NO ASSUMPTIONS

A NARRATIVE FOR PERSONALISED, COORDINATED CARE AND SUPPORT IN MENTAL HEALTH

Part of the Making it Real programme

National Voices
People shaping health and social care

think local act personal

NHS England

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Introduction

This document describes some critical outcomes and success factors in the care, support and treatment of people who use mental health services, from their perspective. We hope that it will help commissioners and service providers to organise person centred care and recovery oriented support for mental and physical health, and to know when they are achieving it.

NICE Quality Standard 14 on people's experience of adult mental health services, developed with people who use and work in the services, includes the quality statement:

"People using mental health services, and their families or carers, feel optimistic that care will be effective."

To be optimistic about their care and support, people who use services want to see joined-up, preventive approaches that do not abandon them at key stages.

They want their mental and physical health needs to be addressed together in a whole person approach.

This means mental health provision sits squarely within 'integrated care', which is defined as 'person centred coordinated care' in the Narrative coproduced by National Voices and Think Local Act Personal and adopted by all system leading organisations. People using mental health services under the Care Programme Approach have also been included in the first wave of the Integrated Personal Commissioning Programme announced by NHS England in July 2014.

This document is designed as an extension of that Narrative, highlighting some of the key factors that are particular to managing mental health and wellbeing. It offers a definition of personalised, coordinated care in mental health, agreed by people who use mental health services and people who work in health and social care; a series of 'I statements', expressing what personalised, coordinated care looks and feels like and some case studies of personalised, coordinated care in practice. The two documents should be used together.

From listening to people with lived experience of mental illness, and the organisations working with them, it is clear that significant weight should be attached to, for example:

- The need to be free from stigma and discrimination
- The strong desire for and importance of peer support as an effective and equal form of provision to clinical and mainstream services
- The potential positive impacts of involving people with lived experience in the design and commissioning of services, and in their operation
- Support for prevention and self management, to stay well and avoid crises, and
- The responsiveness of staff, services and support organisations to people's fluctuating needs – particularly so that crisis episodes are anticipated and well managed.

This narrative complements TLAP's Making it Real programme (www.thinklocalactpersonal.org.uk/MIR), which marks progress towards personalised and community-based support. Integration and personalisation are two sides of the same coin. Each requires the other.

A personalised care and support system will not be successful if it remains separate to the NHS, deals with people's needs in silos and maintains a cliff edge between health and care. Integration that addresses the fragmentation between health and care without recognising the role people can play in managing their own needs and encouraging self-determination will also fall short. This is why National Voices and TLAP have worked together on this document, alongside people who use services and people who work in health and social care.

We hope that commissioners and providers can make use of these statements to design and develop services in partnership with the people who use them.

The statements are highlighted up front and then followed up with case studies to illustrate what they could mean in practice.

A narrative for personalised, coordinated care and support in mental health:

The ‘I’ statements

Personalised, coordinated care and support in mental health considers:

Who I am

- My culture and identity are understood and respected when I am in contact with services and professionals.
- The strengths of my culture and identity are recognised as part of my recovery.
- I can find peer support from people who understand my culture and identity.
- I am not stigmatised by services and professionals as a result of my health symptoms or my cultural or ethnic background.

What’s important to me

- I feel safe.
- I have a place I can call a home, not just ‘accommodation’.
- I have support to help me access benefits, housing and other services I might need.
- My strengths, skills and talents are recognised and valued.
- I am treated as a person, not just according to my behaviour. My behaviour is seen in the light of communication and expression, not just as a clinical problem.
- My personal goals are recognised by support services. They understand the importance to me of having friends, meaningful activities and close relationships.
- I choose who to consider the people ‘close to me’, who can support me in achieving mental wellbeing.
- I am able to see or talk to friends, family, carers or other people I say are ‘close to me’ at any time.
- I can determine different levels of information sharing about me with my friends, family, carers and people close to me.
- I am confident that, if I need care or treatment, timely arrangements are made to look after any people or animals that depend on me.

How I wish to be supported

- I can access support services without waiting for a medical referral.
- I have rapid access, within a guaranteed time, to recognised talking therapies.
- I have a choice of talking therapy so that I can find one appropriate to me.
- When I need urgent help to avoid a crisis I, and people close to me, know who to contact at any time.
- I am able to access a personal budget for my support needs on an equal basis to people with physical health problems: for example, to help my recovery or to stay well.
- I am provided with peer support: contact with people with their own experience of mental health problems, and of using mental health services.
- Peer support is equally valued alongside professional and clinical support.
- Peer support is available at any point in my fluctuating health – in a crisis, during recovery, and when I am managing being well.
- I am confident that the services I may use have been designed in partnership with people who have relevant lived experience.
- Wherever possible, there are people with their own experience of using services who are employed or otherwise used in the services that support me.
- My mental and physical health needs are met together.
- When I need medicines, their potential effects — including how they may react with each other — are assessed and explained.
- Where I raise my physical health concerns, in any setting, they are taken seriously and acted on.
- If I am in hospital, staff on the wards can help with my mental as well as physical health needs.
- If I raise complaints or concerns about a service these are taken seriously and acted upon, and I am told what has happened in response.

How people behave with me

- Those who work with me bring optimism to my care and treatment, so that I can be optimistic that care will be effective.
- Services and professionals listen to me and do not make assumptions about me.
- The staff I meet are trained to understand mental health conditions and able to help me as a whole person.
- Staff support me to be involved in decisions at the right level. They respond flexibly and change the way they work as my needs change.
- If I do not have capacity to make decisions about my care and treatment, any advance statements or decisions I have made will be respected.
- People take me seriously and trust my judgement when I say a crisis is approaching. I can get help fast.
- As far as possible, people who see me in a crisis follow my wishes and any plan I have previously agreed.
- As far as possible, I see the same staff members during a crisis.
- I am supported to develop a plan for how I wish to be treated if I experience a crisis in future.

In practice...

Here we set out some real case studies to support the "I" statements and show what they look like in practice.

Who I am

- My culture and identity are understood and respected when I am in contact with services and professionals.
- The strengths of my culture and identity are recognised as part of my recovery.
- I can find peer support from people who understand my culture and identity.
- I am not stigmatised by services and professionals as a result of my health symptoms or my cultural or ethnic background.

THE SOMALI PROJECT, CERTITUDE, LAMBETH, LONDON

This project, run by Certitude, is designed to bridge the gap between the Somali community and mainstream services in Lambeth. In particular the service helps people with a range of health and social issues that are affecting them and their families. The service has two full-time outreach staff who are themselves Somali. They are in a position to understand some of the language, migration and cultural difficulties people bring and offer advice, advocacy and sign-posting. The service acts as a bridge between housing providers, local authority and health services, benefits agencies, utility companies, educational bodies and other voluntary organisations. The goal is to support people who may come with a complex set of issues to become part of the wider community and gain the confidence to lead more independent lives.

