



Finding mental health advice and support in Vassall

December 2015



Healthwatch Lambeth is the independent health and social care champion for local people

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About Healthwatch Lambeth

Healthwatch Lambeth is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.



Introduction

The Lambeth Black Health and Wellbeing Commission, established in 2013, led a borough-wide collaborative effort to find ways to improve the prevention and treatment of mental health conditions for Lambeth's African and Black Caribbean residents. It followed the death of Sean Rigg, a local musician and mental health service-user who died in police custody in 2008, which sparked wider debate about the inequality experienced by black communities in our local mental health system.

The Commission's final report (Lambeth Council, 2014) contained 40 recommendations categorised across three priority themes: improving prevention, access to appropriate services and patient experience. The report emphasised the need to improve access to support for those who need it at the earliest possible stage. But also highlighted feedback from residents through the Commission-led public engagement events that there was a lack of information about what mental health services and support were available (Lambeth Council 2014:35). Concerns were also raised around information-sharing methods, particularly an overreliance on the use of the internet.

Noting that a lack of information is a barrier to access, Healthwatch Lambeth decided to explore current understanding amongst residents of how they would seek advice, information or support for a mental health concern.

Review Scope

Our review sought to find out:

1. Where community members have or would look for information or advice for a mental health concern
2. What mental health services are known to local community members
3. What preferences people have for where they would seek mental health advice.

We decided to focus our data collection in one area, Vassall Ward, because:

- we wanted to gain an understanding of what was known about mental health services from a 'community' perspective, in this case using geographical boundaries to define the 'community'
- the need for mental health support is likely to be higher in areas such as Vassall where social and economic deprivation is higher than in other parts of the borough (Lambeth Council 2014a:60)
- the area has one of the highest percentage of non-white British residents in Lambeth, with over half of residents indicating that they are from an ethnic minority (Lambeth Council 2014b:33)
- our findings may be useful for the Lambeth Early Action Partnership, as Vassall is one of the four wards it is investing in.

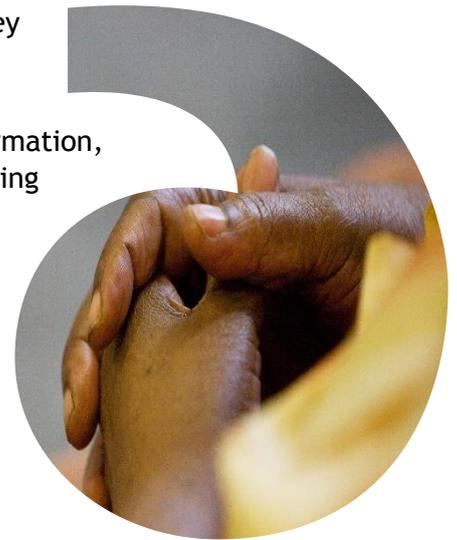


Methodology

The findings and analysis presented in this report are based on responses to a mixture of methods - a survey as well as interviews with community members from Vassall Ward undertaken over seven weeks in August and September 2015.

Survey: We asked people aged 16 and over to complete a short survey with multiple choice questions relating to:

- Where or from whom they would most likely look for information, advice or help if they or someone close to them were feeling unhappy, stressed or depressed, or had a mental health concern
- Where the most helpful sources of information and advice had been if they had looked for mental health information or advice recently
- Ideally, where would they like to go to find information and advice for a mental health concern
- What barriers exist to stop them accessing mental health advice or help.



Noting that factors such as an individual's cultural and racial influences will impact their construct of mental health and wellbeing (Mental Health Foundation, 2009), demographic information related to age, sex, presence of a disability, religion and ethnicity, and whether the respondent knew of someone who had used mental health services were requested to enable comparison of different population groups. Free text questions asking people to share how they keep themselves mentally well and their suggestions as to how access to mental health information and advice could be improved were also included.

Healthwatch volunteers made a particular effort to get out across different community spaces and events in Vassall such as in Myatt's Field Park, GP waiting rooms, community fun days, places of worship, and Tenants and Residents' Association meetings. The survey was also advertised online via local websites such as 'Vassall View' and 'SE5 forum'.

In total, 180 people responded to our survey. See Annex 1 for a breakdown of the respondents' characteristics.

Community interviews: We interviewed community leaders and service providers in the local area to hear their experiences of supporting people with mental health issues in their community. We used the interviews to find out:

- who they supported with mental health concerns, how they did so, as well as their perceived capacity to do this



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- what they knew about mental health services in Lambeth
- their suggestions as to how improvements could be made in raising awareness and information sharing around available mental health services for their particular member groups.

In total, we spoke to community leaders and stakeholders from 19 organisations who worked and/or lived in the Vassall area. These included: a GP and practice nurse, two pharmacists, three religious leaders from local churches and a mosque, four people either working for or representing local estates, members of four local businesses and organisations (the Little Cat Café in Myatt's Field Park, 'We Care' Day Nursery, Lambeth Tigers Football Club and Minet Library), a local councillor and the Vassall Ward Safer Neighbourhood Police team.

