time and conversation to understand how the communities work",** time that countywide projects often cannot put to an area. A social care staff member said that they often **"hoped that the lists of activities produced by organisations would include activities in the Forest but often they don't reach this far."**

Staff and volunteers who wanted to set up their own projects felt that it was **"Difficult to start small schemes as money often goes to favourites and bigger projects that are more straightforward to fund."** One social care staff member offered the opinion that: **"When commissioning services, commissioners need to not keep going for the cheapest provider."**

"We feel that there are so many more resources in the city...that lots of help is available for people in Gloucester. It can be travelled to by only some from the Forest and even then, it is not part of their community."

Early Intervention Support

Some staff and members of the community stated quite firmly how they felt about the perceived lack of mental health support for young people in the Forest: **"mental health support? What mental health support?"** was one direct assessment. This feeling of there being nothing at all available to support young people with their mental health was expressed by some groups. One social care staff member considered how **"We get a mix of people, some with low mood and anxiety – we can signpost these to [*countywide project*] for some support. Those considered a high risk can get help from Mental Health Services. But those in the middle are struggling to manage their problems and are failing to get the help they require to stop their problems escalating and becoming worse."**

For some, the need for more early intervention support was abundantly clear. This was in reference to early intervention that could catch people earlier in age but also earlier accessibility to interventions such as anxiety management courses or wellbeing workshops where people could learn about mental health, prevention, or coping strategies and skills for managing wellbeing. A few people expressed a desire for support for individuals without having **"to jump through hoops"** or being left without so that people are forced to sit passively awaiting a diagnosis. We heard from so many people who found that they couldn't receive any kind of help or support for mental health difficulties or managing their wellbeing without a diagnosis.

On this issue, there was an expressed call for more support for people who have experienced trauma, grief, or other adverse life events, to enable them to process and cope with this so that it didn't develop into a longer term mental health difficulty. A need for more domestic violence support, or bereavement support for those still impacted on by covid, or support for people affected by trauma due to road traffic accidents (a particularly devastating killer and often overlooked cause of trauma in the forest) are just some of the examples that were mentioned in our conversations. This need for early intervention support to help people avoid developing more entrenched difficulties after they have experienced adverse life events seems to be a marked gap in current service provision.

There were many statements about the need for mental health and wellbeing support that help people earlier in their journeys. There is a desire for accessibility to mental health support that enables people to begin the work of managing their mental health and wellbeing earlier and therefore reduces the risk of people opening themselves to exploitation, turning to unsafe experimentation, substance use and self medication. Current support that seems to help people prevent their difficulties developing into more entrenched and complex problems appears difficult to access: **“There seems to be a lack of help right at the beginning of mental illnesses and it is treated by being offered antidepressants. They should not be used for too long and may not actually suit the condition.**

There needs to be more investigation into why a person feels like they do early on. It is too easy to get medication, some people don’t want to be numb.”

“Difficulties are often created by a lack of funding at the early stages of illness. More funding, more time, and more personal contact at this stage is needed.”

On the need for early intervention for young people: **“For CAMHS there is currently a 12 month waiting list.”**

“The youth support team is targeting Tier 3 mental health support e.g. psychosis. Tier 2 support is offered by Teens in Crisis. I would like to know who is supporting tier 1? Could we be using services better? Should the funding be directed towards wellbeing here?”

“There are huge waiting lists in young peoples mental health services, young people and families need help. It is difficult for families to pay for private help because of the financial crisis, overall, all of the services are stretched. The Forest of Dean is particularly high at the moment with referrals to counselling for young people. There needs to be another service. We need some organisation to step in, to offer support in the waiting period. What would that look like?....at the moment there is a severe lack of youth services.”

A young person suggested that **“School and mental health are difficult subjects and it has been said that many young people don’t use the counselling services available at school because they are not considered independent enough. In fact, lots of kids are just dealing with this at home.”**

Some potentials for responding to this need for early intervention were suggested by different members of the communities that we spoke to. In fact, it became apparent from very early on in our scoping exercise that the topic of mental health support for young people was an area on which many people had ideas, opinions, and was an area of specific concern that people had a particular eagerness to address. It was clear too from early on that as such a massive subject, this would inevitably require more attention than we could fully give time to within the timescales of the My Networks scoping project, and could be returned to look at in greater depth at a later date.

Some of the communities' insightful suggestions around this topic included:

We need **"Community support that can effectively stop people needing to access higher level services."**

"We need more youth mentoring services. Mentoring young people with ACES. Training which tries to reach people young people on the verge of criminal activity."

"I just needed to have connections, though without my parents being around."

"Peer support works well with the patients we support. It's important how they have travelled together. It is this initial level of support that is really valuable for introducing people to opportunities. We no longer have the stepping stones to recovery, or someone they know and trust to go with them on their journey."

On supporting the mental health of parents and infants:: **"Care of mental health should start at the beginning. What I don't agree with is that tiny children are taught to mask their emotions. Toxic masculinity. Reward stickers if you behave like a strong boy, don't cry etc. This is not healthy! We need to tell our kids it's ok to feel cross, angry, and sad and are able to share this. It is really helpful to understand why we feel the way we do."**

"Language we use that refers to child birth is derogatory, and can be disempowering.

Parents have insufficient knowledge. When we gain knowledge this helps to build confidence and eliminate fear.

We need to start right at the beginning. We know that the mental health at child birth and expectation has an effect on our citizens.

We need to change the power dynamic. It's very unbalanced."

"Need to support young mums and dads. Do not overlook families. Challenge the norms."

On carers: **"Carers can manage a crisis for 3-5 years and when the problem exacerbates the carer can become unwell and unable to assist the person being cared for. Lack of support early on leads to crisis later on.**

How do we learn to look at the whole? We need to rather than compartmentalise care and support we need to look at the whole. Need to understand why people are behaving in a difficult way, what is behind the unwillingness to seek help?

