

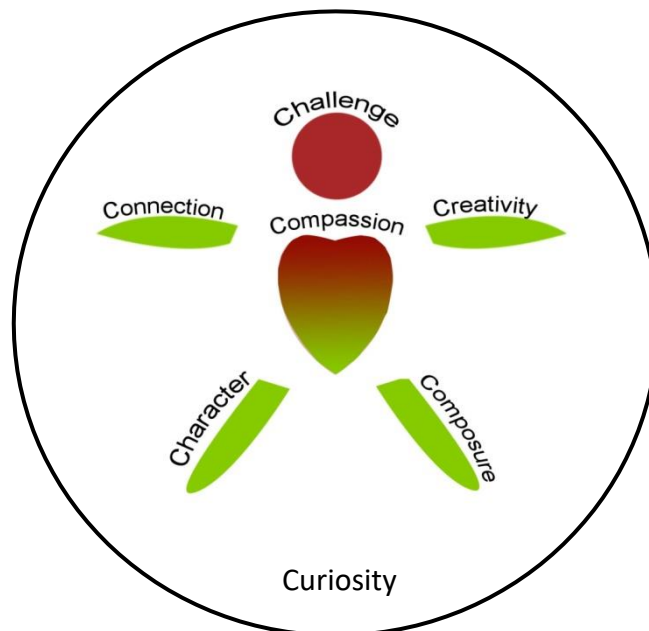
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The Good Mental Health Cooperative (GMHC) was established as a Community Interest Company (CIC) in April 2013 following a successful bid for funds. The GMHC is a community of individuals, groups and social enterprises developing innovative approaches that promote... Good Mental Health!

The Good Mental Health Cooperative is underpinned by the 7Cs principles of good mental health (Barber 2013).



Our aspirational **vision** as an organisation, is to help promote a society which values our mental and emotional health, just as we do our physical health.

We challenge stigma and exclusion, and make the best possible use of community potential to educate, support and promote good mental health.

As a Cooperative, we have members who support our aims. Membership is free for individuals and there is also the option of a subscription membership for small community groups and local enterprises who can then access certain benefits such as:

- Access to a dedicated meeting space by prior arrangement.
- Access to a business mailing address
- Advertisement of products, services, trainings on the GMHC website and/ or mailings sent to subscribers
- We have a management committee who oversee all our activities and fundraising efforts and volunteers who take part in events and take an active role in delivering the organisational aims. All of us identify as having experience of mental distress either in the past, currently or both. We support each other and encourage free expression of emotion whenever it is required.

What we are looking for...

We are looking for core funding via philanthropic donations that will help us realise this vision and revolutionise mental health care. Money for core funding would enable our practice; allow us to research our outcomes; provide projects and disseminate success to enable others to replicate good results in order to build a model of good mental health support and practice.

Terminology

Throughout this document we use the term ‘emotional distress’ rather than ‘mental illness’, the term distress indicates to us that support may be required. We do not support the assertion that extreme distress always equates to illness as so much mental distress is initiated by social and environmental factors. Whilst we acknowledge that biological and psychological factors have a bearing we do not see one as being more important than another. People are a conglomeration of bio-psycho-social influences and it is most helpful to work with the whole person and their immediate environment.

Current mental health discourse refers often to a ‘recovery’ process; we prefer to think in terms of discovery rather than recovery. Following a period of mental distress we are

unlikely to return to being the person we were, we emerge as a new, hopefully, improved version at which point we have to discover ourselves again.

Current situation in mental wellbeing nationally

- 1 out of 3 GP appointments is related to mental health issues (RCP, 2017)
- Recent study suggests that 1 in 3 people will experience mental ill health (NHS Digital, 2016).
- In the UK 90% of people experiencing mental distress are managed in primary care (Mental Health Taskforce, 2015), with only a small percentage of people qualifying for specialist mental healthcare...

‘Mental ill health is the single largest cause of disability in the UK’

(Department of Health, 2011 No Health without Mental Health)

Services in the UK are primarily available via primary care (IAPT services and medication) for those categorised as experiencing ‘minor to moderate’ mental ill health (Mental Health Taskforce, 2015). These are usually people suffering symptoms linked to depression and anxiety, which can be very disabling and seriously affect work and family relationships.