To play our part in sharing information, Healthwatch representatives shared a flyer (see Annex 2) with information about a selection of Lambeth mental health support services to interested community members.

Limitations

The results captured through this study aim to present a fuller view of the levels of awareness of Lambeth mental health services by community members in Vassall Ward. While we attempted to promote the survey widely, we recognise that there were limitations that may impact our results and findings.

We focussed on maximising survey completion rates by disseminating it in public spaces and group settings such as outside the local library and at Tenants and Residents' Association meetings. Due to capacity constraints, we were not able to engage face-to-face with people who did not belong to these groups or who were house-bound. The survey was not translated into other languages which may have hindered the participation of community members for whom English is not their first language. Lastly, we acknowledge that the survey captures an intention, rather than practice, by asking hypothetical questions such as where someone would go for mental health information or advice, and so results should be read and interpreted with this in mind.



Findings

This section presents the results and findings from information collected through surveys and community interviews, with the aim to understand what community members know about the mental health services available for people who need support.

MOST PEOPLE WOULD LOOK TO THEIR GP FOR MENTAL HEALTH INFORMATION OR ADVICE

If you or someone close to you were feeling unhappy, stressed or depressed, or has a mental health concern, where or from whom are you most likely to look for information, advice or help? Ideally, if you had to seek information, advice or help from within this local area, where or from whom, would you like to get it from?

- 6 in 10 people said they'd speak to their GP, 4 in 10 would speak to a family member or friend, and nearly a quarter of respondents would use the internet to seek mental health information or advice for themselves or someone close to them.
- More community members with a 'white'¹ ethnic background - 8 in 10 people - said they would choose to speak to a GP than those with a 'black'² ethnic background where 5 in 10 people indicated a similar preference. We saw a parallel shift with 2 in 10 people from the 'black' community compared to almost no 'white' community members suggesting that they would seek help from a religious leader.
- The following services were identified by 1 in 10 respondents as ones that they would seek help from: Mental Health Charity, Community Mental Health Team, an anonymous helpline, self-refer to talking therapies/Improving Access to Psychological Therapies (IAPT) service or go to Accident and Emergency.
- When asked where they would *ideally* like to go to find information for a mental health concern, preferences largely remained the same as current practice: 6 in 10 people would prefer to see their GP, 3 in 10 would prefer to talk to a friend or family member and a quarter would use the Internet.

Seeking mental health information or advice from a GP was the most common point of reference cited by community members who responded to our survey. Of the community stakeholders we interviewed, 11 of 17 (excluding GP practice staff) suggested that they would advise those who needed mental health support to see their GP.

¹ We define 'White' as those survey respondents who identified themselves as being from a 'White British' or 'White Other' ethnic or cultural background.

² We define 'Black' as those survey respondents who identified themselves as being from a 'Black African', 'Black Caribbean' or 'Black Other' ethnic or cultural background.



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This finding remained the same across all demographic groups, although we did observe a difference in the willingness to find advice from a doctor by those respondents who identified themselves as black, where only half expressed such a preference compared with eight in 10 white respondents. As the survey did not ask respondents to explain their choices, further engagement would be required to understand the significance of this result and whether it reveals a preference or a lack of knowledge about the services available at a GP by those from the 'black' community.

We were able to speak to a local GP who led on mental health and a practice nurse who was also a qualified counsellor to understand their experience of providing mental health support to patients. The GP explained that through word of mouth recommendations, patients wanting to discuss mental health issues tended to gravitate towards a couple of doctors within any given practice. In her experience, she also found that female patients were more likely to discuss concerns about their mental health, whereas men, particularly those aged between 20 - 50 years and those from Afro-Caribbean backgrounds were the least likely to come forward to discuss health concerns in general, let alone mental health. The GP felt that free NHS health checks offered to people over 40 provided better reach of GPs to the older male cohort.

Both health professionals felt that they provided mental health support regularly for patients, though this may be a positive consequence of both of these stakeholders having a keen awareness and relevant background in the topic. The timeliness of help-seeking by patients was seen as a priority concern that needed immediate action.



The biggest hurdle is for us to get people through the door before they get in to crisis. I would say that our patients tend to leave it too late before seeking help. By the time they come to see us they'll say that they haven't been feeling great or like themselves for about three months. At this point their condition has worsened to the point where they can't cope.

OVERALL AWARENESS OF THE RANGE OF MENTAL HEALTH SERVICES AVAILABLE IN LAMBETH IS POOR

In Lambeth, there has been a concerted effort to provide a range of support options for residents with mental health concerns such as the Lambeth Living Well Hub, Solidarity in a Crisis, expansion of the Talking Therapies service, and Information Hub at Mosaic Clubhouse. In particular these options are designed to encourage self-referral to bypass bottlenecks that could arise in a more structured referral process. We found many Vassall community members seemed to have limited knowledge of these services.