There is a gap between the real person-centred approach and a declared approach. You need time and real funding to enable this approach to really support an individual."

And for youth workers:
"We need:
Lessons in schools – an overview of real mental health issues
Education around real symptoms of mental health issues
Community support/support groups in the community
Many do not feel qualified enough to deal with mental health issues so more training on mental health should be available for youth workers
Youth workers/community workers should be given enough training to understand how to support and more information on where to signpost young people
We need support to enable youth workers to be able to deliver counselling/mentoring rather than referring to time limited therapists as the rapport is already built with us

We need better community awareness around young people's mental health – more resources/groups/schools and seminars."

"Why are we not in schools teaching children about their feelings and self-management and understanding their environment and why these are normal responses. We need to look at lifestyles, developing more healthy eating and understanding the real effect of poor diet."

The Need for an Open Access Service

Another aspect of the theme of accessibility, and another recurrent topic in the My Networks conversations, revolved around the need for a service that responded openly and flexibly. Not only addressing physical accessibility to services, but addressing exclusion for other reasons. On some occasions this would give rise to a call for an open access support service, a service that didn't require people to be diagnosed first to receive support. We need **"an open service, not just accessible for those already diagnosed."** As there are currently "**Long delays in being able to access services/support":**

"There seems to be an unwillingness to give a diagnosis. What doctors don't understand is that you need this to be able to get any support at all."

For others, the exclusion may come from not wanting a diagnosis, but still needing the support that a diagnosis would open doors to:

"Just having a place that we could go to talk is important. I would love an open place that I can go to and say I'm having a crap day. That I don't have to have a diagnosis - it is pretty obvious when I am ill, I don't need a label. At the moment, to get help you need, you have to accept the label which may affect you later in life.

The first step to recovery is admitting we are unwell, but we don't all want the label. We just need this to access services.

If you have a certain diagnosis and submit to lots of medication, there's lots of stuff that comes attached to it. We need to understand and support this associated change not shy away from it. From a faith perspective this is not the right approach. We should be neighbours."

“It’s positive that the Dursley (GL11) model does not require people to have a diagnosis to receive support. This allows much better access. There has been some great work in Monmouthshire at the moment around the low level community response and how this can support people’s mental wellbeing. We need a better understanding of not one thing fixes all.”

A number of times people expressed the need for a service that didn’t just privilege **“the few”** or the same geographic areas in the Forest, others hoped for a service that didn’t require people to wait on huge waiting lists for a limited series of sessions, only then to be left with nothing as a follow up, top up, or continuation:

“[*local youth counselling service*] offer great support for young people but for such limited sessions and then it’s over. It helps to develop hope within the family network and then this is dashed. Resources are definitely an issue.”

“Young Peoples mental health services offer limited sessions. We found these were not providing the tools to manage the problem, there was just an emphasis on checking in, rather than actually making sure that someone was able to move forward. Younger age ranges are now aware of mental-health issues, but there are long delays in being able to access services or support.”

“Many young people feel they are on a conveyor belt because there is no offer of long-term support. Support is often limited to six weeks, which is insufficient time as workers need time to effectively build the relationships and trust to make the help effective.”

“Often many agencies are involved and still not managing individual needs. Referrals are made to many organisations and then the individuals are seen and moved on after a period of time and the case is closed. For further assistance, they often require a re-referral.”

“Length of access to services needs to be looked at. [*Countywide project*] are only involved for a limited period because the cases need to be closed. We get re-referrals, a perpetual cycle and the feeling of a lack of support.”

Linked to this, is the understanding that people may find it difficult to feel safe enough, or connected enough, to make use of the support that is offered in the beginning. It can often take people time to develop relationships and feel safe in walking alongside others (more on this theme later). People are not always able to make use of support at the point that it is made available to them, or know about accessing the support that they really need when they aren't sure what this could look like:

"There needs to be a greater understanding of need at the initial stages. A person currently needs to be compliant to get help. I knew if I missed my appointments I would be considered not engaging with the process. However, this may not be the right process for me and compliance will not necessarily result in me getting the help I need. Also there needs to be an awareness that missed calls and appointment does not mean unwillingness to engage, there could be many reasons for this."

"We need lots of taster sessions. In the past, these were so helpful to introduce people to social activity, it gave them choice and the ability to dip their toe into the water without the need to commit. "

"Would it be helpful for there to be more availability of services that you can drop in and out of? The ability to do this without sanction would allow people to engage at their own pace and with activities that better suit their own needs at that time. There's a loss of flexibility of service, people need the space to explore and take control of themselves into what they want to do. *'I want it when I choose to go.'*"

"We need to consult with people and provide an open access service which engages with those that are hard to reach or isolated."

"Everyone is different, and one approach does not fit all of us. Some would prefer one to one support, others a combination of approaches."

"We need to offer practical and flexible support. Many people feel that current services are too prescriptive and not for them. We need to offer greater accessibility to more, to allow better choice."

"Need an open door, something that is always open and to be able to refer to the services that are right for them."

"Flexibility and open-endedness is a safety net that reduces pressure of leaving or being discharged from the services. We are too complex as humans to be put in boxes, we need that open-endedness."

Need for support with addictions and mental health

In many of the My Networks conversations this need for open access support was particularly sought after by carers, professionals, and members of the FoD communities for individuals who were experiencing mental health difficulties but were also dealing with addictions. Frequently it appeared that those self medicating their mental health difficulties with alcohol or illegal substances found it difficult to access support for either their mental health or substance use. The lack of support for this population was in the background of many of our dialogues with carers and those employed to support people locally.

"Dual diagnosis cases are difficult to fix up with a service. They get thrown between the difficulties, there is no holding place. Services increase people's trauma by sending them from one to the other."