Mr Askar, 49, was referred to the project by some family members after a period of homelessness and mental health problems. His mental health problems were exacerbated by social isolation, he lacked immigration documents and had poor physical health. Language was a major barrier to Mr Askar finding out about and accessing services and support. Firstly, the project worker found him a place in a hostel and helped him to deal with his immigration status. Mr Askar was then supported to find a suitable GP to help with his mental and physical health problems and was given information in Somali on mental health and wellbeing. The project worker signposted him to some suitable community activities to help him to address his social isolation.

When welfare benefits were investigated, they discovered that because of his health Mr Askar was entitled to Employment Support Allowance. Through having continual support and advocacy, Mr Askar was able to find accommodation through Lambeth Choice Based Lettings. He was supported in initial meetings with the housing officer and helped to understand his new tenancy agreement. Furniture was obtained through a local charity and Mr Askar successfully applied for housing and council tax benefits. Now he is settled in a home of his own, Mr Askar is taking up training, volunteering and educational opportunities the project has signposted him to. His confidence in using English and in communicating has improved since he took up a local ESOL course.

You can find out more about the project here: *www.certitude.org.uk/find-support/mental-health/services-we-offer/somali-project/*

QU'RAN AND EMOTIONAL HEALTH, SUFFOLK AND ROCHDALE MIND

Suffolk Mind has worked in partnership with local Muslim groups to capture good practice and cultural knowledge about Muslim mental health and wellbeing. A booklet called 'The Qur'an and Emotional Health: An Introduction' was developed over a year with Islamic scholars, psychologists, Imams and practicing Muslims. The 52-page A5 booklet is distributed to mosques, GP surgeries and community centres and covers issues such as speaking to your GP; stress, anxiety and depression; medical terms and what they mean; securing emotional wellbeing; emotional needs and resources; healing the Nafs – or the self; technical terms for non-Muslims.

By outlining emotional and mental health needs in an Islamic context, the booklet also supports health and social care professionals to work more effectively with Muslim individuals and communities. It has been introduced into Rochdale and Mind is working with Muslim communities in Bedfordshire, Hackney, Dudley, Bradford, Solent and York to use the booklet to build mental health capacity at local levels.

For more about the project please visit: *www.suffolkmind.org.uk/the-quran-and-emotional-health.asp*

MIND PEER SUPPORT FOR SOUTH ASIAN WOMEN, LEEDS

Leeds Mind is developing their peer support model to enable women from South Asian communities to access peer-led group work, within their local community. This project has been funded through a legacy left by Nasa Begum to national Mind. Nasa Begum, a senior policy adviser to the Department of Health, was very open about her use of both mental health and physical disability services.

Three of Leeds Mind's peer support facilitators are working with local community organisations Dosti, Hamara, Touchstone, Khoshish and Chapeltown Children's Centre. Plans are in place to work with young Asian females at The Market Place and Archway. By developing this work, Leeds Mind is creating new networks to take the work further.

The workshops and courses have been adapted to suit the women involved. The project has found that language is not a barrier in improving the women's wellbeing. Bindu and Sham, who speak Urdu, Punjabi and Hindi, use a "mix and match" approach to deliver the workshops to meet the needs of the women they are working with. They are delivering a range of one-day workshops including confidence building, building resilience, managing stress, while Amanda from Inkwell is carrying out creative workshops such as jewelry making, wool felting and batik. Short-term counselling is also available to women in their own language.

Adapted from *anjhanda.wordpress.com/2014/04/16/leeds-mind-peer-support-for-south-asian-women/*

MINDOUT, BRIGHTON

MindOut is a mental health project run by and for Lesbian, Gay, Bisexual and Transgender (LGB&T) people that was started in 1998. The staff, volunteers and trustees, are all LGB and/or T and 100% of the team have lived experience of mental health problems, or caring responsibilities for a person with mental health problems. The organisation believes that sharing this identity is essential to their work and welcomes everyone who wishes to use their services.

MindOut run an advice and advocacy service covering mental health and related issues such as housing, relationships, treatments, mental health law and money. Volunteer advocates help people negotiate with service providers, support them to ask for what they need, accompany people to meetings, understand their rights and help write letters. A daily, out of hours, online support service, is delivered by trained volunteers, who are ready to provide support, advice and information or signpost people.

There are a number of peer support groups where LGB&T people can share their experiences, problems and stories. Many LGB&T with lived experience of mental health are keen to meet each other outside of the commercial pubs and clubs. MindOut aims to provide a place to meet where it is safe to identify as LGB&T and as having mental health concerns. The groups are both 'closed' and 'open'. A peer mentoring project gives people with lived experience of mental health the opportunity to be paired up with a trained volunteer, who works in a person-centred way.

MindOut has an allotment in Hove that is maintained by people who use services, staff and volunteers who have regular trips to the allotment in a small group setting. Various tasks are undertaken with everyone working together to grow produce that is used, when possible, to cook at one of the peer support groups. People who take part in the allotment also have the opportunity to take produce home with them to cook with.

'Since attending the groups at MindOut it has helped me enormously. I don't feel so isolated and alone with my problems. Being able to relate to other LGBT people has really helped me' – **MindOut service user.**

To read more about MindOut's work please visit: *www.mindout.org.uk*

MOTHERTONGUE, READING

Mothertongue is a voluntary sector multi-ethnic counselling and listening service where people are heard with respect in their chosen language. The charity offers holistic support to people and professional development to staff and volunteers from black and minority ethnic (BME) communities, with clients from over 32 ethnicities and delivering counselling in 13 different languages (some through trained interpreters). The language support offered, in partnership with agencies such as The Citizen's Advice Bureau, can, for some, be the difference between settling well and integrating productively, or getting into severe difficulties. The organisation has accredited professional counsellors who speak a minimum of two languages. It delivers counselling and practical language support in over twenty languages and can offer support in other languages through trained and culturally sensitive interpreters, with BACP accredited counselling provision.

Mothertongue's Mental Health Interpreting Service is supported by Reading Clinical Commissioning Group and Berkshire Healthcare Trust and has recently provided over 550 hours of interpreting in eight languages. The Mental Health Interpreting Project enables clients to have access to appropriately trained interpreters and so experience equity of access to Mental Health services. Access to a trained pool of interpreters ensures that there is consistency of the interpreter being used for a series of consultations with individual clients. Not only do they train the interpreters in how to work in a therapeutic context, but Mothertongue also trains clinicians in how to work effectively with interpreters. As a result, clinicians and interpreters are more confident about working together and provide a much more effective service for clients, for whom, otherwise there would be no opportunity to access help in this way.