Secondary mental health services are available for those experiencing severe emotional distress but this accounts for only 3.4% of the adult population of England (CQC, 2017). The majority of people experiencing emotional distress fall between these two poles and, although there are variable pockets of provision nationwide, these are often short term and postcode dependant, nothing coherent exists to provide for this group.

The human cost of such minimal support for these people is as yet unquantified. However we do know that a recent OECD study estimated the overall cost to the economy of mental ill-health was £70 billion per year (OECD. 2014), and in 2017 the Institute for Fiscal Studies reported that half of all disability claims resulted from mental ill-health. The CQC point out in their 2017 report on the state of care in mental health services that:

- there is an increasing demand for mental health support particularly in primary care;
- there is a reduction in the number of trained staff able to provide support for those in mental distress, particularly nurses;
- the number of detentions of people under the Mental Health Act (MHA) has risen 26% between 2012/13 to 2015/16
- services provided across the country, both NHS and independent, vary considerably in terms of quality care and safety (CQC, 2017).

We suggest that this is an unsatisfactory position that demands immediate innovative action.

What are Services For?

To help contextualise our position it is worth considering briefly what services are for. The answer to this question is likely to differ depending on perspective. Few would argue that a primary purpose of mental health services would be to recognise mental health need and deliver care for people with mental distress (Shield et al, 2003). Pilgrim (2017), who could be considered a sociological observer of services, suggests that mental health services is a term used as a compromise label to describe services offered to, or imposed upon, people with a wide range of psychological problems. As a user of mental health services Beresford (2010) suggests that ideally services are there as a safety net, somewhere to sort out troubles and be cared for, but he suggests that very few actually experience services this way. This discrepancy between ideals/rhetoric and practice/reality is played out in multiple ways in mental healthcare.

The Mental Health Taskforce (2015) and the Department of Health (2011) agree that mental health is as important as physical health, however it is still the case that the service is vastly underfunded compared to physical healthcare as widely reported in the mainstream news in 2016/17. Also widely reported are risk events that may occur related to someone with a current or previous mental health issue, an action that contributes to the focus on risk management in society (Laurence, 2003) as well as an explicit desire to address the national suicide rate (Department of Health, 1999, 2011).

So whilst it may be hoped that mental health services are there to support people to recover from mental distress as idealised by Beresford (2010), in practice mental health services are often experienced as a form of social control with a focus on risk rather than recovery (ibid).

This gap between rhetoric and actual experience has been upheld within our own sphere of practice via the Trialogues (see below for a more comprehensive discussion of these events) which are facilitated, open dialogue groups considering issues regarding mental distress. Common themes of these discussion were:

- Mental health services are not easily accessed
- Barriers to services cause problems. Services are currently part of the problem, not the solution.
- Early intervention is required to ward off crisis rather than having no support until crisis occurs
- Having face to face interactions with services is increasingly difficult. Less able to ask for help from an actual person with a move towards services provided over the phone or online. For example the increase in phone appointments from GP surgeries compared to trying to get a face to face appointment.
- Basic access is difficult. A lot is online and the GP is the gateway to everything. Creating an underclass of people who need help but can't access it. Not everyone has access to a computer.
- Mental health is still massively under resourced compared to huge physical health drives we see.

Our Philosophy

Services/projects provided by the GMHC are based on certain assumptions:

- That people are capable and invested in their own wellbeing.
- That people are able to manage their own wellbeing and the professional role, if absolutely necessary, is to support and enable NOT to dictate, direct or impose solutions.

- Even in the grips of severe mental distress people are able to make decisions about their wellbeing.
- The route to mental wellbeing differs for individuals, there is no one size fits all response.
- The whole spectrum of emotions are part of human experience and therefore to be expected. Frequent negative emotion is not viewed as alien to the human condition.
- Open access principle is key, people need to remain in control of their own life course so self-referral is essential

These principles and tenets of service delivery do not differ from the policy language used by statutory mental health services, as discussed above. However, the delivery of these services, on the whole, does not always mirror the language, and patient reports often suggest that they experience paternalistic and oppressive treatment (Beresford, 2010).