Only 1 in 10 people who responded to our survey suggested that they would find help from a local mental health charity; where people specified the service they would use, the charity 'Mind' was most frequently named (by 6 respondents). Similarly, very few people identified the Improving Access to Psychological Therapies (IAPT) programme as a service that they might seek help from.



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These findings suggest that more could be done to broaden the awareness of non-GP mental health service options available to people, particularly in light of the finding that advice and information sought from friends and family was the second most popular source of help identified by Vassall community members. One community member explained his frustration at not knowing what else he could do or where else he could go to get help, other than from a GP:



My mum's been ill since I was 15, I'm now 28. She's had treatment at SLAM. She's got a split personality problem - she's not aggressive, she just shouts. I've told the GP but they don't do anything. They note it on her file and have done blood tests. They changed her medication a while back. I need someone to come and see her at home, she won't get counselling and she won't go to the GP. It feels like they need something bad to happen before they will act. I just go home, close my door and ignore her. There's nothing else I can do.

Similarly low levels of awareness of the availability of local mental health services within the borough were found among the majority of community leaders and service providers we spoke with. Interviewees said:



I don't know of local support services for mental health, I will be truly honest. I know there are CMHTs, GPs, and pharmacies but of locally based services such as charities providing support for mental health, I might not be aware of.



It is not always easy to know how to refer people with mental health problems at their point of need. If it is approaching an acute situation I would suggest they go to the Maudsley drop-in. I would look up local information online. I would suggest they see their GP, Maudsley or the Lambeth Hospital.



I've been a resident [of Lambeth] for 30 years but it is a struggle to find services we can refer adults to in Lambeth. I think it is a struggle to have an up-to-date knowledge of services.

The exception to this were two health professionals, the GP and practice nurse, who were well informed about borough-specific mental health services including Mosaic Clubhouse, the Living Well Network Hub, IAPT and services for young people such as the Well Centre. They had a good understanding of what each service provided, though one commented that she gained more confidence and information from a recent training provided by the South London and Maudsley hospital where up-to-date information on the support available for both professionals and patients was shared.



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Only two community stakeholders working in the Vassall area whom we spoke to had some knowledge of non-GP based mental health services. This tended to stem from their own initiative to find information about services that would meet the needs of their groups.



We have a wide range of activities here at the centre and my number one priority is mental well-being. We have a lot of leaflets on local services that provide support - we try to collect as much as possible wherever we go.....but we don't have enough connections locally to refer people to.

Interestingly, although each of the community groups we talked to were clearly passionate about the work they did in their own spaces, there seemed to be little linking up between them more generally. The majority of those we spoke to did not reference each other's initiatives or activities in our discussions; in fact only two stakeholders seemed to be aware of local wellbeing activities being undertaken outside of their own organisations. This seemed to be a missed opportunity.

While we conducted the project, we saw very little advertising of mental health services in and around the places we visited. In total, we found literature on Lambeth based mental health services that was available the public in two places, and advertising of wellbeing activities or prompts in a further four locations. Prompts around wellbeing were seen on digital screens in one GP surgery waiting room we visited and a poster for the 'Solidarity in a Crisis' service was advertised on the wall of another surgery. We also noticed that a large percentage of the seating in waiting rooms were backed against the walls where the plethora of posters advertising information about the different services were, resulting in posters being out of view of those sitting down. Although there may be little that can be done about this, it is worth noting the limitation.

We visited community spaces such as places of worship, community centres located on estates and the local park with noticeboards where promotional advertising of services could be strategically placed but had yet to be used in this way. These places offered opportunities to create visibility for people who are unlikely to visit a GP or health setting for help for a mental health concern. One community leader further explained the need for face-to-face engagement to accompany any advertising campaign:



We have display boards but nothing on mental health. The centre is very careful on what they display, we need to have full knowledge to be able to talk about it if questioned.

Our flyer with an overview of local mental health services (see Annex 2) was well received by residents and community stakeholders alike, indicating an unmet need for information provision. Our own experience of developing the flyer also gave us valuable first-hand experience of how challenging it can be to find information from the internet as to the most appropriate places or people to approach to get help for a mental health concern.



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Our finding of the low awareness of mental health services by local residents and community stakeholders suggests that it would be valuable for mental health service providers to explore the effectiveness of the communication strategies implemented to date, and look at the extent to which wider community involvement can be used to shape how this communication can be carried out more effectively in future.

THERE IS A NEED FOR MENTAL HEALTH SUPPORT, WHICH SEEMS TO BE STRONGLY LINKED TO SOCIAL PRESSURES PARTICULARLY WITH HOUSING

Have you had to find mental health information for yourself or someone you know in the last 2 years? What kind of information or advice were you looking for? Where did you find the most helpful information?