"During therapy, many times you are not in a normal state of mind, and you aren't very conscious so during that time if you are speaking your own language to someone sitting in front of you, then it is much easier in Urdu" – **Mothertongue Mental Health Interpreting Service client.**

Find out more about the work of Mothertongue at: *www.mothertongue.org.uk*

What's important to me

- I feel safe.
- I have a place I can call a home, not just 'accommodation'.
- I have support to help me access benefits, housing and other services I might need.
- My strengths, skills and talents are recognised and valued.
- I am treated as a person, not just according to my behaviour. My behaviour is seen in the light of communication and expression, not just as a clinical problem.
- My personal goals are recognised by support services. They understand the importance to me of having friends, meaningful activities and close relationships.
- I choose who to consider the people 'close to me', who can support me in achieving mental wellbeing.
- I am able to see or talk to friends, family, carers or other people I say are 'close to me' at any time.
- I can determine different levels of information sharing about me with my friends, family, carers and people close to me.
- I am confident that, if I need care or treatment, timely arrangements are made to look after any people or animals that depend on me.

TOGETHER YOUR WAY, LONDON

In 2010 two traditional mental health day centres in South London were transformed with the people who use them. The aim was to create the type of community support and activities that would lead to a greater number of people achieving independence and better mental health. The majority of people who came to the day centres had done so for a long period of time, some for over 10 years.

Michelle, who was a long-term user of the day centres said "I used Heathside [the day centre] for many years. I quite liked it there. It was a good place to go if you were stuck indoors...When I heard it was closing I wasn't happy about it… I was worried there wouldn't be any help for me afterwards. It took a bit of encouragement before I started using Your Way."

In April 2011, after engaging people who use services, staff and commissioners, the new service 'Your Way' was opened. Preventing isolation and increasing meaningful activities were the main priorities identified by people using the service. The emphasis is on people leading their own support, identifying unique goals and the service focus is on how to support people to achieve those goals and overcome barriers. Support is provided in practical steps during one-to-one sessions while at the same time connections are built with people in similar situations and with resources in the local area. Peer support also plays a big part in Your Way and can be a step into employment. The service is now based in cafes, libraries and community centres and signposts people to employment and debt advice, psychological therapies, housing support, substance misuse services and sports clubs. Drop in services are available once or twice a week for new people to find out more.

Michelle reflects on the old and new approach: "Your Way is very different to Heathside. I do miss having somewhere to chill and have a cup of tea. But I never used to have a proper one to one with staff. Now I am working towards actually doing something with my life instead of wasting my talent, so it's a good thing."

Together Your Way offers services in several localities in the UK. To find out more visit: *www.together-uk.org/our-mental-health-services/your-way/*

IDLE VALLEY ECOMINDS, NOTTINGHAMSHIRE

Since 2009, with support from the Big Lottery Fund, Mind has funded 130 projects in England through its Ecominds scheme to provide access to a range of nature-based activities that improve physical and mental wellbeing.

Wayne, a former serviceman, has depression and post-traumatic stress disorder. In 2010 he joined one of the Ecominds-funded projects at Idle Valley Nature Reserve in Nottinghamshire, where eco-therapy helped him to manage his mental health problems.

"I'm an ex-serviceman and suffer from post-traumatic stress disorder and depression as a result of what I witnessed in the former Yugoslavia when I was there as part of the United Nations Protection Force in the 1990s. I was fine until about four years ago, when everything came to a boil. I ended up having a breakdown and found myself in a mental health ward. I lost my home because I couldn't pay the rent, and I lost my job due to injury. I had nothing.

I found out about the Idle Valley group through my community psychiatric nurse (CPN). She told me that it was a local nature reserve that supported people with mental health problems by getting them involved in nature-based projects on the reserve. I really got interested in woodworking and conservation. I was supported to identify areas of interest and skill – and how I could contribute to the project and then set some goals to work towards.

My confidence has grown steadily over the years. Gradually I've needed less support; I've become more involved in the management of the group and I now sit on the Ecominds advisory group and steering group. I didn't need as much support from my mental health worker, so I started coming directly to the project on my own. I became more interested in the wider activities of Nottinghamshire Wildlife Trust who run the project and joined a mainstream volunteer group as well as continuing to come to the Ecominds group.

The difference Ecominds has made to my life is amazing. After a year my CPN started reducing her visits from every week to every two weeks, and then monthly. My meds have been reduced too – my Citalopram was reduced from 60mg to 50mg. And even better – after a year and a half I was discharged by my CPN. Ecotherapy may not be everyone's cup of tea – but I'd encourage anyone with a similar problem to give it try. I was sceptical at first, but I haven't looked back since."

(Adapted from *www.mind.org.uk/information-support/your-stories/managing-my-mental-health-with-ecotherapy/#.U530bBaJW9c*)

For more about the Nottingham Wildlife Trust Ecotherapy project visit:
www.nottinghamshirewildlife.org/campaigns/details/ecominds

EMERGENCE PLUS ARTS AND SOCIAL NETWORK, LONDON

The Arts and Social Network is a service-user led initiative that provides monthly opportunities for people who identify with the diagnosis of personality disorder (historically a much stigmatised group of people who use services) to enjoy London-based arts and cultural events. The network has been running for over 5 years and was set up by a group of people who understand from first-hand experience that often the positive social interactions that can be rewarding and transformative can be the things people find difficult and therefore avoid. Initial work was through collaboration with Tate Modern and the British Association of Art Therapy and with some professional input, the network activities are designed using elements of the Democratic Therapeutic Community model as well as aspects from art therapies and arts educationalists.

The group select exhibitions, practical workshops and events that provide an optimum level of stimulation but aren't potentially traumatising nor conceptually at odds with the audience. The event plays a dual purpose at the Arts and Social Network, primarily as a 'distraction technique' to enable those attending to have a tolerable and meaningful experience of connection to each other without being overwhelmed by it and by providing an experiential focus for conversation. This has helped people to stay present and engaged with each other while reducing the impact of self-critical internal dialogues. Events are publicised to all network members a month in advance and members join by self-referral, with people coming from Bristol, Birmingham, Oxford and Brighton as well as London. Stewards are available to meet people beforehand and are in attendance at the event to welcome people. All events include the opportunity to socialise afterwards and there is a closed Facebook group where people can stay in touch.

'I have changed a lot for the better since joining the Arts and Social Network. I learned to flourish and really be with people.' – **Emergence Plus Arts and Social Network member.**

The Emergence Arts and Social Network webpage can be found here:
www.emergenceplus.org.uk/arts-a-social-network.html

PSYPHER COMMUNITY TIMEBANK, HUMBER NHS FOUNDATION TRUST, HULL

Psypher is an NHS support service for young people who have experienced episodes of psychosis and provides a useful network with group activities as well as one-to-one support. Building on the culture already established within PSYPHER of involving people who use services in taking part and using their skills to deliver activities, the PSYPHER Community Timebank, which was established in 2012, has members who are users and ex-users of the early intervention team. This protected community is intended to be a safe place where members can give and get peer support with a view to building confidence, skills and a bridge back into the communities in which they live through additional membership of their general community timebank (part of TimeBank Hull and East Riding). The PSYPHER Timebank aims to provide a mechanism to enable people who use services, friends and families to support each other. Clinical staff are being encouraged to offer Timebank membership to people as part of their day-to-day practice.

