University of Essex

UK Research and Innovation

INNOVATE

Challenge Lab Report

PROJECT: INtersectional Network Of community and stakeholder Voices, And research to Tackle (in)Equities (INNOVATE) in mental health and wellbeing

Coordinator	University of Essex
UKRI-AHRC Project	AH/X006212/1
Project Start	01 November 2022
Duration	9 months
Website	innovate4mh.org

Principal Investigator:	Prof. Anuj Kapilashrami
Authors	Dr George Kokkinidis (Co-I)
	Dr Elizabeth Bennet
	Dr Steven Haworth

*The research findings reported in this paper received funding from the **UKRI-AHRC under the Mobilising Community Assets to Tackle Health Inequalities investment**. The views are of the authors only and do not necessarily represent those of the funders. The authors would like to thank all participants for their time and engagement in this consortium.*

University of Essex

UK Research and Innovation

Contents

Executive Summary

The present report aims to provide a comprehensive summary of a full day challenge lab event organised by the INNOVATE team at the University of Essex. Twenty three participants attended the event, bringing together a diverse group of stakeholders (researchers, service providers, charities, local authority representatives, community groups and community representatives) to collaboratively identify data gaps of service use and/or burden of mental health, map existing assets, reflect on challenges and barriers to mental health services and explore ways to create meaningful collaborations and a supportive ecosystem to tackle mental health inequities. For facilitating an interactive event, participants were divided into three groups with the opportunity to change tables during the discussions for greater collaboration within and across each table. At the start of each thematic discussion, a short presentation was given by a member of the INNOVATE team to set the grounds for the group discussions. Once each group covered a relevant theme, a representative from each group shared their key conclusions to allow for further discussions across the groups. All stakeholder discussions were audio recorded and filmed with the consent of our participants and notes for each question were taken by a member of the INNOVATE research team.

Our analysis of findings suggests a range of overlapping themes that emerged from the challenge lab and would inform our proposal for the next phase of our project. More specifically, our findings suggest that:

- There is a greater risk and burden of mental ill health among children and young people, refugees and asylum seekers, homeless and people living in coastal regions.
- Intersectional challenges that impact the odds of mental health include:
    - Security in terms of feeling safe from discrimination and violence, the threat of unemployment and unstable (or unsuitable) housing.
    - Accessibility to existing services and utilisation of current assets.
    - Feelings of social belonging, sense of community and social support as well as trust towards service providers.
- Barriers to service provisions turn around issues related to networking and collaboration between key stakeholders as well as wider capacity (e.g. resourcing issues) and data usage and data quality issues.

- There is a great interest for using new technologies to develop an intersectionality-informed asset map that would not only document existing assets in the region but offer opportunities for greater collaboration across all stakeholders. Concerns, however, were raised as to the:
    - Management and maintaining of the asset maps and the need to learn from other similar initiatives.
    - Accessibility barriers due to a range of reasons from IT literacy to language barriers
- There is a strong appetite for developing integrative community-based approaches to mental health care that would be based upon:
    - Integration of existing practices and knowledge.
    - Processes of co-designing and implementation of community-based approaches that would encourage greater participation and control over mental health care services by the community.
- There is great scepticism on the suitability of existing green and blue spaces in helping to address mental health burdens and improve wellbeing.

Part 1: EVIDENCE synthesis on burden and risks

The first theme of the challenge lab sought to obtain stakeholder input on the distribution of the mental health burden in Essex. This topic aimed to confirm and elaborate on the information acquired through the collation of the available data (i.e., publicly available and privately collected). Our participants were separated into three groups and each group was asked the following questions: a) What populations with which you work, have the largest burden/risks of mental ill health? What forms do these risks take? B) What are the key characteristics that may determine or influence the odds of mental health? C) What data sources do you use in planning? From the group discussions across the three tables, our participants provided the following insights:

1. What populations with which you work, have the largest burden/risks of mental ill health? What forms do these risks take?