- A third of our survey respondents specified that they had looked for mental health information recently.
- Of these, approximately half said they were looking for information on treatment options and advice, 4 in 10 sought information regarding help in a crisis and a third were researching mental health signs and symptoms. 1 in 5 people searched for information regarding a diagnosis, a helpline number or peer support.
- These same respondents rated their GP (51%), the Internet (38%) and their family member or friend (29%) as the most useful sources of information.

Information on treatment options and advice, help in a crisis and mental health signs and symptoms were identified as the most frequently sought by those who responded to our survey. As the sample size was relatively small, further analysis by demographic groups was not conducted.

Our finding that a third of respondents had looked for mental health advice or information in the last two years indicates the level of need for mental health support. Stakeholder interviews brought out a clear, though unsurprising, connection between mental health issues and social pressures such as housing, finance, employment, family strains etc. According to the GP we spoke with, anxiety, depression and panic attacks experienced by her patients often related to housing concerns. She felt this was particularly true for the young women she treated. This echoed comments from several other community stakeholders:



People approach me for support with mental health problems constantly. The most common problems I get approached over are immigration followed by housing, and mental health problems secondary to these.



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The cases I see tend to be from people who have no idea where to turn to for help.....These residents are often from deprived backgrounds and are under pressure financially, or with other issues, especially housing concerns. They often don't have the time or the resources to properly seek out care.

The frequency with which social pressures, in particular housing concerns, were referenced suggests that promotion of mental health support could be carried out through non-traditional routes especially those that are closer to pressure points for at-risk individuals. Housing providers/landlords, their employees and Tenants and Residents Associations are local assets that could play a proactive role in signposting and referring those who need help, advice and support to the right services.

STIGMA CONTINUES TO BE A SIGNIFICANT BARRIER THAT PREVENTS PEOPLE FROM SEEKING HELP

Thinking about yourself, what might stop you from trying to get help?

- Shame and embarrassment, identified by 4 in 10 survey respondents, was the most commonly cited barrier to accessing help. A quarter of people said they were nervous and/or didn't know where to start looking, and 1 in 5 people didn't want other people knowing their business.
- More 'black' than 'white' survey participants said that shame (45% and 33% respectively) and not knowing where to look for information (30% and 17% respectively) were barriers to trying to get help.
- Respondents who said they knew someone who had used Mental Health services as opposed to those who didn't were more likely to cite barriers of shame (48% and 35% respectively), that they unsuccessfully tried to get help (17% and 5% respectively) and that other people's bad experiences put them off seeking help (18% and 5% respectively).
- Across all respondents, 1 in 4 people said nothing would stop them.

The most common barrier to accessing help identified by both responses to our survey and from community stakeholders was perceived shame and embarrassment. The finding itself comes as little surprise given the wealth of literature documenting barriers to mental health help-seeking attitudes and behaviours. Comments received from community members and stakeholders included:



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We do not talk about mental health in our community and we do not know what mental health is until we hear someone has been sectioned.



Many adults and teenagers are still ashamed of discussing mental health openly; whatever the improvements, it's a particular taboo still amongst men.



The word alone - mental - people viewing mental as mad rather than of the mind. For example yesterday - a parent saw a leaflet and said we are 'not mental'. She was reacting to the leaflet's wording even though it was to do with supporting people but the fact that it was being given out made her feel that the people being given the leaflets were somehow thought of as being 'mental'.

The significant perception of stigma that continues to be felt by Vassall residents highlights the need for more open and meaningful dialogue around mental health with communities. Current attitudes need to be challenged and changed to enable people to feel comfortable and confident to seek help for themselves or someone close to them in a timely way.

Our own observations from simply being out and about in Vassall was that there was an appetite to talk about mental health within the community. Several of our volunteers had conversations with community members about their experiences and that of their family members after completing a survey form, and we found these survey respondents were keen to know more about local services. We note the work of SLAM's Mental Health Promotion Team who have made space for such conversations and would like to see more resources invested into this type of direct engagement at the local level, particularly with black communities.

The need for confidentiality was highlighted by respondents with 1 in 5 saying that they did not want other people knowing their business. This finding suggests that more assurances around confidentiality could be offered and clearly communicated to potential service users. One community stakeholder shared her experience as to why people may not come forward for help at an earlier stage:



I know of two women who ended up being sectioned because they did not get help early enough. Some parents are scared to speak to their social workers about their mental health because they are scared they'll take their kids away.

The GP we spoke with offered an example of good practice where changing the delivery of services to a less-stigmatised and more local setting had had a beneficial impact for patients. She explained that her surgery had recently negotiated to host Drug and Alcohol services provided by



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Lorraine Hewitt House (the Lambeth Addiction Treatment Consortium). Being treated within the local practice where the anonymity of the treatment you receive is preserved has been seen as helpful and inclusive by both patients and providers so far. Patients had previously expressed concerns about the stigma of being seen entering Lorraine Hewitt House - a facility well known locally for the services it provided.