"Situations are frequently exacerbated when drugs and alcohol are involved. As Police we advise what people should do but there is only one place to refer people to."

"Currently there is no provision for people with dual diagnosis addictions and mental health problems. They are really struggling with being pushed from pillar to post. It's becoming a bigger and bigger problem. A few years ago someone with such dual diagnosis was rare, but not any longer. What do we do with these patients? The services are really failing these people."

We need to **"Look at ways to support those with multiple needs, not to exclude support around drug and alcohol use. Levels of support have been severely diminished and purposeful support mechanisms need to be established."**

"Stigma hugely affects the willingness to take up assistance. I would like to know how could the system be made easier? At the moment it isn't working."

One carer stated, **"I want to see a service that reaches those with drug and alcohol use and mental health challenges. The problem with my son is long term, dual diagnosis substance abuse and mental health problems. He has never once had a proper interview with a psychiatrist, so we have no trust in the system. We have been stuck for years in the same position resulting from a lack of provision.**

We need the realisation that substance abuse and mental health problems are related and should be managed in tandem."

Some suggestions of ways we might respond to this were put forward by members of the community:

"Understanding the use of drugs and heroin, ketamine, cannabis. The impact of increased cannabis use for young people would be helpful . Training around drug and alcohol use for everyone, and understanding what is trending would be helpful."

"The drug and alcohol support service needs to be better and more robust."

"We need an NA or AA in the Forest."

"More groups and peer mentorship"

What appeared to be key was breaking down the barriers between the 'either/or' mentality of accessing support for either mental health difficulties OR substance use (and frequently not being able to access either anyway); and shifting to a service that can support 'both/and' aspects:

"We need to look at ways to support those with multiple needs, not to exclude support around drug and alcohol use…purposeful support mechanisms need to be established. Need for destigmatising around this, but also the need to include older people as well as the young. Practical and flexible support for staff working in the field as well as those they in turn support. We need more support for addictions."

In the My Networks conversations we spoke almost exclusively with individuals who worked with, cared for, or in other ways supported people across the Forest communities with addictions. As with the extra work to get a better picture of what is going on with young people's mental health in the Forest, so too I believe that we need more work that engages and includes the voices of those with addictions; recruiting people to form a response to what they feel is going on and what is needed to support them better with their mental health and wellbeing, with either abstinence or with harm reduction locally.

Theme 3

Connectivity

"There is a big problem with connectedness, between services and between individuals. Knowing what is out there and safe, knowing what can actually help, is so important."

In the My Networks conversations we met many people with the need for connection and heard numerous calls for a better connectedness of services; calls for the creation of more opportunities to 'get together'.

Information Sharing

It was highlighted that professionals found connecting with other agencies to be a challenge, due in part to the (important) regulations around data sharing, and issues with lack of communication:

"Often people will seek help from us, and know that we are the main contact, but there is no sharing of information. Is it GDPR related? If so, should GDPR stop people getting the information they need to be able to provide the right kind of help? We understand that no-one wants to get sued but if you have a purpose to share that information then this should take place. Maybe a universal consent form would help?"

"We need communication that is better. People should know what everyone is doing and residential homes or other services should fill us in on what is happening. We don't get communication."

We heard a brief case study from a tenancy support worker that suggested a need for better connectedness between services: **“a person who was receiving domiciliary care was taken to hospital. This information was not passed on to the Housing Association, who because of lack of contact and non-payment of bills, was issued with notice to leave. There was no communication between the various services that cared for the person. Confidentiality had impaired the passing of useful information within the support networks. The services are not linked up and this caused debts and evictions and unnecessary hardship to an individual who was already vulnerable.”**

Referral problems encountered by professionals and carers were noted a number of times:

“In order to make referrals to support organisations we are faced with many questions to answer and sometimes we are not party to in the information that enables us to fill in the forms adequately. We will often tell people to self-refer but they often need more help than we can give to be able to do that.”

“Referral paths need sorting. What I would want in a service is to have a central physical place that is open lots of the time and there are workers there; a point where you can leave your name and contact details. You can talk at a low level, possible a crisis management level. But just someone generally being able to signpost would be helpful.”

“Currently it is difficult to connect children who need help because of the referral processes. There are too many hoops to jump through.”

Running parallel to this issue was receiving feedback about such referrals, which was keenly felt by some social care professionals:

“It can be difficult to know what the outcome of referrals is. Information is often tightly held.”

“Feedback about referrals would be useful. It is also really valuable to know how our service is received…we close the case when we have referred and it is helpful to know how and if the need has been managed.”

“We don’t get feedback. We have supported someone to get help for poor mental health but we don’t get any response when they have been discharged and don’t know what is going on.”

“Feedback is really important. Just to know what has worked with a patient, even down to affordability of activities, discounted prices and finding a way in to continue with the help and support people need.”

Calls for better communication between groups and services and the desire to work in more joined up ways

In terms of the recurrent theme of connectedness and the need for better connections, many stated that they felt there needed to be more opportunities for services and social care professionals who are meeting individuals with mental health difficulties to get together and talk, support each other, share information, and work in partnership:

“We need to stop working in silos. Communication is not good between organisations and between us and primary health care. Useful to have a quarterly check in with relevant teams.”

“Could we have a more joined up community? We need to talk and share. We need more connection. If we were all doing something, if we all knew what each other was doing, we could all reach a wider number of people. We don’t talk enough.”

“We need to develop different networks of support workers to understand each other’s work better and to use their connections and knowledge better.”

In the focus group held with the police, one participant remarked how they wanted to be included in local meetings, they wondered: **“Do we need area-wide groundworkers meetings where we are able to address more complex mental health crisis cases? This could include suggestions around a shared approach between the relevant parties, group management of 10 cases between the services with a monthly meeting that shares the responsibilities.”**

“There’s a feeling from some services that ‘You’re their problem now. Don’t come back here.’ Silo working. We need a more joined up approach. We used to have forums where professionals and volunteers could come. We need those back and we need to meet on a wider level. We need to create spaces where people can support each other. Working in partnership with others, informing enabling inspiring and empowering people.”