Membership of the PSYPHER Timebank is open-ended, enabling members to continue giving and receiving support after ending their time with the early intervention service. What many people need is social support and support with 'life interventions' and opportunities to contribute to and connect to communities. For example, Tess, who was a chef hadn't taken part in other activities offered by the service, but she was interested in the PSYPHER Timebank Kitchen. Over a year she went from assisting at an event to running a kitchen catering for a hundred people and is moving towards employment. She has met and made friends with other timebank members from her local community. Last Christmas an older, widowed timebank member drove her to see her family.

You can listen to some of the founders of PSYPHER Community Timebank talking about the project here: *vimeo.com/30517890*

HOURBANK, PECAN, PECKHAM, LONDON

Pecan is an organisation started by local churches in Peckham and works with some of the most deprived people in the local community – including ex-offenders and their families, people with mental health problems and the long-term unemployed. Their ethos is to unlock people's own potential and their projects address all the needs of their participants – social, material, emotional and spiritual.

Pecan runs a community timebank which is important for building community capacity. They say: "Community building helps people find friends outside of their usual circles, gives them experience and confidence in the skills they love, while making them feel valued. Time banking through the HOurBank means we can do this fairly and 'pay' for services that money usually can't buy."

Della became an HOurBank member three years ago after being encouraged by her social worker to get out more. She had experienced bad mental health problems and could no longer look after her five children. The HOurbank offers Della flexible voluntary work and social activity and she helps with administration at the organisation's office in Peckham as well as coming to coffee mornings. Because of her mental health, Della does not always turn up to the office, but Naomi, the project manager says, "She's always really apologetic and assumes she won't be asked again. However each time we just try again. We really need help in the office and she needs a reason to come out of her house."

For more about the HOurBank project at Pecan please visit:
www.pecan.org.uk/our-projects/hourbank

SARAH'S HOUSING SUPPORT, AMBER TRUST, DERBYSHIRE

The Amber Trust is an organisation based in Derbyshire that offers accommodation and support services to people aged 16 and over who have mental health problems and are at risk of social exclusion. People who use the Trust's services have a say in how it is run and user involvement is part of the Trust management process. People can purchase support from the Trust through direct payments and personal budgets.

After a lifetime of severe mental distress, rejection and addiction problems, Sarah, 27, was supported to live independently through the Amber Trust's supported housing and 'Grow It' allotment project. Despite having a diagnosis of schizophrenia, Sarah had often been unable to access local inpatient mental health services because of bed shortages and had spent time in prison and residential care. In May 2010 Sarah took on the supported tenancy of a two bedroom flat provided by the Trust and was able to access various grant schemes to help her set up home. She had very little self-esteem and confidence so she was offered the opportunity to become involved in the Trust's 'Grow It' allotment project. She was initially supported to come to the project at her own pace as she was very anxious. However over time her anxiety reduced and confidence grew to the point that she could make her own way to the allotment with the friends she had made there. She goes every Tuesday and Thursday and has taken part in other activities such as cookery, care farming and sports taster sessions.

After two years Sarah completed the relevant training to become a volunteer buddy to support newcomers to the 'Grow It' project. She also has a volunteer position at her local British Red Cross shop, where she works three times a week. Sarah's confidence and independence have grown so much that she is moving on from supported accommodation to a home where she will have her own tenancy.

For more information, please visit: *www.ambertrust.co.uk*

RETHINK DEVON COMMUNITY OPPORTUNITIES AND RECOVERY PATHWAYS, DEVON

Rethink Devon Community Opportunities provides short term, goal focused, one to one support through Assistant Mental Health Recovery Workers. They accept referrals from services as well as self-referrals. The initiative also facilitates peer support across Devon and people who have been through the initial one to one recovery support often go on to use the peer support groups.

At the initial assessment meeting the person is helped to identify different aspects of their life, their interests and what they would like to work on. Following this the recovery worker and the individual discuss how best the goals could be achieved and create a support plan. As well as enabling the person to gain or regain skills in order to achieve their goals, sustainability is addressed through signposting and using community resources and activities so they can enjoy meaningful activities, social contact and a fuller life.

The service uses the 'Recovery Pathways Menu' that starts with initial coaching and goal setting using a framework of practical and gradual steps to having a fulfilling and enjoyable life. The second element is known as 'mind-based pathways' that is the therapeutic and training support needed to achieve identified goals and gain confidence and independence. As part of this the organisation uses the 'Wellness Recovery Action Plan (WRAP), an approach to longer term mental health management developed by people with lived experience.

You can find out more about Rethink Devon Community Opportunities here: *www.rethink.org/services-groups/services/devon-community-opportunities*

LAUNCHPAD FREELANCERS, NEWCASTLE

Launchpad is a mental health service user-led organisation based in Newcastle that has been in operation for 14 years. The organisation has recently started an employment project called Launchpad Freelancers (LPFL) which aims to establish a pathway to flexible, paid work for people who use services who have been volunteers and want to explore building skills and paid employment opportunities in mental health and community work. The initiative offers a supportive, progressive and flexible way for people to utilise their lived experience working with different agencies and communities and is designed to open up opportunities for paid work. It was developed by a group of people who use services who organised an efficient, empowering way to respond to frequent requests for peer support and greater involvement in community and mental health development work.

LPFL is working in partnership with statutory bodies such as Northumberland, Tyne and Wear NHS Foundation Trust and is building relationships with diverse community and voluntary organisations such as VisionSense, Mesmac, Skills for People, Advocacy Centre North, Tyneside Women's Health and Newcastle and Gateshead Arts Studio. Trained and embedded workers from LPFL offer partner organisations advice, training and group sessions to develop peer support projects and user-led ways of working. There are plans to establish comprehensive evaluation processes for workers and participating agencies; reflective practice; regular supervision from the LP team leader and action learning sets where LPFL workers can discuss problems and solutions in a supportive, collective way.

Launchpad's website tells you more about their work: *launchpadncl.org.uk*

COOLTAN ARTS, SOUTHWARK, LONDON

CoolTan Arts is an arts-in-mental health organisation based in South London run by and for adults who experience mental distress. Their weekly programme of creative workshops offer professional tuition and materials and provides exhibition opportunities. The workshops are small, friendly and non-judgmental. Referrals are made through local NHS mental health services or people can refer themselves. CoolTan Arts have supported direct payment and personal budget use for mental health and offer membership packages to personal budget holders who have the opportunity to purchase bespoke and one to one packages.

As well as creative workshops CoolTan Arts offers self-advocacy training to help people develop self-confidence, knowledge of support services and awareness of their rights. The organisation arranges wider community events such as the 'Largactyl Shuffle', guided cultural walks around South London with talks on history, arts and mental health. CoolTan Arts also ran a 'Food for Mood' project that promoted healthy eating for mental wellbeing, which resulted in a cookbook.