Three key populations were a constant topic of discussion across the stakeholders. These groups were: a) those living in coastal towns and particularly in Tendering, b) children and young people, and c) refugees, asylum seekers and people experiencing rough sleeping.

a. Coastal regions

In particular, the stakeholders noted Tendering and Southend as having large burdens of poor mental health. It was noted that people in coastal regions (particularly those in small or rural towns) have fewer socio-economic resources, live in areas with high social deprivation and are frequently socially isolated and excluded from services. This was echoed at the words of one of our participants arguing that people in coastal towns are not "feeling part of, or getting listened to by services, and are being excluded" and that coastal towns are "not being economically regenerated".

b. Children and young people

Children and young people were flagged as another population experiencing a high and increasing burden of ill mental health. It was noted that the prevalence of mental health issues in young children between the ages of 3 and 9 is increasing rapidly in areas such as Basildon, Southend and Tendering. It was also recognised that young women experiencing pregnancy and young families were currently struggling with poor mental health across Essex. Much of the discussion about this population centred on the effects of the COVID-19 pandemic, social expectations, self-esteem issues and a lack of coping

mechanisms. As one of our participants sums it up nicely "I think young people are very, very confused".

c. Refugees, asylum seekers and people experiencing rough sleeping

Vulnerable and underserved populations were noted by all three groups of stakeholders to be groups that are currently experiencing high levels of mental ill health and need more support. The groups that were discussed in detail were Refugees, asylum seekers and homeless people or people experiencing rough sleeping. There was a clear consensus that these groups of people experience increased prejudice, and social exclusion and are at higher risk of experiencing other adverse situations (e.g., poverty, starvation) and that these compounding factors increase the odds of them suffering from mental ill health. It was also noted that because many of the people from these populations do not qualify for public funds and local authorities do not have budgets to support adults with no recourse to public funds, they do not receive any support and their needs are largely undocumented.

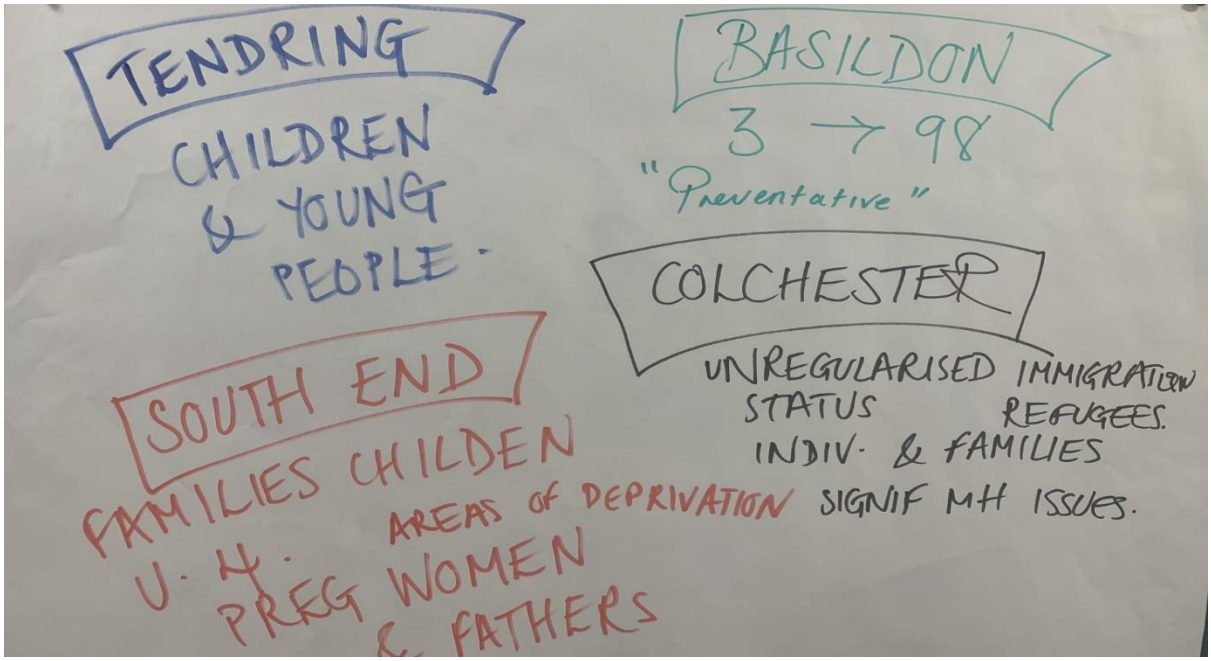

Figure 1: Notes from Table Discussions on Theme 1, Question 1.