Through our information collection, we also heard anecdotal stories from community members and stakeholders about how the changing behaviour of an individual experiencing a mental health issue often isolated them away from other sources of informal support such as family and friends. In these cases, the people we spoke to didn't know where they could find information or advice from to help their loved one. A survey respondent told us:



I always thought my daughter was just being a nuisance, getting herself into trouble. She had her first episode at University. She wasn't coping with the course and created a problem.

This was reiterated by a community stakeholder:



For those with mental health concerns, we find a lot of people who are isolated. They tend to have a significant lack of network because of aggressive, anti-social or challenging behaviour that has alienated any support network that they might have had, leaving them isolated and lonely.

INVEST MORE IN MENTAL HEALTH PROMOTION AMONG YOUNG PEOPLE

The need to invest in mental health promotion and prevention work with children and young people was a strong theme that came through from six interviews with community stakeholders. There was a recognition that to tackle the stigma associated with mental health and to normalise the concept of emotional wellbeing, dialogue needed to start as early as possible and preferably within the school system. Community representatives commented:



We need to have a more honest conversation with young people. They need to be encouraged to have and develop interpersonal relationships with each other, to understand the feelings of each other, to be aware of each other at an early age - right from primary school. That's a better way to influence people.



Children tend to pick up on a lot. [Raising] awareness may trigger what is going on in their home and they can find ways to talk about it. At least in schools you get to educate and they can take it home.



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The need for such dialogue was felt to be even greater in contexts such as Vassall where social and economic inequalities were more pronounced within the ward. Stakeholders collectively listed a variety of issues including the impact of living in single-parent households, stresses of coming from poorer backgrounds and the threat or experience of eviction and homelessness that had an influence on the mental health of children and young people.



.....there have been occasions where some parents are clearly distressed, as well as some of the kids presenting behavioural problems. But we love the kids and we accept them because a lot of the time they need to briefly escape the situation at home to come to us and be allowed to be normal kids again. We not only support these kids but informally support their parents as well.



We recognise a need to work with families considering that 75% of families aren't together. We need an IAPT (Improving Access to Psychological Therapies) for children. We have the Well Centre, but need a service for the under 12s which provides more low-level support for those who have gone through a family separation, bullying, children under the protective care of services etc.

Unfortunately as the data collection for this project took place over the school summer holiday period, we were unable to interview staff at the local schools in Vassall to understand their approach to supporting the emotional wellbeing of their students. However, if we are to take prevention and early intervention seriously, exploring how schools and staff are resourced to effectively support students will be an important future priority for Healthwatch to explore.

COMMUNITY SUGGESTIONS FOR MAKING MENTAL HEALTH ADVICE AND INFORMATION MORE ACCESSIBLE

Through our free text survey questions and in interviews, we asked our survey respondents to suggest ways that we could improve people's access to Mental Health advice and information.

Sharing information

- Information on the internet needs to be organised, in one place and be easy to 'google'. Websites such as such as Talk to Frank and Lorraine Hewitt house were seen as ones where the information was easily accessible and presented well (14);
- Leaflets with basic information of where advice can be sought (anonymously and in person), the services available (especially in relation to talking therapies), who is eligible to access them, phone numbers and information around signs and symptoms should be developed and distributed (24);



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- Translate information for the large Portuguese community who live in Lambeth; some residents felt that more advertising of available culturally or language specific services would improve access for non-white British communities (9).

Advertising services and support

- Respondents suggested various means of distribution:
 - Physical advertising that is big and bold in local places such as community centres, libraries, youth centres, chicken shops, schools, local convenience stores, leisure centres, noticeboards on estates, places of worship; people suggested advertising on buses, bus-stops, billboards, local radio shows and in the free press, as a means to communicate with people who don't belong to any particular community group (11);
 - Advertising needs to be accompanied by face-to-face engagement with community members and local community organisations such as those we spoke with in this study, to help people understand what the service can offer (5).

Mental health promotion

- More mental health promotion work to take the shame out of talking about mental health should be carried out such as workshops in communities or discussions on local radio; these workshops need to cater for the preferences of community members and be fun e.g. using dance and music where possible; respondents suggested that support and encouragement from their religious leader and organised sessions through the establishment would go further than promotional literature (12);
- More positive stories about mental health on local blogs (1).

Access to clinical support

- Basic training for community leaders such as Mental Health First Aid to ensure they have skills and knowledge to provide appropriate low level support to individuals needing help (5);
- Local community leaders should have a named contact of a professional with a mental health specialism such as a community psychiatric nurse who can be approached for advice with mental health issues (3).