"As a service user, CoolTan Arts has helped me recover my wellbeing by offering opportunities to learn new skills in a creative environment. As a volunteer my contribution has been recognised. Last year I was awarded a Southwark Civic Award…" – **Richard Muzira, CoolTan Arts Volunteer.**

The CoolTan Arts website offers more information about their work, activities and events: *www.cooltanarts.org.uk*

How I wish to be supported

- I can access support services without waiting for a medical referral.
- I have rapid access, within a guaranteed time, to recognised talking therapies.
- I have a choice of talking therapy so that I can find one appropriate to me.
- When I need urgent help to avoid a crisis I, and people close to me, know who to contact at any time.
- I am able to access a personal budget for my support needs on an equal basis to people with physical health problems: for example, to help my recovery or to stay well.
- I am provided with peer support: contact with people with their own experience of mental health problems, and of using mental health services.
- Peer support is equally valued alongside professional and clinical support.
- Peer support is available at any point in my fluctuating health – in a crisis, during recovery, and when I am managing being well.
- I am confident that the services I may use have been designed in partnership with people who have relevant lived experience.
- Wherever possible, there are people with their own experience of using services who are employed or otherwise used in the services that support me.
- My mental and physical health needs are met together.
- When I need medicines, their potential effects — including how they may react with each other — are assessed and explained.
- Where I raise my physical health concerns, in any setting, they are taken seriously and acted on.
- If I am in hospital, staff on the wards can help with my mental as well as physical health needs.
- If I raise complaints or concerns about a service these are taken seriously and acted upon, and I am told what has happened in response.

THE NATIONAL SURVIVOR USER NETWORK MENTAL HEALTHWATCH, NATIONAL

The National Survivor User Network (NSUN) is a network of user-led organisations across England. In March 2013, with the support of the Department of Health and Healthwatch England, NSUN set up the Mental Healthwatch scheme to support people with lived experience of mental health problems get involved in their local Healthwatch. The scheme uses NSUN's '4PI' involvement standards, a framework of these core aspects of involvement 'Principles, Purpose, Presence, Process and Impact'.

In August 2012 Nigel Moyes, who has a long history of using mental health services and involvement in improving them, joined the Suffolk Healthwatch implementation board. Building on his previous knowledge of service inspection through his involvement with his local LINk, Nigel was paid to attend a three-day patient leadership course. He is now a member of Healthwatch Suffolk's mental health group and an 'enter and view' officer, able to inspect local mental health services. Nigel has emphasised that 'it's really important to have proper training, recognition and respect for people who use services in order for them to make a full contribution'.

Adapted from NSUN (2014) Mental Healthwatch handbook London: NSUN: *www.nsun.org.uk/assets/downloadableFiles/mentalhealthwatchhandbookv1april20142.pdf*

For the 4PI National Involvement Standards please see: *www.nsun.org.uk/assets/downloadableFiles/4pi.-ni-standards-for-web.pdf*

TELEHEALTH FOR INTEGRATED MENTAL AND PHYSICAL HEALTH, NATIONAL

Tunstall Healthcare provide telehealth and telecare and have recently developed a telehealth pilot scheme that integrates physical and mental health. Telehealth is the consistent and accurate monitoring of a person's moods, health symptoms and medication side-effects through easy to use technology in the person's own home.

For example, a Community Matron and a Community Psychiatric Nurse are working together to support their joint patients, who have both physical and mental health problems, to avoid admissions to hospital using telehealth. This came about when a high number of people with both Chronic Obstructive Pulmonary Disease and difficulties with their mental health were coming to hospital in a distressed state. Using a telehealth system at home, people on the scheme take their readings and answer a series of questions about both their physical and mental health on a daily basis. The two health professionals are able to log in remotely to view the responses and this enables them to make more informed decisions and intervene earlier in order to prevent a crisis.

SOLIDARITY IN A CRISIS, COMMUNITY CONNECTIONS AND TRAVEL BUDDIES, LAMBETH, LONDON

Carmen Samuel-Agyei uses her own experiences to support people who are in crisis through working at Solidarity in a Crisis, a service that provides out of hours, over the phone and outreach support. She also works at the sister projects, Community Connecting which helps people who have become isolated because of their mental health problems make friends locally and Travel Buddies, which provides public transport travelling companions for people who find it difficult to travel on their own.

Carmen explains the three important things she has learned from working at these services: 'Firstly, that most of the people we speak to have had a negative experience with mental health services; secondly that they are in a crisis because they have no one else to turn to and thirdly that a lot of people we talk to find it difficult to get out of the house.'

She says that for Solidarity in a Crisis, 'people respond well when I explain about my own experiences – I think it helps people if they realise the person they are talking to has been through something similar…It's about making sure people can keep themselves safe in the short-term until we can meet with them in the community or link them to another service. Once the crisis has passed it's good if we can address their isolation and loneliness.'

Community Connecting and Travel Buddies address some of the simple practicalities of social isolation, as Carmen explains:

'Some people have no friends or family locally and others can't get themselves out of the house. As a Community Connector I work with people to find things they enjoy doing in the community so that they can make friends locally. I travel to groups with people and provide that little bit of extra support some people need to make a journey – sometimes this is on public transport and sometimes people prefer to walk and chat to get to wherever they need to be.'

Carmen is keen to reach out to as many people as possible and is using social media to find new ways to inform people about the service. You can follow Solidarity in a Crisis on Twitter *@siac_solidarity* and Community Connecting at *@ConnectandDo*. Community Connecting also has a website at *www.connectanddo.org*

You can find out more about Certitude's Solidarity in a Crisis support here: *www.certitude.org.uk/find-support/mental-health/services-we-offer/support-in-crisis/*

AIRDRINA'S INTEGRATED PERSONAL BUDGET, LAMBETH, LONDON

One of the more practical examples of personalising support in Lambeth is the development of integrated health and social care personal budgets – funding and support planning that promotes a person as a whole, not someone artificially split along the bureaucratic lines of health and social care services.

Airdrina Drake was one of the first Lambeth recipients of an integrated personal budget for mental health. Before receipt of her personal budget, she was living in a residential care home, limited and held back in life by services that were funded to support her to live. These services cost £62k per year. Now, living in her own flat and being supported at the times of her choice by the people she's chosen, Airdrina is starting to live the life she wants rather than the life services say she can have. This personalised approach has freed up £45k that can now be used for personal budgets for others.

Airdrina describes her experience of support planning and what she's been able to do with her personal budget:

"Creating my own support plan was very exciting. It gave me a chance to say what I wanted in life a bit. I chose to spend my budget on a PA to have a bit of company…Angel and I just hit it off. She's amazing. We go out places…Angel doesn't patronise or mock me. She makes me happy. We've got the same weird sense of humour! My life is very settled and I thank God for that. I can do what I want when I want. I now have some money which I didn't have before. And I'm not bullied or patronised anymore."