From mental health workers on the topic of connectedness we heard that there has been some good joined up working in the past, and people are keen to reignite this approach:

“In the past there were better connections between organisations…we could co-work to support organisations together. There are now new organisations and we don’t quite know what they do and how to reach them.”

“We have lost the joint working”

“We have a Social inclusion programme which allows people to go to the same things as everyone else, the truth is that people may not wish to attend these, not being welcomed and feeling stigmatised. We need to know more about the groups that are out there so that we can move people on safely.”

“As clinicians, how can we support third sector organisations. I would love to work with organisations within the community to support their needs.”

“Connections are helpful. You know who to go to, to ask for advice. We don’t want to set up people to fail and we no longer have time to reach out to the places ourselves. It may be helpful to have one reference point for professionals who work for different services to meet up.”

“We used to have forums where professionals and volunteers could come. We need those back and we need to meet on a wider level.”

The need for more groups, face to face contact and more opportunities to get together

“We need more face to face, human contact.”

This theme of creating opportunities for people to come together more and connect with each other; the need generally for more groups and activities that are inclusive of those with mental health challenges, was a topic that arose in many different ways. It is in some ways unsurprising that this topic should be preoccupying people so much following a pandemic, but it is the overwhelming number of people calling for connection and showing this through their engagement in the project, through the steering group meetings, that particularly struck me. Most of the focus groups could easily have continued beyond the allotted focus group timeframes, such was the desire to get together and just talk.

At the start of the My Networks project I had given considerable thought to how we might engage those who would not or could not talk in a focus group setting, considering how we might use the arts to enable co-production and to better engage the diverse communities in the Forest. As it transpired, the need to talk and come together, to connect with each other again was such, for so many people, that the act of simply coming together and talking in the focus groups seemed to be precisely what was needed by many.

"We want to see more faces. The thing about Covid is the enforced isolation. It's nice for someone else to make me a cup of tea. Simple acts of kindness which comes about by meeting each other face to face have become so important."

"We need real connection for those with mental health issues who can feel distant from others already."

"Conditions have become highlighted by the isolation of covid. We know now that most of us just need a friendly ear or a chat, this may reduce or slow the slide down the slope."

A sense of appreciation for the opportunities for connection offered by local businesses and everyday spaces during the Pandemic lockdowns and stories of how local groups and businesses stepped in to help people feel connected and to offer valuable peer support arose throughout our conversations: **"the local shop staying open in Coleford during lock down helped many as they could still make limited but essential face to face contact with people, which was really important. Many of us came to appreciate how important this is."**

The desire to retain the momentum of this renewed appreciation of connection came up when it came to young people:

“Post the easing of lockdown, many people have been saying how difficult things have been and now things have changed…young people are now reaching out to each other, shared experience has made some feel more connected. This could improve support for each other.”

It was felt that there were some other opportunities that had arisen out of covid for the wider population of people suffering from mental health difficulties too:

“There seems to be a positive effect on some individuals. Neighbourly connections may have increased, people have set up the WhatsApp groups and are possibly working together a little more than previously. This may be why people are more open and willing to engage with your scoping project.”

Despite some apparent positives around connection, opportunities, or the positives of a mood that could be built upon, there was also clearly much damage and depletion caused to people, to families, and the provision of services and groups over the last few years of uncertainty and pandemic:

“There is so much isolation; but there is also a need to get together after this lockdown. It has created problems for many.”

“It’s great to have the class here but we did more socialising before. Covid has knocked a lot of it on the head, we no longer have coffee here or a meal with bowling.”

“It feels that lots of resources around arts and craft are no longer accessible, we used to use the leisure facilities at White-mead Park but no longer have a way to access what is there.”

“Covid had a big effect on volunteering and offering that extra support. Lack of funds, lack of time and others worried about inflation. “

“We need to address the stability of support staff and lack of volunteers since covid. There are too many changes of personnel and levels of service that have been significantly reduced. How can us carers fill the roles of those previously paid to help? Provision is hard to find.”

“So many services have been cut and now there is an unreasonable level of stress on carers and on the remaining services.”

In terms of connectedness, many people had something to say about digital inclusion and exclusion. Opportunities were opened for some by the move to digital during covid, whilst others found themselves even more isolated and in need of support to navigate the increasingly digital world that has surged into all of our lives over the past few years.

“The digital divide is huge. There is still great difficulty in getting the services your need and this can create its own distress. We need to connect with others to gain better access to digital awareness.”

“People are encouraged to go online to access their help. Difficulties with accessing services online can make things worse for people.”

Ideas abounded in our conversations about ways of responding to this (alongside the acknowledgement that for many people the issue wasn’t being ‘unable’ to access online support, but rather that they would always *choose* a face-to-face option because of the feelings of social connectedness it afforded). There was talk of how good it would be to connect young and old for mutual benefit, with the young teaching the older generation how to become more digitally confident and aware, while someone else felt that there is currently a **“peer niche for elderly people with mental health challenges. I would love to get the elderly and the young together. Older people who are widowed and lonely could work with others to enrich their lives. Someone who themselves had been a parent could support a young parent who needs an extra pair of hands, or just someone to share a cup of tea with.”**

Peer Support

Many ideas have arisen during our conversations on the topic of peer support, and the theme of connection arose throughout the My Networks conversations in the amount of people identifying a need for, or wanting themselves, to set up a group. We heard many calls for more groups and safe opportunities to get together. There are clearly many who would like help to set up their own groups for aspects of recovery or different lived experiences. Others want to bring people together around activities and interests in a way that is inclusive of those with mental health difficulties. We quickly began meeting people who wanted to set up everything from bipolar support groups to carers support groups or skills training for young people in schools.