Conclusion

Our study found that the three most commonly accessed and preferred sources of information for mental health advice, information and support were an individual's GP, friends and family, and the internet. On the whole, these preferences remained the same across all our demographic groups. Our survey was purposefully kept short and so did not allow us to understand the quality of the experience of getting advice and information from these sources - this will be an area for further research. However, we did find a particularly low level of awareness of non-GP services to support mental health among community members. With many people turning to their friends and family for information, it is clear that improving broader community awareness of the services available locally needs to be a priority.

With 4 in 10 people citing shame and embarrassment as a barrier to getting support, more has to be done at the most local community level to promote dialogue about mental health and wellbeing. As noted in our discussion, young people and our schools are a particularly important group to target and invest in.

Many of our findings will not come as a surprise. Low awareness among community members of local mental health support available and high levels of stigma associated with mental health are findings that researchers in this field have repeatedly made over the decades, and which were documented extensively in the Lambeth Black Health and Wellbeing Commission report (Lambeth Council, 2014). Our findings offer an opportunity to reconsider whether local mental health services are doing enough of the right things to address these issues within our borough.



Recommendations

Below we outline recommendations for mental health service providers:

1. Review and refresh an information/advertisement campaign at the community level

Providers should investigate what people need and want to know about mental health support by consulting with them, asking for their preferences and suggestions as to where and how best to share this information. While we understand that many providers are stretched for resources, we think it is important to re-iterate the need for direct face-to-face engagement with community members when promoting services. Service providers could explore the potential to create efficiencies by developing shared messages and advertising material, and collaborate on their service promotion activities. Investigating further means of disseminating information e.g. through housing officers should be also considered.

2. Tackle shame and stigma by expanding mental health promotion at the community level

We suggest that more investment needs to be made to increase the outreach of mental health promotion work across Lambeth, and to implement this at the grassroots level in our communities. Supporting local groups such as churches, Tenants and Residents Associations and Patient Participation Groups with knowledge, resources and confidence to generate conversations around mental health should be expanded. But importantly, and as noted by residents, this needs to be carried out in ways that people, especially those for whom stigma is more pronounced, will feel comfortable with.

3. Connect local community stakeholder groups with local mental health service providers

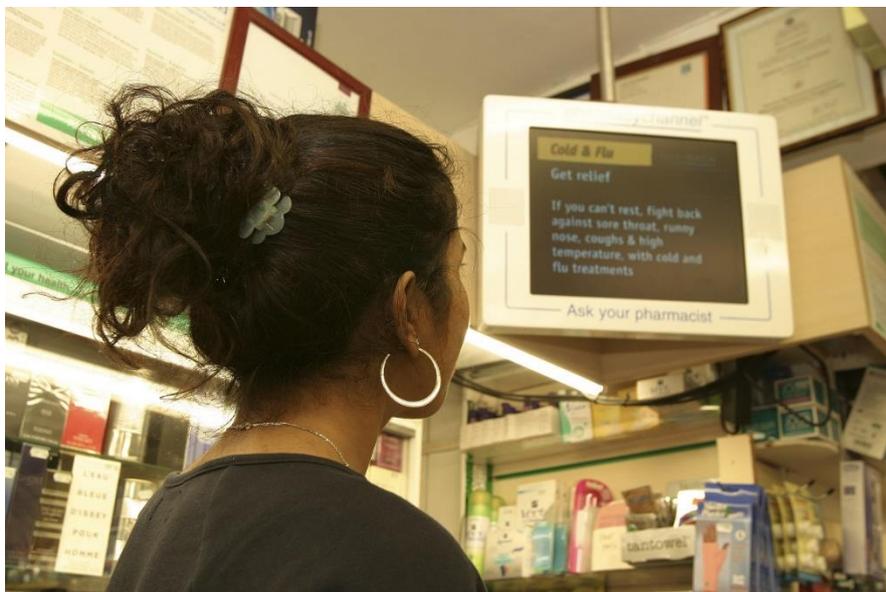
Mental health service providers should foster and sustain a working relationship with community organisations and groups. Through a process of engagement, providers will better understand what information community groups need to ensure that their members are appropriately referred to their services and in a timely way. From this project, it seems important that relationships with providers offering clinical support (assessment, therapies etc.), as well as those who can support with day-to-day concerns such as with housing issues should be prioritised. This type of relationship building could also support better networking and improved coordination between local community groups who informally support people with mental health concerns.



Next steps

This first study on the awareness of mental health services at the community level has raised areas for further study that aim to build a deeper understanding of our findings or listen to stakeholders whom we did not hear from. We plan to extend our work by committing to:

- Exploring the views and experiences of community members, particularly of those from the 'black' community, in accessing mental health support and services through their GP.
- Undertaking further engagement with stakeholders within the schools system such as teachers, parents, students, to understand their approaches and experiences of promoting and effectively managing the emotional wellbeing of children and young people.