2. What are the key characteristics that may determine or influence the odds of mental health?

The stakeholders identified an overwhelming number of characteristics that could influence a person's mental health. These characteristics or factors ranged from the threat of detention and trust in public services to service access and disability and on to living circumstances and social inclusion. These factors can broadly be grouped under the three following sub-themes: a) security (including safety, financial and lifestyle), b) service access, and c) social belonging. In addition to these aspects, our stakeholders further emphasised the importance of recognising how these factors (gender, status, age, sexual orientation, religion, etc.) interact to create unique mental health challenges. For instance, one participant highlighted that they understand the importance of intersecting challenges, for example "when we are talking about children and young people, […] it is the combination of these two, being a refugee and being young that we need to understand because it is an intersection".

a. Security

Security was the most prominent point of discussion among the stakeholders. Security included 1) the need to feel and be safe from discrimination, domestic abuse, and violence, 2) to have financial stability, and 3) to have stable and suitable living arrangements. The stakeholders emphasised that in many cases these basic needs are not being met, or that people are experiencing trauma connected with challenges to their safety, and that this is a key contributing factor in determining whether someone experiences a mental health challenge or not. Experiences of supporting people who are experiencing prejudice due to their religious and/or sexual identity and being in receipt of benefits because they are not in a position to work dominated discussions. For example, one participant commented on the issue of sexual identity and refugees by saying that "a lot of them flee their home countries because of their sexual orientation. So, they can be fleeing at risk from young Muslims or Christians or whoever doesn't approve".

On top of these dimensions of security, unstable and unsuitable housing was another issue that the stakeholders repeatedly emphasised as a security issue and a factor increasing the likelihood of people experiencing poor mental health. Multiple stakeholders expressed the poor standards of accommodation that some people are forced to live in. One participant echoed these discussions and highlighted the importance of suitable housing for mental health and how the low housing standards

could have detrimental effect on their mental health and wellbeing by saying that "I think housing is very key. I would not be in good mental health if I had to live in a greenhouse".

b. Service access

The next reiterated theme that emerged from our data was related to the accessibility of services. This topic branched across the physical needs of individuals, eligibility for public funds, socio-economic barriers, and infrastructure issues (e.g., public transport). Several stakeholders felt that there were too many barriers that stop people from getting to services or reaching the nodes of support. Disability and poor public transport were two key factors that the stakeholders felt prohibited people from getting the support that they need and increased the odds of having poor mental health. There was complete agreement that there is a severe lack of outreach programs and instead, most clients are required to go to a preset venue for support or services. The stakeholders highlighted that most clients do not know of the services that are available to them and have had bad past experiences when they made contact with the system which has resulted in a lack of trust in the system. Examples of bad experiences included having to fight to prove their immigration status, being detained and excluded from support over administrative technicalities, and being refused help by the crisis team (e.g., being told to get a formal referral from a GP). Consequently, not only do the barriers to service access stop those in need from getting help, but they also add further stress and trauma to the individual and increase the odds of having poor mental health.

c. Social belonging

The third major theme that emerged was centred around feelings of community value and belonging. The stakeholders emphasised the importance of feeling valued by their local communities and having a connection to the social fabric. Many stakeholders expressed that individuals who are isolated have lower self-esteem, less social support and feel unsupported structurally and socially. Discussions in this area were around the downstream effects of having no social support. The most common thread to come out of these discussions was that a lack of support and social belonging are factors that contribute to increasing mental ill health and foster exclusion from services. One of our participants highlighting the importance of social support by saying "Burden is a lack of support".