You can listen to Airdrina telling her own story here:
lambethcollaborative.org.uk/recoverystories/airdrina%E2%80%99s-story-integrated-health-and-social-care-personal-budgets

LINCOLNSHIRE COMMUNITY MENTAL HEALTH SUPPORT NETWORKS, LINCOLNSHIRE

Lincolnshire County Council and Lincolnshire Partnership NHS Foundation Trust jointly fund SHINE Mental Health Support Network and the Managed Care Network through their Mental Illness Prevention Fund. The Managed Care Network is aimed at people with mental health problems who are not eligible for personal budgets and provides support for prevention and self-management. Access to the Managed Care Network requires no eligibility and staff from different professional backgrounds and sectors are increasingly helping people access the Network. SHINE is a user-run mental health support network that focuses on helping people connect with the support they need and to connect service and support providers to enhance efficiency and effectiveness. The networks have 67 member groups and organisations providing 72 projects that support over 3000 people across Lincolnshire. The networks make a real difference to people's lives by providing a variety of support, activities and help to people with mental health needs outside of traditional health and social care services.

"Thanks for the information and referral to the Art Group run by the Disability Network West Lindsey. My attendance and participation has increased my confidence and self-esteem to the point I am now helping with the running of the group on a regular basis." – **Mental Health Support Networks user.**

The Shine Mental Health Support Network website can be found here:
www.lincsshine.co.uk

KATE WALSH, BLOGGER, CHESTER

Kate Walsh, who lives in Chester, writes a blog sharing her thoughts on mental health and personal recovery from eating disorder. She's partly been motivated by not being able to access the support she needed through the NHS. Instead she's found a number of local and national voluntary sector organisations have helped her to access statutory services. She also emphasises that "because I have done the research and sought my own care out I feel very much in control of what steps I'm taking. But I'm fighting for myself from the start." Kate says, "I write my blog as a way of sharing what is happening to encourage others, but it is also therapeutic to me."

Through sharing her experiences and thoughts, Kate hopes that "others can learn to keep fighting, that they are entitled to help and support and they are not being a 'burden on the system.' They can learn that there is support out there if they know where to look for it. Services can learn that they need to address the gaps between referrals so that there is continuous support available."

You can read Kate's blog at: *nomnomhelp.wordpress.com*

ACTIVE MINDS, CROYDON

Active Minds was started in 2008 in response to the fact that many people coming to Croydon Mind for advice about benefits, advocacy and counselling also asked about activities to improve their physical health and social networks. The service has developed in three ways. The primary strand is the activity group programme that offers a range of activities from gardening to boxercise. There are ongoing groups, seasonal activities and 6-week courses such as the Cook and Taste healthy eating course. Secondly there is the buddy support service that matches people with volunteer buddies for up to 14 weeks who help them with motivation and the practicalities of attending activities. Thirdly, there is a focus on challenging stigma as a barrier to social inclusion. Living library events encourage members of the public to talk about mental health and the service also delivers training. All the activities are very low cost and people can be referred from anywhere, meaning that the initiative is open to all who might benefit.

"I did the 6 week Boxercise class with Duke in 2012. Since then I have managed to build my confidence back up, I'm off anti-depressants and have gone in toe-to-toe in the ring in an amateur boxing bout and WON! Without Boxercise and the counselling from Roz I received I don't think I would be in the position I am now."
– Steph, Active Minds participant.

You can find more information about the Active Minds project, as well as a film here: *www.mindincroydon.org.uk/active-minds.asp*

MIND AND BODY PROJECT, SHEFFIELD

The Mind and Body Project starts from the premise that mental and physical health are interlinked and for people to live healthier lives a holistic approach is needed.

Activities were delivered in areas with high incidence of health inequalities and targeted at the most disadvantaged people, who experienced or were at risk of experiencing poor mental health, including Black and minority ethnic (BME) groups and people who are out of work.

The project worked on an individual and community level through direct interventions such as:

- Group activities – six or 12 week sessions on topics such as healthy lifestyles, anger management, emotional and physical wellbeing, women's wellbeing and Zumba
- One-off taster sessions to encourage recruitment to the group activities
- 'Change one thing' workshops – structured support to promote sustained behavioural change based on the person's own goals
- Volunteering opportunities – recruiting 15 Community Health Champions who help engage people from their communities to attend the groups and help to run them.

Over two and a half years more than 750 people have been engaged through the project making a positive change to their lifestyles. Of these 17% were from BME communities. A follow up survey showed that, of those sampled, 85% had sustained the lifestyle changes they had made through the programme, for example being more physically active, eating more healthily or using strategies for managing excessive anger. Critical to the success of the project is the link between promotion of physical and mental health.

One participant said: "Attending the group has changed my life. I never realised before how unhealthy my life was and why I felt depressed so much of the time. I now take some form of exercise most days and cook meals at home instead of eating takeaways. I have lost weight and feel far more confident about myself and am now looking for a job."

Adapted from Mind/Mental Health Foundation (2014) Building Resilient Communities London: *www.mind.org.uk/media/343928/Report_-_Building_resilient_communities.pdf*

VEE'S PLACE, ST HELEN'S, MERSEYSIDE

In 2001, after an episode of depression, Verity 'Vee' Rhodes set up a depression self-help group at her local leisure centre. Starting with 12 people, the group grew to 300 within 6 months. The group has grown further to become a community hub with a base in a church hall that has been transformed into a multi-purpose community centre known as 'Vee's Place.' Vee says of the success, "I set it up as two hours therapy for myself to get out of the house and now it's a full-blown social enterprise. I'm gobsmacked!" The centre offers social support to people of all ages who, as Vee says are "disadvantaged by social and economic circumstances so that they too can enjoy a better quality of life." Vee's place offers access to an IT suite, hot tubs for hydrotherapy and relaxation, a tearoom and a wellbeing suite offering various therapies.

From the point of view of someone who experiences depression, Vee explains the importance of the club for people with mental health problems: "People with depression...they seem to get into a cycle. They go to the doctor's, the hospital, then the clinics and then they're back home again and the cycle starts again. I think we've filled a bit of a gap. We offer a place to come to, be active and enjoy company...all the things they're not privy to when they're in isolation on their own and it seems to do the trick."

You can hear Verity Rhodes telling the story of Vee's Place here: *m.youtube.com/watch?v=peZAWIXMRso*

How people behave with me

- Those who work with me bring optimism to my care and treatment, so that I can be optimistic that care will be effective.
- Services and professionals listen to me and do not make assumptions about me.
- The staff I meet are trained to understand mental health conditions and able to help me as a whole person.
- Staff support me to be involved in decisions at the right level. They respond flexibly and change the way they work as my needs change.
- If I do not have capacity to make decisions about my care and treatment, any advance statements or decisions I have made will be respected.
- People take me seriously and trust my judgement when I say a crisis is approaching. I can get help fast.
- As far as possible, people who see me in a crisis follow my wishes and any plan I have previously agreed.
- As far as possible, I see the same staff members during a crisis.
- I am supported to develop a plan for how I wish to be treated if I experience a crisis in future.

