

# Mind Listening 2011

## Stakeholder Report

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**Authors:** Carol McNaughton Nicholls and Gary Boodhna

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# Summary

## The listening exercise

- The listening exercise was open to all Mind stakeholders – service users, staff, members, volunteers and those with an interest in Mind – and took place between December 2010 and February 2011.
- Over 2400 stakeholder responded to the listening exercise survey either online or via post. 32 stakeholders took part in a workshop or focus group to obtain additional depth of experience, and vox pox videos were also created with Mind members.
- 78 per cent of the survey respondents reported direct experience of mental distress.

## Mind's priorities

The three top issues identified by stakeholders as important for Mind to address in the future were:

1. Stigma and discrimination
2. Development of local Mind associations and their services
3. Raising awareness about mental distress

Additional key priorities identified were:

- Service user voice
- Promoting well-being, prevention and recovery
- Monitoring and improving service provision
- Greater social inclusion via campaigning

**Campaigns** it was suggested that Mind could focus on included:

- Reducing stigma and discrimination, by ensuring existing legislation is implemented, and lobbying the media to ensure they represent mental distress fairly, proportionately and positively, where appropriate
- Increased access to 'talking therapies' for people experiencing mental distress via the NHS
- Ensuring local services and activities for people experiencing mental distress remain (via funding and in the context of reductions in government funding)
- Recognising the existing contribution of service users and volunteers within the 'Big Society' agenda
- Promoting well-being and healthy lifestyles, for all
- Monitoring the proposed changes to Disability Living Allowance.

## Stakeholder focus

- The research indicated a desire from stakeholders for Mind to focus on everyone, equally, and promote access and equality within services.
- If there was indication that one group should be prioritised, it was in ensuring younger people are supported to manage their mental health. There are also concerns that older people can be particularly isolated and may have specific needs relating to dementia that are not being met.
- Other groups that may need extra focus include transgender people, people with dual diagnosis, people who are homeless and soldiers.

**Mental health is a highly salient political, social and personal issue. Figures show that at least one in four people will experience mental health problems at some point in their life, and one in six at any one time.**

## Introduction

Mind is a leading mental health charity. Mind provide information and advice for people with experience of mental distress, campaign to promote awareness and understanding of mental distress and provide direct support and services via Local Mind Associations (LMAs).

Mind are in the process of developing a strategic plan for the next three to four years (2012 – 2015/16), to follow, and build on, their existing strategy, which runs to 2011. In developing the new strategy it is vitally important that key stakeholders, particularly people who have direct experience of mental distress, are consulted with - and their needs, aspirations and concerns listened to and incorporated wherever possible.

### **The listening exercise 2011**

Rigorous consultations benefit from independence, transparency and openness. Mind have conducted a number of exercises to begin to incorporate the views of stakeholders into the planning for the future strategy. The results of one of these consultations is presented in this report, which outlines the results of a listening exercise conducted for Mind by the National Centre for Social Research (NatCen) between December 2010 and February 2011. The aim of the listening exercise was to:

- identify key issues affecting people with experience of mental distress
- understand more about the experiences of people with mental distress
- identify the goals and activities that Mind stakeholders think are important for Mind to undertake

This was achieved via vox pox videos, a workshop with Mind members, focus groups and an online and postal survey.

Certain limitations are inherent to exercises such as this. Complex and lengthy consultations are resource intensive and, though important, this may divert resources that could otherwise be used for front line services and direct action. Time has to be built in to allow for the collation and presentation of the results in a coherent manner. Ideally, the questionnaire used to collect information from Mind stakeholder's could have been available in a variety of formats and languages, with different versions depending on the role an individual has in relation to Mind. Budgetary constraints meant that this was not possible. A careful balance has to be struck between ensuring open and rigorous listening exercises take place, and that they are done so within appropriate scope, budget and timescale. We are confident however that the findings presented here represent rigour, openness and the voice of a wide range of Mind stakeholders, illustrating the issues that matter and the developments Mind stakeholders would like to see in the future.

## Terminology

- Throughout this report those who took part in the listening exercise are referred to as stakeholders and/or respondents. This encompasses service users, Mind members, volunteers, Mind staff and people with experience of, or an interest in, mental distress who participated in the listening exercise.
- The phrase 'mental distress' is used throughout the report, and at times, 'mental ill health'. Whilst it is recognised that different views are held regarding the appropriate terminology with which to define mental distress, these two terms are here used interchangeably to refer broadly to any experience of mental distress, as defined by respondents in the listening exercise.