3. What data sources do you use in planning?

Despite the question seeking to probe what data sources the stakeholders use when planning their services, the discussions took a different route. The main reason for this is that nearly all of the stakeholders reported not using any publicly available data and only a few reported collecting and storing private data. Therefore, the discussions for this question focused on the reasons why they didn't use data and the issues with data. Two sub-themes emerged under this topic, which were a) data quality and b) capacity.

a. Data quality

There were several references to data being out of date. It was noted that without real-time surveillance, by the time the data is entered into the system or is made available on a dashboard, it is out of date and is not suitable to help with service planning. The stakeholders shared that they felt that the needs of their clients shifted so rapidly that the available data sources were unable to effectively capture the 'real need'. Further to the data being out of date, many of the stakeholders felt that none of the public data sources are inclusive enough to collect real data on the populations that are most in need. For example, because certain populations are not able to get a formal diagnosis, they are not included in the datasets that calculate the burden or need from GP data. One participant highlighted that within the new forty-page NHS five-year plan for the local integrated care boards "there wasn't a single reference to refugees and asylum seeking". Poor quality and lack of appropriate data were major reasons why the stakeholders reported not relying on it. Instead, they unanimously reported relying on community voices to understand the issues, burdens and needs of the local communities and their clients.

b. Capacity

Several issues around their capacity to a) collect the data, b) share the data, c) securely store the data and d) use the data emerged. In essence, the stakeholders reported that they did not have the time to collect detailed enough data to use for future service planning. In the words of one stakeholder, "We are too busy firefighting". Another stakeholder stated that they are frequently asked for lists of clients and data sources from academic institutes, partner organisations, local authorities and numerous other third-sector organisations, and they just simply do not have the time to create a list of their clients. Another stakeholder explained that as a very small charity, they did not have the appropriate

equipment to store such personal information securely, so they collected only the bare minimum data needed to achieve their task and then destroyed the information once done.

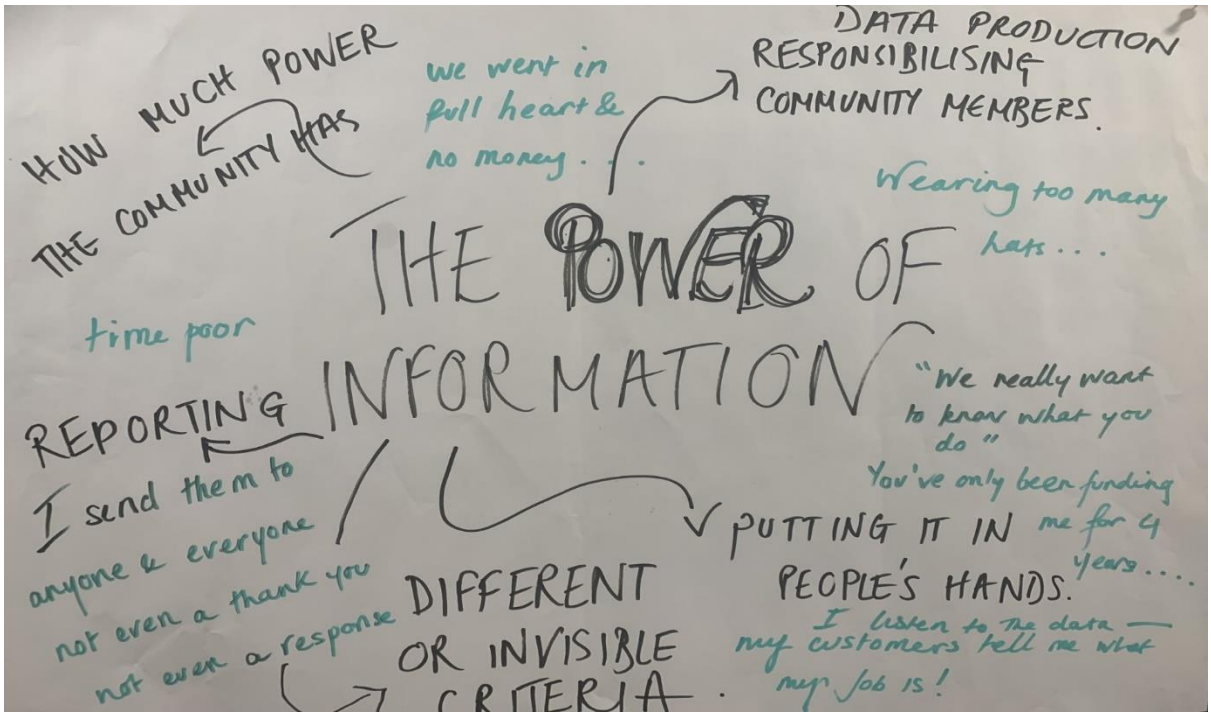

Figure 2: Notes from Table Discussions on Theme 1, Question 3.