There was clearly a call to create more opportunities to support each other, to have spaces to discuss mental health. Places where we can engage in meaningful activities together:

“We would like to see more support networks…because of the lack of these we are holding all the complex cases.”

“There is less and less social interaction, these were the kinds of things that often linked the community together. We need this connection back.”

“We need something that connects people, somewhere that people know where to come for support.”

“Where the community are getting support groups together, people feel less isolated. This was the way that people always dealt with this, we need to restart these groups.”

“We need opportunities for young people to get together in reality. The pandemic has encouraged young people turn to phones for friendship and they have forgotten how to talk to each other.”

Specifically in relation to peer connections, people stated:

“We would like to offer support to help others set up their own peer support. We have been running ours for carers group for 16-17 years . We are a group of 15 people caring for 42 people. It is the peer support, the presence of those who are willing to help out, and key individuals that allow this group to continue to function.”

“Being able to offload to somebody, someone who has been through a similar experience, is really helpful. I thought I was mad because of my intense feelings. You are not mad - you are not well. I know that I don’t want to live like this, I feel a burden but at that time I was unable to help myself.”

“I am all up for peer support, I think peer support is essential but also the process of peer support has to be stringent.”

“Meeting someone who has come through it is inspirational.”

“People need to know they are not the only ones.”

“I am quite sensitive, but I was helped by someone I could relate to.”

Suggestions around peer support, and ideas around what people would like to set up, became apparent, on both mental health specific projects, alongside more therapeutic/ wellbeing approaches to maintaining good mental health. It was noted that people wanted pop-ups, road shows, and awareness raising about what is out there. Opening a creative opportunity through walking and nature, heritage crafts, and alternative ways of expressing ourselves were all recognised as important. A number of people expressed similar to the following:

“We need to look at more innovative work. I would like a place and activities that are not identified as exclusively mental health related. Places about helping people to take their bad day and run with it – we all have low mental health experiences at times. Places that start from this would be good.”

“We need to get across to GPs that a lot of groups already out there are helpful for people’s wellbeing, even though they weren’t necessarily set up with mental health in mind.”

“We need more youth mentoring services.”

“To mentor young people with ACES to in turn try to reach other young people on the verge of criminal activity for example.”

“I would like the opportunity to change the nature of perception of disability, to raise awareness. To illustrate that different disabilities work differently.”

“Can we have a focus group/hub that represent our illnesses and disabilities for when we need that kind of help, but a place for other interests when we wish to reach out and grow our confidence”

“We want to see more social prescribing options available that help people who are experiencing different kinds of loss. There are more people now who are familiar with suicide and loss and could do with bereavement support.”

“We mustn’t forget how important mentoring and 1:1 peer support can be. Sometimes I just want to go for a walk with another mother whose heart is breaking”

“There is too much emphasis sometimes upon letters after your name when giving support and sometimes it’s not about that at all –it’s just about having good people helping.”

“We need more variety in the groups that are on.”

“People come together more around food, just tea and cake is sometimes enough to bring people together.”

Alongside this, barriers to implementing such services and support were recognised:

“Funding is a route to allowing individuals who have something to offer, to share that with others. The funding helps with room hire, tea or coffee. It is great to supply these activities but there is also a balance as a provider to be able to feed your family against rising prices for the classes. Should we be looking at subsidised places to encourage people to come and make the connections. Also, when finances are stretched, people will cut back on what they feel are luxury items, however we need to appreciate that people need these places to escape to in order to maintain good mental health.”

“Would it be possible to have a Seed funding organisation locally. They could offer a set amount of time a week to work with a group of people who are community link workers. Employing a person whose role is to instigate these sessions and look for opportunities.”

“I would like the ability to participate in groups and projects. I find because of a number of illnesses and associated issues it takes a huge amount of energy to be able to join in. My day is consumed with energy management.”

Theme 4

Walking Safely with someone

The need for someone to walk safely with, and the wish for the availability of more 1 to 1 support, was clear. We will see as we explore this theme how people felt about what this ‘safe walking with’ could look like.

“There is a need for someone to walk with people. If you signpost without the physical connection then often this is not followed up. It’s difficult to manage lots of different kinds of groups, mental health recovery, recovering from addiction, not many people are lucky enough to have access to all of the skills needed to manage all of this.”

“We need to signpost people but walk the journey with them, otherwise they don’t follow up and don’t trust the information given to them.”

“We want non-judgemental journeying.”

“It’s valuing people as real people, journeying with them and helping them to find their own identity.”

The need for someone to walk safely with, whilst going through recovery from mental health difficulties, clearly links with our last theme of the need for connection and the desire to come together in groups, particularly face to face. It links too with the already spoken about need for an open access, diverse and flexible service, and considerations around the possible benefits of peer mentoring.

Attitudes to practical support, advocacy, and talking therapy were explored during the conversations that took place, alongside the need for approaches that are more holistic, compassionate, and person centred; and, additionally, the glaring need for different kinds of community advocacy to support safe travelling on a recovery journey or whilst experiencing mental health difficulties.

Calls for a practical 1 to 1 support

Many people emphasised the importance of people having their basic needs met, understandably, before anything else could be considered. This creates the need for **"practical support workers"** to be paramount:

"Deterioration around mental health is frequently because of lack of other support around housing, fuel, transport and accessibility. Lack of literacy and understanding exacerbate these issues."

"People need assistance with food shortage, fuel poverty and debt management."

"How can we support people to attend forums and meetings?"

"I wish there were offers for someone to go along to support people to join groups because anxiety so often restricts access. People don't have the confidence to make that first step alone."

"We need to offer practical and flexible support. Many people feel that current services are too prescriptive and not for them."