## Who took part?

- The survey of Mind stakeholders was open to anyone who wished to take part. Whilst this ensured the listening exercise was accessible and inclusive, it also means that the research sample is not representative of the general population. The findings reported relate only to the Mind stakeholders that took part as respondents in the listening exercise, and are not necessarily transferable to the wider population, or all Mind stakeholders. Two focus groups and a workshop with Mind members and service users also took place.

**Over 2400 Mind stakeholders – service users, staff, members and people with an interest in the work of Mind – took part in the listening exercise**

**78 per cent had direct experience of mental distress**

- More women than men took part (63.4 per cent compared to 36.1 per cent) and 0.5 per cent of stakeholders that took part are transgender.
- There was a spread across age ranges, with the most prevalent single category those aged 50 – 59, (25.9 per cent) and the least, 17 years or under (0.4 per cent). Due to the very low number of respondents under 17, their responses have been included in a category 'under 29 years of age' alongside the 18 – 29 year olds when reporting the findings in the report (which accounts for 13.4 per cent). 19.3 per cent were aged 30 – 39 and 23 per cent aged 40 - 49).
- The stakeholders were predominantly White British (85.6 per cent) with the largest single ethnic group after this being 'any other white'. About 9 per cent overall were non-White with 1.5 per cent Indian and 1.8 per cent Caribbean.
- 78.6 per cent of the stakeholders identified their sexuality to be heterosexual, 9.2 per cent preferred not to say, 6.8 per cent bi-sexual, 2.8 per cent gay and 2.6 per cent, lesbian.

- 45.1 per cent of stakeholders in the listening exercise consider themselves to have a disability.
- There was a spread across regions of England and Wales. 15.7 per cent reported that they live in the South East, 15.1 per cent in London, 10.2 per cent in the North West, and 9.9 per cent in the West Midlands and South West respectively. 8.2 per cent of the respondents live in Wales, and only 1.8 per cent lived outside of England or Wales.
- Another key characteristic of the stakeholders that took part was their primary relationship to Mind. 30 per cent primarily consider themselves to be service users, 19.7 per cent a staff member of Mind, 18.6 per cent a member of Mind, 10 per cent a volunteer, and interestingly 21.3 per cent were interested in the work of Mind but did not consider themselves to be any of the above categories.

**Stakeholders were keen to point out that mental distress should be treated in the same way as physical illness – as something that can occur to anyone, at any time, and that people can, with support, recover from or manage:**

*Everybody suffers with mental health at some point or another and it's just like an illness, it's just like when you get a cold, and it takes time, everybody gets sick sometime and everybody needs to recognise that people do get unwell with mental health – Stakeholder*

# Experience of Service provision

Of the 2424 individuals who took part in the listening exercise survey, 78 per cent had personal experience of mental distress, and 64 per cent had used mental health services. 41 per cent and 37 per cent respectively were a friend or relative of someone who had experienced mental distress, with 13 per cent noting they care for someone with experience of mental distress. In terms of professional affiliation, 17 per cent work in the mental health sector and 12 per cent have a professional interest in the work of Mind. 24 per cent were involved in local Mind as a volunteer, staff member or trustee compared to 8 per cent involved in national Mind in the same capacity.

**Table.1 Personal experience**

<b>Table.1 Personal experience</b>	
<i>Base: All</i>	
How would you describe your experience of mental distress?	Total
	%
I have personal experience of mental distress?	78
I use/have used mental health services?	64
I am interested in mental health?	57
I am a friend to somebody who has experienced mental distress?	41
I am a family member of somebody who has experienced mental distress?	37
I use/have used the services of a local Mind association?	35
I am involved in a local Mind association as a paid worker, volunteer, trustee?	24
I work in the mental health sector (e.g. nurse, social worker, psychiatrist, counsellor, etc)?	17
I care or look after somebody who has experienced mental distress?	13
I have a professional interest in mental health (e.g. housing worker etc)?	12
I am involved in Mind nationally as a paid worker, volunteer, trustee?	8
None of the above?	1

## Where stakeholders have accessed help or support

Respondents were asked to provide further information on where they had accessed help or support for their mental distress. The responses for this are outlined in table 2 below. Respondents could select all sources of help or support that applied to them.