Part 2: Asset Mapping for mental health

The second theme of the challenge lab used a discussion amongst stakeholders to identity some key mental health assets that exist in their areas. The discussion followed the same format with stakeholders divided into three groups to discuss the following questions: 1) What assets/services [including public sector/community/third sector initiatives, services etc.] are available in your region (mostly which they provide or refer to) and more widely across Essex? Which determinants do they address? 2) Which populations are these assets and services target? How are these interventions or services tailored to target these key populations? Who is left behind? 3) Which networks help deliver these initiatives? and what other organisations do you work with to deliver the response? Reflecting on these questions, our stakeholders provided the following insights:

1. What assets/services [including public sector/community/third sector initiatives, services etc] are available in your region (mostly which they provide or refer to) and more widely across Essex? Which determinants do they address?

> *How small are you going to go with your asset mapping? I mean, is it going to go down to Gladys who runs a little knitting club with a couple of next door neighbours, which still works on mental health to a certain degree?* – Stakeholder discussion

Three key types of assets were identified by the stakeholders. A) Targeted mental health organisations/charites. B) Community organisations/charities/initiatives, which provide mental health support, signposting, or adjacent services, but are not designed specifically for this. C) Smaller-scale community groups, faith groups etc.

a. Mental health charities/organisations

This group encompasses both UK-wide mental health organisations/charities and service providers local to Essex. The UK-wide organisations were: The Samaritians, Mind, the Craig Tyler Trust, Men's Sheds, Reach Out for Mental Health, Phoenix Futures, Homestart, Health Watch, and Barnados. The local service providers identfied included: Vital Minds, Southend Trust Links, iCarp, Autism Anglia, and Therapy for You.

b. Community organisations/charities/initiatives

This was the largest group identified and tended to be mostly local to Essex, it included a range of different organisations including arts-based, council-run, not-for-profits and wider public services. Assets identified included nature-based activities such as: Together We Grow (Colchester CIC), community gardens, community allotments in Tendring, and community and access walks in Southend. Independent charities and not-for-profits were also mentioned throughout the discussions, including: Community 360, Food Banks, North East Essex Community Service, Warm Spaces Network, and Colchester Library. A range of local government, educational, and public sector organisations were also highlighted, such as: ACL Essex, Citizens Advice, SOS bus, and women's refugees, the fire service, and police and fire cadets. Finally, arts organisations based in Colchester were highlighted for their work with migrant communities, particularly FirstSite and the Mercury Theatre.

c. Community Groups

When we first began this discussion on assets, one of the stakeholders asked 'how small are you going to go with your asset mapping? I mean, is it going to go down to Gladys who runs a little knitting club with a couple of next door neighbours, which still works on mental health to a certain degree?' Recognising the importance of these smaller initiatives in supporting people's well-being and mental health became a key part of the discussions about asset mapping around the three tables and faith groups were also highlighted for their community support. Examples of these were: community choirs, cold water swimming groups, arts groups, Clacton Methodoist Chuch, the Quaker Meeting House, and the Salvation Army.