Vision

To improve this situation, we want to see a fluid and responsive menu of options that individuals can pick from in order to create their own meaningful journey of discovery back to wellbeing.

Mission

By drawing on the availability of activities and courses through the Good Mental Health Coop community networks, we will create a fluid and responsive menu of options. The individual decides on the activities/services that will best meet their current needs and feel most meaningful to them. Maintaining the lead in their own discovery journey helps to build confidence and self-agency and reduces reliance on statutory services. There is an additional emphasis on direct routes into mainstream community activities, volunteering, formal learning and work opportunities.

Practice Framework

In projects which provide a service to people, rather than following the medical model as per much current mental health provision, we will utilise the Power, Threat, Meaning (PTM) framework (Johnstone et al, 2018) to underpin our interactions. This framework recognises that there is no one size fits all answer; that a mix of factors (biological,

psychological, social and environmental) influence behaviour; and that a person's subjective experience needs to be taken seriously. It considers the operation of POWER within a person's life, that that power may pose a negative THREAT to the individual, group or community, the subsequent MEANING that those experiencing the threat make of it and the behaviour that may emerge as a response to that threat.

Four key questions are asked:

1. What has happened to you?
2. How did it affect you?
3. What sense did you make of it?
4. What did you have to do to survive?

In this way people can be seen to be actively engaging threat responses for protection and survival rather than suffering biological deficits they can do little to influence.

Past, Current and proposed projects

Mental Wealth Academy (currently proposed)

The Mental Wealth Academy is designed to support access to creative community based activities, and skills based training courses which facilitate inclusion, recovery and good mental health.

The support is targeted for people who have experienced serious life challenges, are socially isolated, anxious or lacking in confidence. This may include experience of mental ill-health, addictions, disability, bereavement, caring responsibilities for example.

The Mental Wealth Academy is based on the premise that engagement with social networks and informal learning are critical to any successful journey of discovery, including re-integration with work based or mainstream community activities, bringing a sense of hope and inclusion rather than marginalisation and stigmatisation.

Rationale

The introduction in recent years of more innovative health interventions to support recovery and wellbeing have transformed the potential for how support services could be

delivered in the future. Talking therapies, mindfulness, Wellness Recovery Action Plans etc., - all can and are used outside of the health services to help a wide range of people recover from the debilitating psychological effects of trauma, loss, and other challenging life circumstances. The experience of Recovery Colleges has shown that many people benefit from being in a supportive learning environment which values their own life experiences and knowledge, rather than coming from a 'treatment' perspective (Walker, 2016).

The Mental Wealth Academy is based on similar principles, with a greater focus on self-management, creative, skills based and personal development courses provided by community groups and social entrepreneurs outside of the formal health and social care services.

The Mental Wealth Academy uses the 7 Cs framework (Barber, 2013) as a way of identifying how different kinds of activities support good mental health, recovery and inclusion. We believe that by exercising choice within a framework of options, rather than being directed by professionals, people begin to recover their sense of self agency.

By drawing on the availability of activities and courses through the Good Mental Health Coop network, we create a fluid and responsive menu of options. There is an additional emphasis on direct routes into mainstream community activities, volunteering, formal learning and work opportunities. There are several current activities that will continue to be available via the Mental Wealth Academy, as well as new activities not, as yet, begun.

These current activities are (in brief):

Mental Wealth Trialogues - A 'trialogue' group is a neutral space where people can gather to develop their understanding of mental health issues, including the challenges of maintaining good mental health, and to transform thinking on developing better services

and healthier communities. Mental Wealth Trialogue aims to create a safe space within the community for open dialogue around the subject of mental health. We hope that this will increase understanding around mental health and utilise community expertise in helping all to better manage their mental wellbeing, thus contributing to a healthier society.

Meetings are welcoming and inclusive of all community members including mental health service users, carers, families, friends, professionals and anyone with an interest in good mental health and wellbeing in the community. We have facilitated Trialogue discussion events in Portsmouth, Southampton and Gosport since 2015.