68 per cent had attended a GP or practice nurse and 59 per cent some other health care professional such as a CMHT. 30 per cent had spent time in hospital as an in-patient, either voluntarily or following sectioning. 25 per cent had attended Accident and Emergency.

Friends and family were the next most prevalent source of help and support, following health care professionals, with 42 per cent going to friends and 40 per cent, family, for support.

In keeping with the number of respondents who are Mind service users, 30 per cent had received help and support at the local Mind association. 25 per cent sought information on the internet, with 19 per cent citing the Mind website as a source of help and support, and 7 per cent the Mind information line.

<b>Table.2 Personal help and support</b>	
<i>Base: All</i>	
Where have you been for help and support when you have experienced poor mental health?	Total
	%
GP/Practice nurse	68
Another health care professional (e.g. mental health outreach team, psychiatrist, community psychiatric nurse, community mental health team)	59
Friends	42
Family	40
Voluntary hospital stay/Sectioned hospital stay	30
Local Mind association	30
Community based health service (e.g. local authority, other mental health organisation)	29
Internet	25
Accident and Emergency at hospital	22
Mind website	19
Other	14
I have not personally experienced mental distress	13
Contacted the Mind information line	7
I have not been anywhere/to anyone for help or support	2

Respondents who had experienced mental distress were asked which services had been most helpful for them.

Whilst responses ranged across the list of services provided, the service reported by the most respondents to be helpful to them is counselling/talking therapies (which 52 per cent have found helpful). However, how helpful a service is will also be related to the number of people who have accessed it (so for example if someone has not accessed employment services they are unlikely to report this to be helpful).

## What works well: services that are most helpful

<b>Table.3 Most helpful service</b>	
<i>Base: All those who said they have experienced mental distress</i>	
Which, if any, of the following services do you find most helpful?	Total
	%
Counselling service/Talking therapies	52
GP/Practice nurse	44
Community mental health team	33
Advice and information	32
Drop in services	30
Psychiatrist	30
Relaxation/yoga/meditation	29
Depression and Anxiety management	28
Benefit advice	21
Exercise classes	18
Crisis services	17
Advocacy	14
Other	12
Hospital in-patient stay	12
Supporting housing	8
Legal advice	8

## What works less well: services that are least helpful

Returning to the listening exercise survey, respondents who had experience of mental distress were asked to identify services that they found least helpful.

The most prevalent response was 'none of these' (26 per cent). This may indicate that respondents find any help better than none, and would rather be able to access any of the forms of support listed than none at all. Following this, the least helpful services were reported to be psychiatrist (23 per cent), GP/practice nurse (22 per cent), community mental health teams and employment advice (17 per cent each). The response is relatively positive as it indicates more than three quarters of those who took part find the services listed helpful to some extent, however this does indicate that statutory health and social services (such as employment support) are found to be less helpful than other community or individual based support such as drop ins, exercise, or general advice and advocacy.

## What works less well: which services are less helpful

**Table.4 Least helpful service**

<i>Base: All those who said they have experienced mental distress</i>	
Which, if any, of the following services do you find <u>least</u> helpful?	Total
	%
None of these	26
Psychiatrist	23
GP/Practice nurse	22
Community mental health team	17
Careers advice and services	17
Hospital in-patient stay	16
Benefit advice	12
Crisis services	11
Counselling service/Talking therapies	9
Depression and Anxiety management	9
Drop in services	8
Housing advice	8
Parent support groups	8
Legal advice	8
Exercise classes	8
Advocacy	7
Relaxation/yoga/meditation	7
Supporting housing	6
Advice and information	5
Other	4

In relation to specific gaps, in the survey of stakeholders, those who had experienced mental distress were asked if they could recall problems accessing services. The responses are outlined in table 5, below.

On a positive note the second most prevalent response was that they had 'not had any problems' accessing these services (32 per cent). However, more of a concern was that 37 per cent noted that they had had problems accessing counselling/talking therapies. Given that this was also cited as the most helpful support for mental distress, difficulty accessing talking therapies may represent a gap in provision. Other services that had reported higher levels of difficulty to access included CMHTs (27 per cent) and psychiatrists (27 per cent).