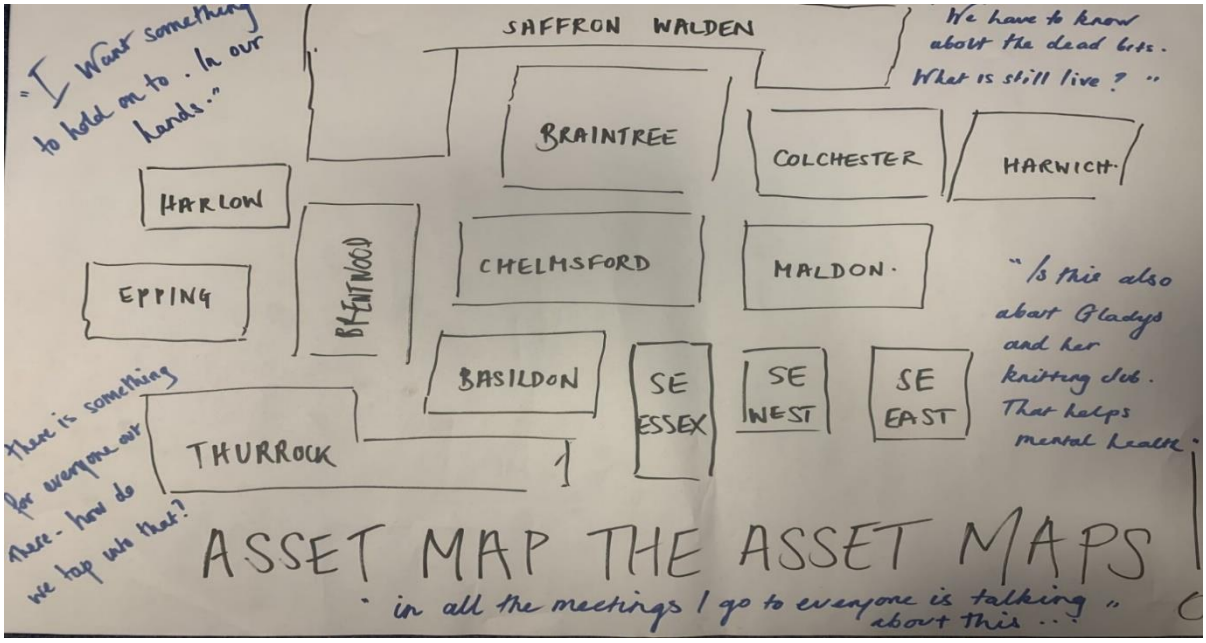

Figure 3: Notes from Table Discussions on Theme 2, Question 1.

2. Which populations are these assets and services target? How are these interventions or services tailored to target these key populations? Who is left behind?

'They struggle to think it is for them' – Stakeholder discussion

The answers given to this question mostly focused on the final section, 'who is left behind?' with responses grouped into two main categories a) who is left behind?, and b) what are some of the specific barriers that contribute to this?

a. Who is left behind?

This part of the question generated the most response and indicated important intersections in the populations 'left behind'. These comprised of: people whose postcode/area was under-funded, people for whom travel and transport present issues (cost, access etc), people who have limited English languge proficiency, people who have childcare and other caring responsibilies, cultural barriers, affordibility, class and economic status, new people in the system who haven't accessed it before (don't know how to navigate it), people with limited digital and IT skills, people with limited financial resources for things like counselling, people who may not trust healthcare providers, particularly preganacy and neo-natal service, the 18-25 age group and whether there are enough resources for

them, homeless people who do not have addresses for registration to services, people with insecure status (asylum seekers, migrants, refugees etc), and people who come from deprived pockets of affluent areas and therefore fall through the gaps.

b. Barriers

The stakeholders also inidicated numerous factors that contribute to these populations not accessing existing mental health provision. Examples of these included:

- people needing things to physically hold in their hands and take away and the barriers that presents with the move towards digital services,
- generational midsets around asking for help,
- travelling to services, coupled with the need for in-person services to be local and not city based, or for shuttle buses to be provided, that certain demographics struggle with punctuality for appointments,
- whether people will feel stigmatised or if they deserve/need the help, as one participant illuminated ‘they struggle to think it is for them’,
- a worry that child services will be made aware of them seeking help,
- community assets such as parks or beaches that help with well-being may not be suitable or safe for certain demographics (elderly, women, children and adults who can’t swim).