Practical support and its absence was particularly mentioned with respect to 1 to 1 support needed to enable those with long term mental health difficulties to live in the community and to manage their own tenancies. This seems to be an enormous gap. We heard numerous case studies about individuals who were struggling with their mental health, couldn't get the support that they needed, and consequently were at risk of criminality or homelessness:

"Police have powers to remove children from a dangerous situation within the family but there is a lack of supportive accommodation and police intervention is frequently not what is really needed."

"There is a lack of safe accommodation for my son, who is a danger to be out on the streets. It's not healthy to keep moving these difficult cases."

"We would like to see a pro-active agency which can help people to move on to more independent accommodation. Some people don't have the skills to manage their own home. They are often put into warden-controlled properties that are no longer really warden-controlled."

Talking Therapy

We met with calls for talking therapy, counselling, and time limited therapies less than I had anticipated in our scoping exercise. We also met with less calls for ‘buddying’ or ‘befriending’ than I had envisaged, though people clearly did want to connect with, talk to, and to be heard by others. Suggestions around counselling were encountered on a limited number of occasions:

“There is no face to face service here at present, this is an important option. There is a service in Chepstow called Base Camp Counselling. A low cost counselling service may be worth exploring in the Forest.”

“Mental health support groups should have an appointed counsellor. Ours stops in November when we run out of funding to access this mental health support. It has made a huge difference while we have had it. Phone and zoom support. We have found the video calls really help.”

“We heard from a number of people how counselling could work for young people but provision and time was limited.”

Experiences of the benefits of CBT locally ranged from those, such as myself, who found it extremely useful; to other individuals who felt that it had made them feel much worse. Some people had very strong feelings about therapy:

“Social identity is based in the quality and quantity of our social connections. 1:1 counselling can often not be the appropriate response. Increasing connections could work just as well at this lower level of support.”

“We should not offer therapy but activities that are therapeutic.”

Compassion

What was clear, however, was that although talking therapy in itself wasn’t deemed the most important factor currently, a *therapeutic approach* to working with people was key. Many people were calling for support that was compassionate, holistic, and person centred. People want to talk and to be listened to:

“Many people that are struggling with their mental health feel that no-one will listen to them.”

“We want someone who is a real listener.”

“What needs to be added to current support out there is a holistic approach – mind body and spirit. We need sustenance for these different areas. People need different listening skills which encourage people to grow with a 1:1. Talking to them but not colluding with them. Need to understand the need to develop the individual.”

“We need to put something into place that is person centred, with advice and guidance to right services.”

“A person-centred approach could simply be walking clubs, crafts or baking.”

“There is not enough variety or a person-centred approach which allows experimentation with our responses.”

“For me the turning point was when I went to the church and I realised when I heard the choir sing ‘This is Me’. It reminded me that I should be accepted the way I am. I have always felt that I can’t be me because if I am people won’t like me. Now I know I can’t change other people’s attitudes, but I can change my own.”

The need for a compassionate approach, and to develop compassion towards ourselves and each other on recovery journeys, was highlighted a number of times:

“What is needed is to love people and accept people without judgement.”

“Rather than compartmentalise care and support, we need to look at the whole. Need to understand why people are behaving in a difficult way, what is behind the unwillingness to comply for example.”

“There can be a gap between a real person centred approach and a declared approach. You need time and real funding to enable this approach to really support an individual as it is meant to.”

Advocacy

Due in part to the belief that this kind of person centred, compassionate, open-ended support is sadly often lacking (due also to the difficulties navigating support) there were numerous calls for a 1 to 1 help that involves some form of community advocacy for people with mental health difficulties:

"If you are struggling with mental health, you need someone who will fight your corner because at times you may not be able to speak for yourself."

"Without outside support, people are often anxious about navigating a referral process around a specific issue. People need help to understand and link with services better, this could save a lot of conversations which can heighten anxieties."

"I wonder if there are less advocacy services because the family or other friends step in to offer support? This can put pressure on relationships. Advocacy should be offered as a matter of course. Advocacy should be available to allow someone to help with decision making."

"An individual can often feel that there are discharged far earlier than is safe and comfortable."

"Services need to look at providing graduated change when discharge occurs. Many feel that they have been dropped and feel more vulnerable as a result. Advocates could help with this."

"There needs to be more advocacy in the community, advocates that support people to get the services they need. I ended up doing advocating for other people. If you know the system, you can help others."

"I use advocates as much as I can, but they are hard to get hold of."

"Advocacy is a massive gap in community provision."

"Advocacy needs to be available in the community, currently there is none at all."

"We need advocates in different areas who can say this is what's happening here."

We encountered calls for more advocacy support for parents and when working with social services:

"I'm not likely to get in touch with social workers. There can be a social responsibility for getting people to live in a way that is not suitable for the individual, not their choice. Sometimes people want to be more independent than they are allowed – are held too much by social services."

We also met with a need for advocacy and mental health support for specific groups living in the forest, such as Ukrainian refugees or seasonal workers. These groups are at risk of poor mental health as they are away from home, not able to speak English as a first language, are working in the area for long periods of time Particularly in the former case, they are contending with enormous fears about their future, their country and their friends and families back home.

There were calls for more LGBTQ+ advocacy:

"Provisions need improvement and especially on the LGBT front. I feel passionately about this."

"I was asked to intervene to assist a young person with suicidal thoughts brought on by the hormonal changes associated with gender reassignment medication. The individual and family needed to make difficult decisions because of treatments and inherited disorders, therefore they needed to be able to receive full advice around any issues arising and to be able to make their own informed decisions around treatments. Furthermore, they needed help to make certain that these decisions were respected. I had to help them."