**Table.5 Accessing services**

<b>Table.5 Accessing services</b>	
<i>Base: All those who said they have experienced mental distress</i>	
Have you had any problems accessing any of the following services to use in relation to your mental health?	Total
	%
Counselling service/Talking therapies	37
No, I have not had any problems accessing any of these services	32
Community mental health team	27
Psychiatrist	27
Benefit advice	17
Crisis services	17
Depression and Anxiety management	16
GP/Practice nurse	14
Advice and information	13
Drop in services	12
Advocacy	10
Hospital in-patient stay	10
Legal advice	10
Careers advice and services	10
Housing advice	9
Relaxation/yoga/meditation	9
Supporting housing	7
Exercise classes	7
Other	5
Parent support groups	3

Respondents in the survey were also asked which public services could benefit from better mental health friendly practices and policies. NHS services were cited by 64 per cent, and Job Centre Plus/Employment services by 62 per cent. Overall, as is shown in table 6, there was a sense that public services could benefit from better practices and policies when working with people experiencing mental distress.

**Table.6 Public services improvements**

<b>Table.6 Public services improvements</b>	
<i>Base: All</i>	
Which, if any, of the following public services do you think could benefit from better mental health friendly practices and policies?	Total
	%
NHS Services	64
Job Centre Plus/Employment services	62
Police	59
Education	58
Housing	51
Other local authority services	43
Public transport	40

## What helps your mental health?

In the listening exercise stakeholders were also asked what **helps your mental health?**

Table 7 below illustrates the results. The most prevalent response, from 75 per cent of stakeholders, was contact with friends. This was followed by ‘finding time to relax’, regular exercise, contact with family, and a healthy diet.

It should be noted however that not every respondent would have experience of the different factors that may help mental health – so for example, not all may have accessed alternative therapies, making it difficult to assess the relative merit of each factor.

Certainly stakeholders highlighted the importance of all round well-being, and a healthy lifestyle, as a way to maintain positive mental health. It was suggested that Mind could play a strong role in promoting this in the future.

Table.7 What helps your mental health	
Base: All	
What helps your mental health?	Total %
Contact with friends	75%
Finding time to relax	69%
Regular exercise/physical activity	65%
Contact with family	63%
A healthy balanced diet	57%
Being able to be open about mental health issues	54%
Good housing	52%
Personal safety and security	51%
Having an active social life	49%
Medication	48%
Access to green space	46%
Access to good quality information on mental health	44%
Talking therapies	42%
Work or employment	40%
Volunteering	34%
Access to welfare/disability benefits	32%
Alternative therapies (e.g. reflexology, homeopathy, acupuncture, visualisation)	24%
Other	8%
None of the above	2%

## What does not help your mental health?

Those taking part in the survey were also asked to identify what **does not** help their mental health, with the responses outlined in table 7.

Stigma and discrimination was the most prevalent response, from 58 per cent of respondents. This was followed by lack of money (49 per cent), lack of mental health services (47 per cent)

and a lack of support services (45 per cent). Lack of support from friends and access to job opportunities were cited by the lowest number of respondents.

**Table.8 What does not help your mental health**

<i>Base: All</i>	
What doesn't help with your mental health?	Total
	%
Stigma and/or discrimination	58
Lack of money	49
Lack of available mental health services	47
Lack of support services	45
Waiting times for mental health services	43
Lack of good mental health practitioners	43
Work/employment (work stress)	41
Lack of choice of mental health services	41
Attitudes of family	33
Lack of support from family	33
Unemployment	31
Attitudes of friends	30
Lack of information	28
Lack of support from friends	27
Access to job opportunities	19
None of the above	6
Other	5

The problem of stigma and discrimination facing people with experience of mental distress was highlighted in the research and is explored in greater detail in the section below. Stigma and discrimination is viewed as a key goal that Mind should focus on in the future.

*There's still so much stigma about mental health isn't there, and it's in the media particularly, it plays a massive role, because people's opinions are actually informed by watching the press and TV -*

**Stakeholder**

## Suggestions for Mind

A central aim of the listening exercise has been to ensure that a wide range of stakeholders provide their views on what issues Mind should focus on in their future strategy for 2012 – 2015/16. These views are outlined in this section.

### Future Mind goals

Stakeholders were asked in the survey to identify key goals for Mind in the future, in terms of improving the lives of people with mental distress. The responses are outlined in table 9.

The most prevalent response (from 79 per cent of respondents) was 'people being better able to recover, live with, and manage their condition'. This was followed by 'improving the public's knowledge about their own mental health' (70 per cent) and then 'better mental health services' (66 per cent) and 'access to services' (60 per cent).