STAR WARDS, WARDIPEDIA, NATIONAL

Star Wards was set up by Marion Janner OBE, following her first admission as a detained patient at St Ann's Hospital, Tottenham, London. Marion was impressed by how she was supported by the inpatient staff and wanted to create a resource to share good ideas from staff and people who use services. The Star Wards Wardipedia was launched in 2013 and is a collaborative, online resource on improving therapeutic care and environments for people who are in psychiatric hospital. There are over 1000 examples of innovative practice from wards across the UK who are doing creative, effective work in increasingly difficult circumstances.

Wardipedia includes 77 ideas for enhancing inpatients' experiences, with 11 in each domain, structured around the concept of IMAGINE:

- Imagination – what's it like for the patient?
- Mindfulness – chilling out
- Activities – social, recreational, physical
- Generosity – sharing, kindness, giving
- Involvement – influence, information, independence
- Neighbours – friends, family, fellow patients
- Empathy – for self and others

All of Wardipedia's features are based on patients having as holistic and autonomous experience as possible on a particular mental health ward. There are also specific features focusing on issues like patient autonomy, a mellow environment and all the important relationships between staff and patients. Most of the ideas in Wardipedia are very low-cost, simple to implement and result in immediate improvements to patients' and staff experiences. For example, Idea 18 'Pictures of Landscapes' highlights research showing that simply displaying a picture of a beautiful landscape can improve mood and mental health. And it only cost £20. The resource showcases what's best in inpatient care and highlights which issues are particularly important for patients. Marion says "We inpatients tend not to be too bothered about record keeping but access to Skype, a garden and our pets can be major".

Marion sums up what others can learn from her experience with Wardipedia: "It's possible to work in happy collaboration with a large and complex public service! What works for Star Wards, including Wardipedia, is being genuinely appreciative of ward staff, providing practical, non-naggy, validating support, showcasing ward great practice, focusing on what's particularly important for patients and sharing ideas rather than making demands."

www.starwards.org.uk

LEEDS SURVIVOR LED CRISIS SERVICE, LEEDS

Leeds Survivor Led Crisis Service was set up by a group of campaigning mental health service users in 1999 and aims to provide sanctuary and support at times of crisis as an alternative or complement to statutory or psychiatric hospital services. This includes people who are seeking to prevent the onset or escalation of a crisis, as well as people in crisis, at the point of crisis. Support is non-judgmental, empathic and person-centred and draws on people's strengths and experiences for developing prevention and survival strategies. It is governed and managed by people with personal experience of mental distress and the staff are both paid and voluntary, although all are trained and supervised. Paid staff take part in a monthly Reflective Practice group. The service is funded by Leeds Clinical Commissioning Groups, Leeds City Council (Adult Social Care and Public Health), the Leeds and York Partnership Foundation NHS Trust, the Lottery and occasional funding from charitable trusts.

The main place of sanctuary is Dial House, which is open from 6pm-2am from Friday through to Monday. People can turn up at the door between 6pm and 10.30pm or telephone to request a visit. Visitors can relax in a safe, homely environment and access support from a team of specially trained Crisis Support Workers who use a person-centred approach. The philosophy is that people do the best they can in the circumstances they are in, with the resources they have.

On Tuesday and Thursday evenings between 6pm and 11pm, Dial House@Touchstone is open for people in crisis from Black and Minority Ethnic (BME) groups. The service is based at the Touchstone Support Centre, and staffed by people from BME communities. The Dial House@Touchstone staff also work at Dial House that supports people from BME groups to access that service. For both Dial House and Dial House@Touchstone, transport and childcare are provided.

The Connect Helpline is open every night of the year from 6-10.30pm providing emotional support and information.

Dial House also hosts a number of peer led weekly group work sessions so people can share expertise and experience in coping with crisis:

- Lesbian, Gay, Bisexual and Transgender Group
- Hearing Voices Group
- My Time Thursday, peer and social support group
- Man-age men's group
- Coping with Crisis Group
- Self Harm Group.

"Dial House is mint! It's proper ace, it's decent, proper nice. Staff are really good, they listen and people are well nice to be around. It's cool to be around people who know what you have been through and who understand you – people who don't judge you." – **Dial House visitor.**

More information about Leeds Survivor Led Crisis Service can be found on their website: *www.lslcs.org.uk*

WISH – A VOICE FOR WOMEN'S MENTAL HEALTH, NATIONAL

Established in 1987, Wish is the only national, user-led charity working with women with mental health needs in prison, hospital and the community. It provides independent advocacy, emotional support and practical guidance at all stages of a woman's journey through the Mental Health and Criminal Justice Systems.

Wish met Kim when she was serving her sentence at HMP Bronzefield, where she had been detained for breaching an Anti-Social Behaviour Order (ASBO). Kim is a disabled young woman with mental health problems who has been in the system for ten years. Wish agreed with prison resettlement that they would provide a 'Through the Gate' service to help Kim carry her bags and make the train journey home. On arrival, a Wish worker helped her settle back in her house. Kim had rent arrears due to being in prison and this was having a negative effect on her mental health. Wish helped her deal with this by mediating with the council and housing association as well as providing Kim with training for budgeting skills. Kim only had support from Wish as she was not getting help from statutory services. This was mainly due to the fact that her psychiatrist would no longer give her support as he believed she was not making progress. Some of Kim's mental distress stems from the fact that she has not come to terms with her physical disability, which means she uses a wheelchair.

The lack of statutory support was a major issue for Kim and affected her mental health badly as she felt abandoned. The only source of support apart from Wish was her GP. Wish provided counselling sessions to address the causes of Kim's distress and frequent crises. The organisation gave Kim the chance to voice her needs and designed tailor-made approaches to dealing with her crises, involving and coordinating actions with her GP to provide strong responses and firm boundaries.

At the same time Wish provided a safe space to deal with her distress. Kim was looked at as an individual, with individual needs and responses. Wish listened to what she said and did not reject her as statutory mental health services had done. They were able to see her regularly in prison and in the community therefore providing the integrated, consistent support Kim needed.

To find out more about Wish, visit their website: *www.womenatwish.org.uk*

GP WELLBEING PEER SUPPORTER, BRENT, LONDON

The Wellbeing Peer Supporter scheme is being piloted with GPs surgeries in Willesden, Harlesden and Wembley. A Peer Supporter works once a week in the surgery and their role is to work closely and empathically with patients with mild to moderate mental health problems who see their GP frequently and who have no other support to address their social and emotional needs. The Peer Supporter undertakes a comprehensive training programme on mental health awareness, person-centred thinking, motivational interviewing, safeguarding vulnerable adults, confidentiality, equality and diversity and health and safety.

The GPs identify patients with social and emotional support needs and refer them to the Wellbeing Peer Supporter who offers an initial appointment of between 25 and 50 minutes, depending on their needs. They find out what challenges the patient is facing, such as finance, housing, family or immigration; how they are dealing with them at the moment; and what support they might need to resolve their difficulties. The Peer Supporter advises the patient where to find support in the community. While the patient actively seeks signposted support outside the surgery, they can see the Peer Supporter for another two to three sessions for informal peer support.