People seemed to need more advocacy support to negotiate the process of diagnosis, which can leave people passive in their recovery and dangerously waiting, without any support at all for long periods of time:

"Almost every mental health challenges has a co-illness. Most psychiatrists are playing a guessing game. It is so difficult to label. The only way to support people is to hear the people's voices. It is essential to listen carefully."

One area that was very much on the mind of many who we spoke to was the difficulty accessing support for people during a crisis. People reported so many stories of how they had reached out when in a mental health crisis, and found themselves held primarily by the emergency services, their landlords, or carers and immediate family members.

The need for advocacy to access support whilst in mental health crisis seems overwhelming, and links strongly with the need for early intervention, open access support discussed in a previous theme:

"There are problems with the Crisis Team. It is a lottery as to whether an individual gets sectioned and then a limited response to crisis. Each clinician who meets the individual requires them to tell their story again. This often results in greater anxiety and a feeling of worthlessness. There is an answerphone response on the Crisis line. It seems that the crisis line is in a situation of crisis!"

"When you are in crisis it is really difficult to cope and find a solution. This takes all of your time and energy to find a way out. Current crisis support does not help at this stage."

"I have been asking for support for nearly three years, but is it the attempted suicide that will actually get me help."

Tenancy Support workers told us**: "tenants have been told by the crisis teams that they need to sort their housing first, but their Mental health is significantly affected by the housing."** People seem often caught in double binds such as this. These are often associated with health inequalities and adverse life factors that people feel are excluding them from accessing support in crisis. Likewise, people with complex emotional needs diagnoses reported how they struggled enormously to get support when in crisis. More work clearly needs to be done looking into what is going on with mental health crisis care than we could do in the timeframes of the My Networks scoping project. In the meantime, there is clearly a need for a form of 1 to 1 support that can help people negotiate the difficulties accessing such support at these times of emergency and desperate need.

We also heard how people required advocacy to negotiate services, groups, professionals, or systems that were less than safe or were experienced as abusive:

"As for benefit sanctions and systems, they are quite draconian with a 'one strike and you are out' approach. This is not a process that is appropriate for individuals with mental health challenges. Appointments with Mental Health services and Universal Credit can clash and an individual can easily be struck off from either support network. It's counterproductive and it is not a fair system."

Advocates to help people access support or to negotiate the groups, techniques or services that they were exploring to enable their wellbeing seemed particularly called for. The ways that 1 to 1 and group based support can sometimes go wrong, and the importance of any support being safe, with suggestions around how to ensure this, were all explored throughout our conversations.

Safety

When the issue of safety arose in the conversations, we encouraged a rich exploration of this. This was in part due to a longstanding desire of my own to understand more about people's experiences of peer support, and its possibilities or difficulties for implementation in the Forest. This stemmed in part from my own tentative explorations into peer support in the Forest when I had started to experience anxiety again, before the Pandemic; partly also from experiences working in a previous job role. I felt that my own explorations had risked causing me more problems than they had helped with. Seeking peer support and recovery opportunities felt markedly more unsafe compared to the recovering communities I had known whilst living near to Rethink and Mind projects in Brighton, High Wycombe, Wolverhampton, Sandwell, and the Black Country.

I wanted to know more about the safety of peer support in rural areas. In recent years I had begun to think more broadly, with a more informed perspective, about peer support than I had previously. Any prior notions of peer support as a panacea had been challenged during my recent mental health struggles. I had hurried back to my already established (if now geographically far flung) safe peers, they helped me to reconnect with what was important to me recovery wise with their support when things got difficult.

We heard a number of times how **“groups and organisations have arisen in the pandemic out of necessity, and therefore there has been nothing to support these new services, especially for volunteer organisations encountering mental health crisis. We are now asking what are the risks to ourselves and others and how can we do this safely as we return to normal. Peer support has actually filled many gaps during the pandemic but it needs to be safe.”**

“I feel that a lot of the problem is that the people paid to do the job don’t have the faintest idea what they are doing. People who have not done the jobs that they are paid for, or people doing jobs that they are unsuited to has resulted in the lack of support being available to people in difficulty. In my experience this happened to my grandson. He has been put into places that are dangerous and harmful because of this.”

“Do not go into facilitating these groups while you are still poorly. As a leader that can be really difficult. Sometimes people deliver peer support when they are not ready. They do it as a distraction from difficulties. This is not a good move and there needs to be honesty with ourselves about this. “

“In setting up safe and supportive peer groups there are things that need to be continually worked on. Supervision and training for peer mentors is important.”

“Good peer support should be about looking beyond the misery. When the stone is dropped that is the moment of impact, but we need to learn how to manage the ripples, the effects of illness.”

“Not all groups will suit everyone. In all peer and support settings it is important to have good boundaries in place. Important to establish rules. When these are not clear it can make a place unwelcoming and off-putting.”

“You need to have boundaries that stop allowing some who attend groups to sink others. There is so much to consider.”

“It is really important within groups that there are other people along their journeys at different stages, to know how the journey goes.”

“There also needs to be an understanding that there is an importance in holding gender specific groups, this can allow some to feel safer and more able to share their experiences with others. These can be good for vulnerability and fear.”

“Parent support groups can often be exclusive – too cliquey but we also need to understand that different groups do have different identities.”

“For smaller, informal groups there needs to be a positive effort to be welcoming, hosts should be stressing a welcoming message and equality. They can re-set the tone. Needs to be part of the leader’s role. Also, it is important to have an advocate on the team. Should there be an inbuilt rota of responsibility? A different person takes on the welcoming at each session but that this role is always in place.”

“It can be beneficial in these settings if role of responsibility are assigned, as this can build connectivity within the group.”

“Frustrations arise with people being interested but no-one being willing to help. Small organisations need outside support but with the understanding that people have the skills to enable them to be successful, they sometimes just need the confidence and back up to succeed. Luckily when everything falls into place and the skills are shared it works really well.”