**Table.9 Goals for improving lives of people experiencing mental distress**

<i>Base: All</i>	
Which of the following should be goals for Mind in terms of improving the lives of people with mental distress?	Total
	%
People being better able to recover, live with and manage their condition	79
Improvements in the public's knowledge about their own mental health and how to manage it	70
Better mental health services	66
Improved access to employment for people who experience mental distress	60
Improved medical, welfare and social policy	51
Better support services, e.g. housing, education etc	50
Fewer inequalities in mental health service provision between different population groups	47
Other (Please specify)	8
Don't know	2

Further detail on why stakeholders think these are important and how Mind could operationalise these goals are provided in the section below taken from the open narratives collected as part of the listening survey.

## What activities are important for Mind?

Stakeholders were also asked to identify what activities are particularly important for Mind in the future. The results of this are in table 10. Tackling stigma and discrimination (65 per cent) and more services being available at the local level (58 per cent) were the two most prevalent responses. This was closely followed by promoting and supporting mental well-being for all (57 per cent).

<b>Table.10 Activities Mind should focus on</b>	
<i>Base: All</i>	
Which if any of the following should be goals for Mind in terms of improving the lives of people who experience mental distress?	Total
Tackling stigma and discrimination	65
More services available at the local level	58
Promoting and supporting mental well-being for all (preventative work)	57
Meaningful and continual processes for service user "voice"	43
Promoting diversity and inclusion	40
More information provided for people (written materials, website, information and information help lines)	31
Promoting and supporting active citizens	30
Other (Please specify)	6
Don't know	4

Stakeholders were also to identify *one* activity alone that should be considered particularly important for Mind. The responses of all those who chose to select just one response for this question have been included in table 11, below. Again, tackling stigma and discrimination and more services being available at the local level through LMAs are the two most prevalent responses. Making more services available locally was rated as a slightly higher priority (26.8 per cent) than tackling stigma and discrimination (25.1 per cent).

<b>Table.11 Activities particularly important to Mind</b>	
<i>Base: All who ticked only one.</i>	
Which, if any, of these activities do you consider to be particularly important for Mind?	Total
More services available at the local level through Local Mind associations	26.8
Tackling stigma and discrimination	25.1
Promoting and supporting mental well-being for all (preventative work)	14.2
Refused to answer	13.9
Meaningful and continual processes for service user 'voice'	8.4
Promoting diversity and inclusion	4.0
Promoting and supporting active citizenship e.g. support to campaign locally or volunteering	3.4
More information provided for people (written material, website information and information help lines)	3.3
Other (please specify)	.8

## **Stakeholder focus**

Stakeholders were also asked in the listening exercise survey if Mind should focus on any one beneficiary group in the future. Responses to this question have had to be reported separately for postal responses and web responses. This is because those completing the question online could only select three answers, whilst those completing the paper version often selected more than three, and it was impossible retrospectively to edit their responses to three groups. This means the two data sets are not compatible and so are presented separately. Similar responses were given across the dataset however, with the most prevalent response being that Mind should not focus on any one group (49 per cent and 59 per cent respectively). The next most prevalent group was young adults (38 per cent and 32 per cent), elderly people (32 per cent and 17 per cent) and children (20 per cent and 16 per cent). This was followed by prisoners (14 and 8 per cent), BEMAR communities (12 and 14 per cent) and LGBT communities (8 and 10 per cent).

This set of questions also included an open response whereby additional stakeholder groups could be identified, not already listed. Responses to this included different groups facing extreme exclusion, such as people with dual diagnosis such as drug users, and people experiencing homelessness. They included suggestions for very specific groups such as those from a particular culture where mental distress is poorly understood, or transgender people. Soldiers were also identified as another group who may experience mental distress or post-traumatic stress once they return from active duty, and may require specialist support or campaigning to raise awareness of their needs.

## ***Service User involvement***

Service user involvement is already an integral component of national and local Mind. Service user involvement in how services for people with experience of mental distress are managed, designed and implemented was highlighted as being fundamentally important by stakeholders. Thus, while already an activity undertaken within Mind, there was a clear desire for service user involvement to continue and expand in the future. Reasons for this included the following:

Service user involvement gives a sense of:

- ownership
- confidence in services
- trust and a sense of belonging within Mind to service users
- community
- empowerment

It also was felt to lead to better quality service provision, ensuring services respond to the needs of the target group and represent diverse or marginal needs. It was therefore noted as important that service user involvement incorporates the involvement of services users with different characteristics and experiences.