Please see the latest Trialogue report here:



The Human Library – This is an innovative method designed to promote dialogue, reduce prejudices and encourage understanding. The main characteristics of the project are to be found in its simplicity and positive approach. In its initial form the Human Library is a mobile library where visitors are given the opportunity to speak informally with ‘people on loan’; this latter group being extremely varied in age, sex and cultural background. The Human Library enables groups to break down stereotypes by challenging the most common prejudices in a positive and non-threatening manner. It is a concrete, easily transferable and affordable way of promoting tolerance and understanding. This international equalities movement, started in Denmark, promotes positive social change in over 60 countries. At a Human Library ‘Books’ are people, and reading is a conversation. Human Books are volunteers who share personal experience to challenge prejudice, stigma and discrimination. Mental health related books form only part of our library resource, reinforcing the importance of inclusivity and recognising that all of us have mental health to manage.

[\[http://goodmentalhealth.org.uk/human-library-events/\]](http://goodmentalhealth.org.uk/human-library-events/)

The Hampshire Festival of the Mind – This is an event that happens every 18 months to 2 years. The first was held in October 2014 and the second in May 2016. A third Festival of the Mind took place in Portsmouth in May 2018, building on the success of the previous initiatives. Further events under the Festival umbrella are to take place in the Isle of

Wight, Southampton and Havant later this year. Using our extensive network of community groups and small social enterprises across mainly the south Hampshire area, we are coordinating a wide range of different events and activities during 2018 to promote good mental health and wellbeing, and to celebrate the work going on in local communities. Over 1000 people have engaged with different events, performances and workshops at each Festival of the Mind, and we have pioneered new ways of dialoguing about mental health – through our Question Time event in 2014, piloting Mental Wealth Dialogue discussions, world café style panel discussions in 2016, and the Good Mental Health Drop-In Cafe in 2018.

(<http://goodmentalhealth.org.uk/hampshire-festival-of-the-mind>)

Strong Minds – This programme is aimed at supporting people with experience of mental ill-health, addiction, or similar challenges, to learn entrepreneurial and business skills as well as developing emotional resilience and a better understanding of good mental health and wellbeing through self-management. From discussions with our volunteers and local agency projects, training for self-employment is seen as a realistic alternative for people recovering from mental ill-health. Self-employment offers the benefits of being able to manage your own time to overcome difficulties around varying moods and responses to external stress factors. This will particularly help those who are already engaged through peer support projects for example, and who are ready to move on but lack the confidence or skills to break through the barriers that exist in most routes to employment.

This intensive training course was piloted in early 2015, and is adapted from the successful Hampshire School for Social Entrepreneurs programme run by Action Hampshire. It includes:

- three days of action learning sets,
- expert witnesses who have overcome challenges to set up their own enterprises
- more in-depth exploration of the business skills needed for self-employment and
- developing a social enterprise,
- a continuing focus on good mental health, resilience and wellbeing
- an awards ceremony where participants present their enterprise ideas to an invited audience.

The Heritage Project – ‘A Hundred Years of Mental Health Care in Hampshire’

The history of mental health care and particularly the central role of mental asylums over the past 100 years has profoundly influenced how mental health and mental illness is still perceived today, despite the significant changes of the last 20 years. The project engages volunteers who are socially isolated and socially anxious, often recovering from mental ill-health themselves, in a structured programme. The volunteers learn basic research skills and undertake small scale research projects, with support, into the heritage of two local asylums in South East Hampshire. Regular workshops for the volunteers over a six month period help them develop skills, self-confidence and a sense of achievement, and include the development of self-management skills to build resilience, and work towards good mental health and wellbeing. The outcomes of their research are presented in creative formats, such as art, photography, storytelling, creative writing, at an exhibition held in Portsmouth Central Library. The programme benefits from input from local academics with a strong interest in the history of mental health care, and from evaluation in partnership with the University of Southampton Health Sciences Faculty.