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Annex 1: Demographic breakdown of survey respondents

Figure 1: Survey respondents by age

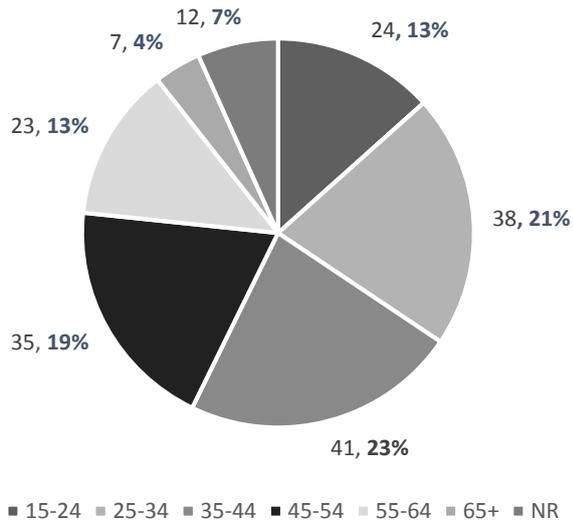


Figure 2: Survey respondents by sex

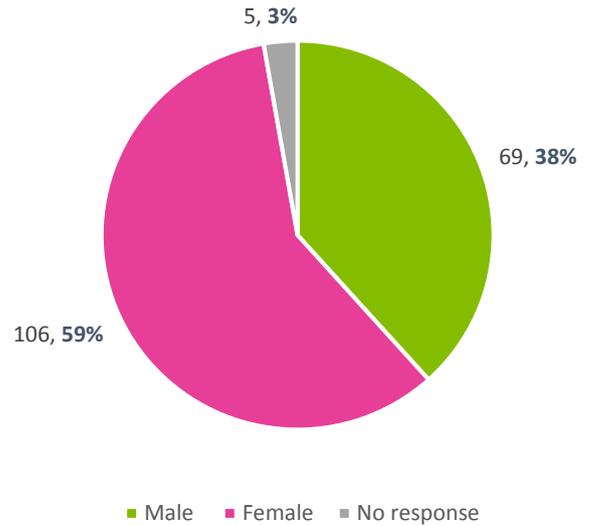


Figure 3: Survey respondents by presence of a disability

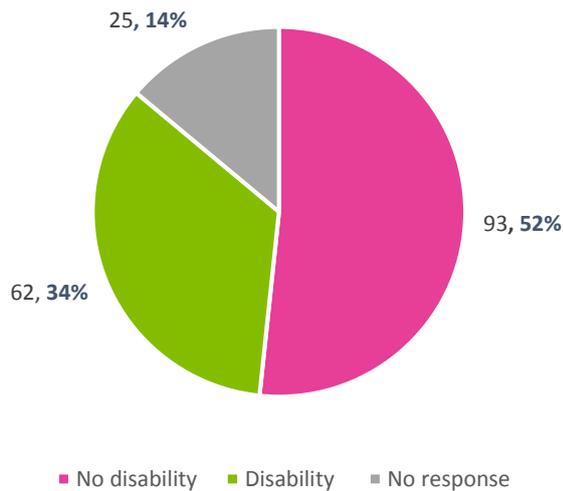


Figure 4: Survey respondents by whether they knew someone who had used mental health services