Finally, it was noted the significance that service users can have in providing or designing training for mental health professionals. In fact taking this a step further a suggestion was made that senior level mental health professionals and service commissioners should be asked to try to covertly access services so they can really 'understand what it is like'.

**The key issues identified by stakeholders as important for Mind to address in the future are:**

- **Stigma and discrimination**
- **Development and support of local Mind associations and their services**
- **Raising awareness and education about mental distress**
- **Promoting well-being, prevention and recovery**
- **Monitoring and improving service provision**
- **Greater social inclusion via government campaigning**

## **Stakeholders' priority issues**

A wide range of narrative responses were provided alongside the survey figures from stakeholders taking part online, by post and at focus groups and workshops. In this section the key issues that stakeholders discussed as important – and why these are important – are summarised.

### **Stigma and discrimination**

There is an overwhelming desire for even more to be done to address the ongoing stigma and discrimination that is felt to be attached to experiences of mental distress. Such stigma is felt to have a real affect on people, leading to an even greater sense of alienation or discrimination occurring when people are already vulnerable due to their mental distress.

The media was noted as a key source of coverage of mental distress – the power that the media can have by presenting positive images of people with experience of mental distress was also highlighted, as was the role celebrities can play to normalise rather than stigmatise mental distress.

Indeed a key theme was that mental distress should be increasingly normalised, through awareness raising - that it can 'happen to anyone'; and that mental distress is dynamic – people recover and manage their mental health. Coupled with this was a desire to highlight that mental ill health is like physical illnesses – such as cancer – and should be treated as such – not a stigma but a potentially debilitating state that may require intensive support, treatment and understanding to overcome.

### **Development and support of local Mind associations and their services**

Another key priority was that the local Mind network should be further developed and supported as part of the Mind strategy.

In the narratives at the end of the listening exercise survey, drop in services and activities such as lunch clubs, group counselling, gardening and art groups for example, were cited as being very important for Mind service users. Participants in the focus groups also discussed the significance such support played in their life. There was concern that such activities are being reduced, when the desire is for them to be increased, with for example, longer opening hours, more out-of-hour activities and services being provided that respond to local needs via the local Mind network. There were concerns that communal activities are being replaced by individual support plans, whereby service users meet only with a support worker. This is felt to reduce the benefit of social networks and meaningful occupation that drop in services and activities provide. There was also caution noted however, to ensure that people accessing services do not become overly reliant on these services.

There was also a desire for national Mind to support local Mind associations to obtain funds, which in turn would allow them to extend the provision of local services. Suggestions included national Mind supporting LMAs in writing funding applications and fundraising; and linking the Mind shops and their income directly to the local Mind associations in the same area.

Another way in which the provision of services in local areas could be extended by local Mind associations was felt to be via networking with existing services, and building a joined-up local network of provision - for example sharing office and drop in spaces with other agencies, advertising Mind via GP surgeries and having Mind staff available at CMHT offices.

The desire to extend day services and support via local Mind associations was strongly raised. In geographical locations where there are not local Mind associations there was also a desire to ensure the local network has full coverage across England and Wales, and 'gaps' are met.

Therefore a key message was the desire for the continuation and extension of local services and activities via LMAs.

### **Raising awareness and increasing education**

Linked into, but separate from tackling stigma and discrimination, was a strong desire for Mind to continue to raise awareness of both mental distress, and the services/support that people can access to manage mental distress. Raising awareness and increasing education was felt by stakeholders to have a dual role - assisting in tackling stigma, and also ensuring that everyone understands what mental distress is, and how they can better manage their own mental health. This also related to ensuring people are aware of Mind, and the support local Mind associations may be able to provide.

Key groups that it was suggested could be targeted in awareness raising and education campaigns included:

- Younger people
- Employers
- GPs
- Mental health professionals
- Wider community

Raising awareness was also linked to promoting well-being, prevention and recovery from mental distress.

### **Promoting well-being, prevention and recovery**

Another key theme stemming from a desire from stakeholders for Mind to raise awareness of mental distress was the need to couple this with raising awareness of how people can maintain

positive mental health. Suggestions for this included highlighting the importance of a holistic approach to health – healthy diet, adequate sleep, exercise, and activities such as listening to music, meditating, taking part in craft or art – as key to overall well-being.

Mind promoting the recovery model was also cited as important. The recovery model includes service users taking control of their mental health and how they manage it, and professionals acting to facilitate this. It was felt by stakeholders that Mind should focus on raising awareness that individuals can recover from mental distress and mental distress should be viewed as dynamic and not static.