Pop-Up Wellbeing Centres—this idea was borne out of collaborative discussion with local community groups, and these are set up at a range of public events such as fairs and festivals to promote good mental health and wellbeing and showcase local projects. We have hosted varying activities such as taster workshops, creative arts sessions, poetry readings, singing and of course the Human Library. We have used the Pop-Up Wellbeing Centre model at the 3 day Wickham Festival in 2015 and 2016, with a different programme of activities each day.

Emotional Emergency Centres (currently proposed) - It has been suggested that there are two main problems in the efforts of services to prevent suicide (Webb, 2016). One is the discrimination that results from mental health legislation that permits medical violence (e.g. restraint, forced medication). The second is medicalisation. If distress is deemed to be due to illness then the discussion that could occur as to the underlying reason for the distress is effectively closed. If this goes unexplored then we get no closer to ideas about why people act. Having sensible discussions about distress and the behaviours influenced by it is essential

in a mentally healthy community. Webb (2016) goes on to suggest eight elements that he thinks should be present for a suitable crisis service:

1. Prohibit psychiatric violence – stop beating us up
2. De-medicalise suicide
3. Rethink suicide as a crisis of the self
4. Mentally healthy communities
5. Safe spaces for suicidal people
6. Social mode of madness
7. Survivors as researchers
8. Funding – stop wasting money on what we know does not work

Emotional Emergency Centres are places where people are not considered sick or well, but are seen as individuals coping with their lives as best they can. Within this environment people receive care when they need it and when more able give care to others, the definition of need emanating from the individual rather than the professional.

It is envisaged that Emotional Emergency Centres will be provided as a self-referral option acting as broker between statutory and non-statutory services for people in mental distress. They will be delivered by people (both ‘professional’ and ‘patient’) with lived experience of mental distress in a homely environment located close by statutory emergency services.

Good Mental Health Café drop-ins (currently funded by PCC) - This initiative proposes a monthly "drop in service" for the people of Portsmouth. This is in line with our mission and builds on the experience of previous initiatives since 2013 to link this with other community services locally in order to assist people with good self-management, and reduce overall costs to the wider system.

The Drop-In Café is:

- designed to encourage access to preventive services, community based activities, and skills based training which facilitate inclusion, recovery and good mental health
- targeted for people who are experiencing serious life challenges, are socially isolated, anxious or lacking in confidence. This may include experience of mental ill-health, addictions, disability, bereavement, caring responsibilities for example
- based on the premise that engagement with social networks and informal learning are critical to reducing stress, anxiety and depression and increasing motivation and self-management. This includes re-integration and inclusion with work based or mainstream community activities
- in line with Portsmouth City Councils' objectives as it will deliver a direct, accessible service that is not replicated elsewhere, will encourage better use of existing community assets which support good mental health and wellbeing, and will support better partnership working between community, voluntary and statutory sector services.

Current investment attracted

Date	Funder	Purpose	Amount / duration
Dec 2012	Awards for All	Human Library, courses	£8885
June 2014	Allen Lane Foundation	Core funding	£4000 over 2 years
July 2014	Awards for All	HFoTM, Pop up wellbeing centres	£9860
Oct 2014	ESF Community	Strong Minds	£13,750
Feb 2016	Awards for All	HFoTM, volunteer engagement	£9200
Nov 2016	Heritage	100 Years of MH Care	£9900
June 2017	ARISE	Outdoor flags	£235
June 2017	The Partnership	Dialogues Report	£200
July 2017	Comic Relief	Human Library	£1000
August 2017	Hampshire Healthwatch	Dialogues in Gosport	£1800
November 2017	Portsmouth City Council	Drop Ins	£57788 (over 3 yrs)
December 2017	Awards For All	Hampshire Festival of the Mind	£9400
December 2017	Comic Relief – Core Strength	Core Costs	£4867

January 2018	Community Chest (SCC)	Triologue in Southampton	£2000
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Trading activities

- Regular stalls selling products from members of the GMHC, including a range of books, relaxation recordings, art postcards, pamphlets etc.
- Off The Shelf workshops for staff working in health and social care settings
- Human Library – multiple diversity events for University of Southampton

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