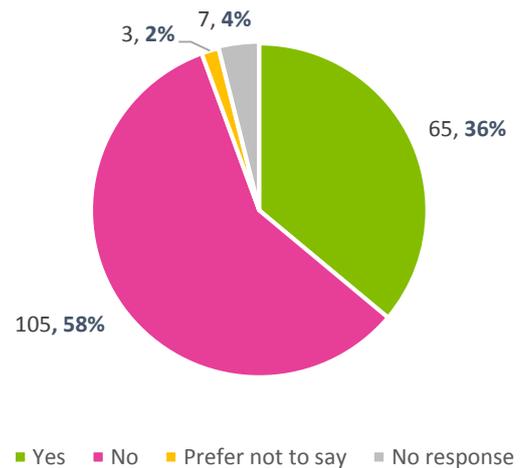




Figure 5: Survey respondents by ethnicity

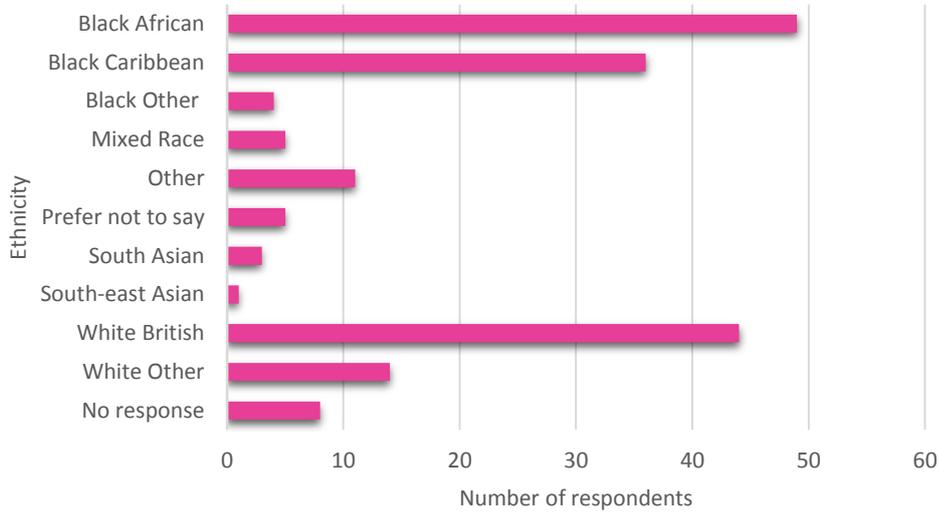
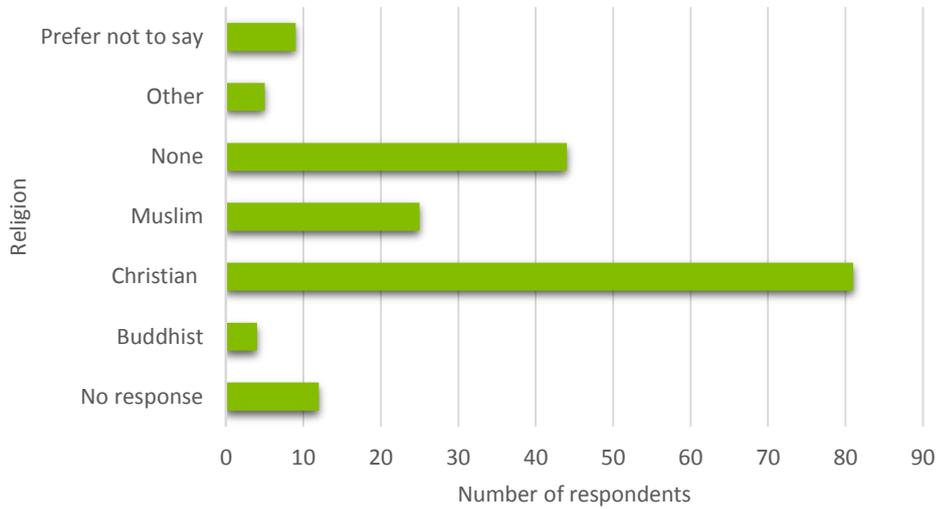


Figure 6: Survey respondents by religion





Finding mental health advice and support in Vassall

Annex 2: Mental health services leaflet

Mental Health Services, Lambeth

Details of a selection of services available locally, August 15



Mosaic Clubhouse

- Information Hub for mental health support and referrals
- No appointments necessary
- Available online: MIND Mental Health Services Directory <http://lambethandsouthwarkmind.org.uk/directory>

☎ 020 7924 9657
✉ infohub@mosaic-clubhouse.org
🏠 Effra Road, Brixton, SW2 1BZ



The Living Well Network Hub

- Self-refer to a hub of social workers, psychiatric nurses, occupational therapists, peer supporters and community support guides
- Mon to Fri: 9am-5pm (excl. bank holidays)

☎ 020 3691 5080
✉ information@lwnhub.net
🏠 Crown House, Station Approach, SW16 6HW



Solidarity in a Crisis

- Out of hours telephone and face to face support for people in distress
- Run by Peer Supporters
- Mon - Fri: 6pm - midnight; Sat - Sun: 12pm - midnight

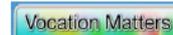
☎ Free phone 0300 123 1922
Text 0788 9756 087 or 0788 9756 083
✉ outofhours-solidarity@certitude.org.uk

SLaM: Lambeth Talking Therapies

Talking Therapies

- Self-refer for free talking therapy for a range of issues including mild depression and anxiety
- Available to Lambeth residents or those registered with a Lambeth GP who are 18 years and over

☎ 0203 228 6747
✉ sptsadmin@slam.nhs.uk
<https://slam-iapt.nhs.uk/>



Vocational Matters

- Time-unlimited, vocational information and support for people who use mental health services in Lambeth
- Covers education, employment, training, volunteering and welfare

☎ 020 3228 6818
🏠 3-6 Beale House, Lingham Street, Stockwell



Peer Support Network, Lambeth

- Hub for people wanting to access peer support, network, and find info/support on local activities and hobbies
- Available to Lambeth residents or those registered with a Lambeth GP who are 18 years and over
- Mon - Fri: 9am - 5pm

☎ 020 7737 2888
✉ peernetworklambeth@certitude.org.uk
🏠 105-107 Railton Road, Brixton



Community Support Network

- Advocacy services for Community, Forensic and In-Patient (Lambeth Hospital) settings

☎ 0207 274 4490
✉ info@csnsl.org.uk, www.csnsl.org.uk
🏠 336 Brixton Road, SW9 7AA