In terms of safety and our community response we heard that:

“Groups often need a bit of backup to keep going. Over Covid and before Covid this is the case.”

“We need to get people together to talk then stay in the background to support when needed.”

“It would be useful to have resources that reassure that a space is safe-quality assurance and the social prescribing quality mark for example.”

“Lots of organisations have set up organically and are not obviously on the radar. There is a need for a Positive Care register.”

“We need a service or someone with safeguarding, common sense, and boundaries, and an understanding of when you are in over your head. A humility about this.”

“We need safe and welcoming spaces. Need DBS and insurance checks.”

Bearing this in mind, our steering group discussed what would have to be in place for a community response - what would we want to see, to be reassured of its safety enough to confidently refer a loved one to it;

The steering group responded that they would want to see:

- **People that care and take responsibility**
- **Shared values and purposes for any collective network**
- **Lived values**
- **Trust, transparency, confidentiality**
- **Caring and compassion**
- **Collaborative working together**
- **Non-judgemental practice and being together**
- **Safety awareness and adequate training on safety**
- **A boundaried response, knowing what you can and cannot do and when to refer on**
- **Input from appropriate professional bodies where needed**
- **Own code of practice**
- **Would need policing policies in place including robust structures for whistleblowing and complaints**
- **Accountability, lone working policy**
- **Kite marks rather than a professional body registration**
- **We need to have the time to build up trust, we cannot rush it**
- **The point of being part of a network is that people are not stand-alone islands, we bear witness to each other.**

Community Response Proposal and Recommendations

Proposed Beginnings and Setting the Foundations for our Community Response

Recommendations for where to start with a community response that addresses these findings

1) Continue using action research to build the community response through the mental health steering group. Create a Forest-based **mental health network or alliance**. Those interested in being part of the network to begin meeting to explore and develop what each service or group needs individually to support mental health with more confidence. This is so that I can begin getting to know everyone in the potential network better and can begin seeing how I could support what is already going on with various projects. Through this we would get a better idea how much of what people have asked for in the report could be covered by expanding or extending what those in the Network are already doing or wanting to do. Through this we will see how we can build upon existing capacity to continue setting up our community response to the My Networks findings; and hopefully we will find out how much in the report could be covered by existing supports building upon their existing capacity. With support, this will, over time, reveal if there are still any gaps that need covering regarding mental health provision.

2) Build up **information, and a collection of up to date and useful mental health resources**. Develop a **resource backbone for our network and community response** and for the people who approach us for support. Gather toolkits, self help resources, a variety of recovery and crisis plans, best practice guidelines for groups and projects, information leaflets on mental health difficulties, and information about aspects of health and wellbeing or advocacy. Group and session facilitation aids, books on prescription, and recommended self help works could be included. This would be useful literature, resources, or academic works that can be booked out and loaned

by all members of the communities connected to the network. Work with the mental health steering group to guide what resources we acquire and would be most useful.

3) Begin facilitating more **discussion** sessions and **meet ups** (separate to steering group sessions) such as monthly **special interest groups** on themes or topics relevant to both mental health difficulties and supporting people with them. Topics relevant to and useful for building up a community response, and also topics on recovery and dealing with mental health difficulties that those with lived experience living locally would find helpful. Build a programme of discussion topics and themes with the mental health steering group that might be helpful to explore when building our community response. Set the foundations for the community response. All of us in the network chipping in with our unique knowledge and specialisms to help to develop and deliver sessions on topics and themes decided by the group. These could be based around individual passions around mental health, special interests, and specialisms in mental health and social care so that we can discuss and learn from each other.

4) Connected to this resource hub, we could develop online help and resources. For example a monthly email, a website, or Facebook page. We could begin communicating and advertising local mental health initiatives that are being facilitated by services and groups who want to be part of the network/alliance. We could begin exploring a directory or website of current FoD based supports. This would be building upon A Heart Shaped Place connections as part of the resource hub.

5) Begin **defining mental health drop in spaces or venues connected to and facilitated by this network**. These should be spread out as much as possible across the forest, geographically and demographic wise, this will be an ongoing and evolving endeavour. These drop ins would be places where people can present for support with their mental health difficulties in confidence that they will meet with a sensitive and effective response.

6) We should also continue looking at what independent funding we can apply for as a network or alliance that manages a system such as this.

7) Continue working with and **supporting the Community Mental Health Transformation** to see how we can build our network alongside it or in partnership with its aims. Try to keep up to date with, and contribute to, these cultural developments, shifts and funding opportunities that could make a massive difference to mental health support in the forest and are arising though the transformation programme.

8) Continue looking at **safe space** and safety structures for a Mental Health Network or Alliance.

9) Begin building up a **volunteering policy and supporting the set up of new peer support or peer advocacy** groups and projects that people identify that they want to begin working to build up and learn how to deliver. Support and build on existing groups and projects who have stated that they want help to support those with mental health difficulties more confidently.

10) Begin building up a **volunteering policy and set up structures for both group facilitation and 1 to 1 recovery and peer advocacy work to support what we are doing.** This is so that people with lived experience can help deliver training, can volunteer specifically as a mental health champion from within a network member organisation, or can set up a group with governance, support, supervision and training linked into it.

If you want to work together to take this forward and build a community response to what is in this report, if you want to get involved in taking forward or adding to these recommendations, or have other ideas that you feel we could do to respond to what people are saying in this report, then please get in touch.

Help us to build a rich and representative collective community response to these voices.

(Simon@fvaf.org.uk)

Thanks

Enormous thanks go out to all of those people from the Forest communities who contributed to the My Networks scoping project. You made this possible whether it was through offering an insight, to helping us to organise a focus group, from offering encouraging words, to contributing a skill, this would not have been possible without you. I cannot begin to describe the transformative effect this journey has had upon me. I thank you for all that you have done toward this.

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