Over nine months since the service started, the pilot surgeries had increased access to early intervention by 15% of the 118 patient sample and increased access to community support and self-help groups by 90% of the sample. The 118 patients in the pilot had an 85% reduction in GP visits relating to social and emotional needs.

To find out more about the GP Wellbeing Support Worker initiative and similar mental health support projects please see: *www.certitude.org.uk/from-services-to-community-a-fulfilling-journey-of-self-care/*

ALL TOGETHER POSITIVE PREVENTION AND PERSONALISATION SERVICE, STOCKPORT

Run by Mind and the user-led social enterprise 'All Together Positive', the Stockport Prevention and Personalisation Service is redesigning mental health services, by recognising the role of social and financial issues in mental health. Its aim is to reduce the use of secondary statutory mental health services, to prevent dependence on clinical approaches and maximises preventative and recovery strategies, particularly for people whose difficulties are social or financial as well as clinical.

Rather than focusing on a person's clinical history, their diagnosis or their medication, Stockport's redesigned mental health support uses a recovery approach to find out what they want to achieve in life and what's important to them. Recovery is not a matter of getting rid of symptoms, but rather about recovering a life with a purpose.

Clive, who's 51 and has both mental and physical health difficulties, describes his previous experience with mental health services: "It was in the first few years of my illness that I realised I was simply going in circles; my GP would refer me to a psychiatrist, who would tinker with my medication and recommend a course of cognitive behavioural therapy and would then discharge me back to the care of my GP and so on." Eventually Clive sought help from Stockport Mind and got support from Alison, a practitioner working at the Prevention and Personalisation service. He says, "the strangest thing was that Alison asked me what I needed. The service seemed prepared to fit around me rather than try to pigeonhole me and push me away when I didn't fit." Since using the service, Clive has been able to access therapeutic approaches like acupuncture that help with his mood, fatigue and physical pain control. As a consequence he has become more active and sociable.

You can find the Innovation Unit's report on Stockport's Prevention and Personalisation Service here: *www.innovationunit-inspiringhealth.org/01-prevention-and-personalisation-service,-stockport,-uk.html*

ST DYMPHNA BEFRIENDING GROUP, NUNEATON

The St Dymphna Befriending group is a locally run organisation, based in the Catholic community in Nuneaton and the local area. Run by volunteers, they aim to promote wellbeing and build resilience by offering a befriending service, educational sessions around mental health awareness and stigma and facilitating social events for isolated people in their local community. Jo, the group coordinator said:

"We've been working with one older lady who has numerous physical health problems and suffers with some symptoms of anxiety. She has been reluctant to access anything called a 'mental health service' because of the stigma attached with this, but enjoys regular home visits from her befrienders. The befrienders offer emotional support – allowing her to discuss her worries and helping with problem solving. This has particularly focused on how she can get more involved in other social activities in the community and as a result her experience of loneliness and anxiety has significantly reduced."

The group was set up using a grant of £2,500 from the Catholic Bishops Conference and now depends on individual donations and fundraising. With more local funding they would like to employ a part-time coordinator who could help to run the group.

Adapted from Mind/Mental Health Foundation (2014) Building Resilient Communities London: *www.mind.org.uk/media/343928/Report_-_Building_resilient_communities.pdf*

Appendix: Core group and inputs considered

The core group involved in production

The development of this document is being jointly led by National Voices and Think Local Act Personal. Members of TLAP's National Coproduction Advisory Group, who have experience of mental illness, together with organisations including Mind, Rethink Mental Illness and Certitude have contributed so far.

SOME INPUTS CONSIDERED BY THE GROUP

1) NICE Quality Standard 14 Service User Experience in Adult Mental Health, 2011.

2) The Mental Health Crisis Care Concordat, Department of Health and others, 2014.

3) 'Service users' experiences of recovery under the 2008 Care Programme Approach', Mental Health Foundation and NSUN, 2012.

4) 'Choice, Risk and Decision Making', Personal Health Budgets Guide, Department of Health 2012.

5) 'A Call to Action: Achieving Parity of Esteem; Transformative Ideas for Commissioners', NHS England, 2014.

6) 'A review of values–based commissioning in mental health', NSUN, 2013.

7) 'The Mind Guide to Personal Budgets for social care', Mind, 2012.

8) 'Personalisation in mental health: Creating a vision; Views of personalisation, from people who use mental health services,' Mind, 2009.

9) 'Personalisation in mental health: A review of the evidence', Mind, 2009

10) 'Paths to personalisation in mental health: a whole system, whole life framework', National Development Team for inclusion, 2013

11) 'Mental Healthwatch Handbook', NSUN, 2014

About the practice examples

The practice examples were gathered through an open call for case studies, stories and good practice examples that was promoted through the networks of National Voices, Think Local Act Personal and of advisory group members and through social media from February to April 2014. Particular efforts were made to obtain examples of work by and with people who have protected characteristics under the Equality Act 2010. The examples demonstrate integrated approaches to mental health across health, criminal justice, housing and employment.

Thanks go to everyone involved in identifying and submitting the innovative and inspiring practice examples included here.

Further information

National Voices is the national coalition of health and social care charities in England. We work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them
website: *www.nationalvoices.org.uk* twitter: @*nvtweeting*

Think Local Act Personal is a national strategic partnership of more than 40 organisations committed to supporting the continued implementation of personalisation and community-based health, care and support
website: *www.thinklocalactpersonal.org.uk* twitter: @*tlap1*

National Voices

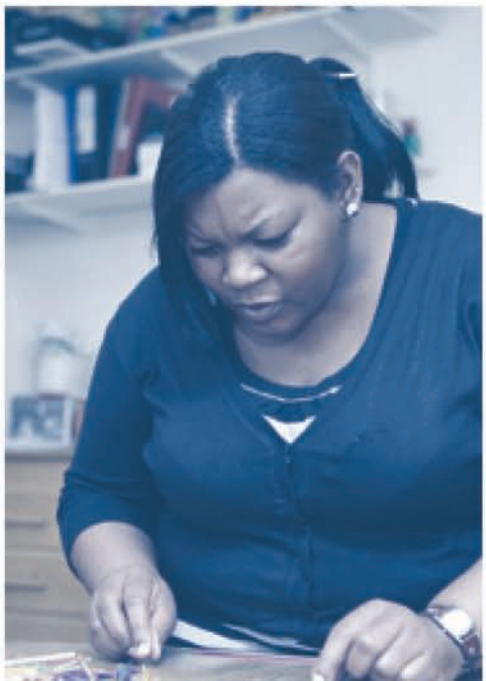
www.nationalvoices.org.uk

email: *info@nationalvoices.org.uk*

twitter: *@nvtweeting*

Think Local Act Personal

www.thinklocalactpersonal.org.uk

email: *thinklocalactpersonal@scie.org.uk*

twitter: *@tlap1*