There was also caution noted however that for individuals with serious mental ill health the recovery model can place undue stress on them, and ‘one size does not fit all’ in terms of how best to manage mental health. There were respondents who felt that medication can be very important to maintaining their mental health, and that this too should be promoted as part a holistic lifestyle, where appropriate.

### **Improving service provision**

Access to high quality and appropriate services for people experiencing mental distress (via the NHS) was felt to be very important, and Mind could have a role campaigning for this and ensuring good practice or new innovations in how to address mental distress are disseminated.

Stakeholders felt there is a particular need for greater access to talking therapies such as counselling, and also to acknowledge the significance alternative therapies such as aromatherapy, or activities such as horticulture or spending times with animals, can have as part of a spectrum of service provision for people with experience of mental distress. Specific interventions, such as cognitive behavioural therapy (CBT) were also noted as important, when they ‘work’ for an individual, but there was a desire for Mind to ensure a spectrum of treatment options remains rather than a prescriptive ‘one size fits all’ approach to meeting individual needs.

Overall then, it was felt that Mind could continue to ensure people are informed of the different types of services or support that may assist them, and that there is access to these, along a broad spectrum. This could also include raising awareness of how to best address specific mental health issues that were felt to be neglected – for example, the links between childhood sexual abuse and mental ill health; better understanding of eating disorders; and, better understanding of self harming.

Quality of existing statutory services is also felt to be important, especially ensuring access to Community Mental Health Teams and monitoring the quality of in-patient care. There are concerns that in-patient care can vary in quality and people may have very negative experiences of this, such as the continuing existence of mixed gender wards.

Thus Mind is felt to have a role to monitor service provision and campaign for improvements where necessary, or assist services to better link up in local areas and good quality health care is available.

### **Social inclusion and campaigning to the government**

There were also concerns raised about reductions in Government spending and changes in health and employment policies. The palpable fear is that vulnerable individuals will be disproportionately affected by these cuts and that Mind should play a strong role in the future,

monitoring the effect of policy change or funding cuts and campaigning against them if there is evidence they are leading to greater social exclusion.

Ensuring there is accessible and high quality health care for people with mental distress was cited as a key campaign that could be adopted by Mind. This includes making sure health care is accessible for different groups, who may currently feel mainstream services can exclude them, such as those with a dual diagnosis, transsexuals, different ethnic groups, people experiencing homelessness, or soldiers, who may have particular needs relating to mental distress when they return to civilian life.

It was also suggested that Mind could campaign to ensure that discrimination is minimised, via government legislation. The Equality Act 2010 was raised as a key piece of legislation that protects people on the basis of protected characteristics and it was felt that mental distress should fall within the remit of this legislation to provide additional protection against discrimination.

The government concept of the 'Big Society' was noted to be potentially misleading – a means by which to reduce spending on services without actually ensuring an infrastructure is in place to replace them via organised volunteering, service user involvement or community action. All of these activities are still felt to require funding and support.

Finally, a key concern raised was the ensuing changes to access to Disability Living Allowance. There is a desire for Mind to inform members about these changes, and where appropriate, campaign against them.

To summarise, **potential campaigns for Mind, raised in the listening exercise**, included:

- Reducing stigma and discrimination, and ensuring existing legislation is used to do so, where appropriate
- Increased provision of talking therapies and an accessible spectrum of NHS services
- Ensuring genuine opportunities for volunteering and local community provision is enabled (via funding)
- Ensuring local services and activities for people experiencing mental distress remain (via funding)
- The government playing a role in promoting well-being, healthy lifestyles and prevention
- The proposed changes to Disability Living Allowance

***As a society we need to be kinder; a charity like Mind could actually be a leading example of how you might approach being a kinder society, simply because they take time to think about what your life is like when things go wrong for you, and do not make assumptions about people for whom things have gone wrong – Stakeholder***

**NatCen is one of Britain's leading and largest independent social research institutes. NatCen is a non-profit research institute registered as a charitable trust. Its objective is to specialise in high quality social research, deliberation and consultations for government and public bodies.**

**This listening exercise was led by staff based within the Health and Well-being Team at NatCen, in collaboration with colleagues from the Question Design and Testing Unit and Project Computing.**

**The consultation involved video vox pox, focus groups, a workshop and a postal and online survey. Thank you to all who took part.**

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