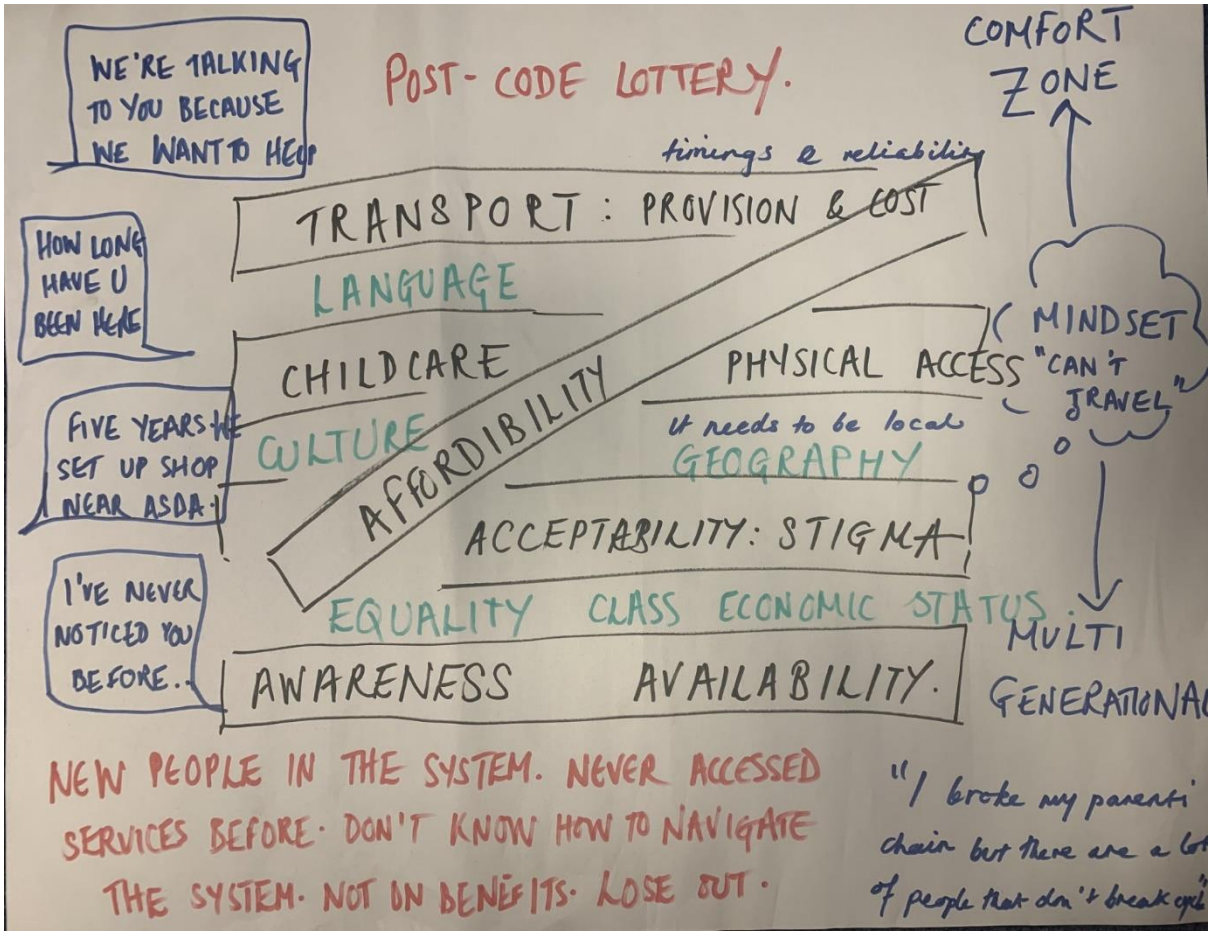

Figure 4: Notes from Table Discussions on Theme 2, Question 2.

4. Which networks help deliver these initiatives? and what other organisations do you work with to deliver the response?

'We provide the services that don't give them barriers' – Stakeholder discussion

The final part of Theme 2 generated the smallest response from the stakeholders, but there were also time considerations here. The networks also fell mainly into the categories outlined for Q1. Specific networks and organisations mentioned were UK charities such as: Barnados, British Legion, Help for Heroes, Autism Action, and the Refugee Council. Public sectors organisations that were discussed included women's refuges and Essex County Council. Other categories highlighted were: voluntary sector organisations and trusts, faith groups, arts organisations, organisations that increase access to the oudoors such as the RSPB/National Trust/English Heritage, local businesses, social prescribers and

GP Practices. However, there were also more informal networks injdicated such as family support, and the Jaywick Forum.

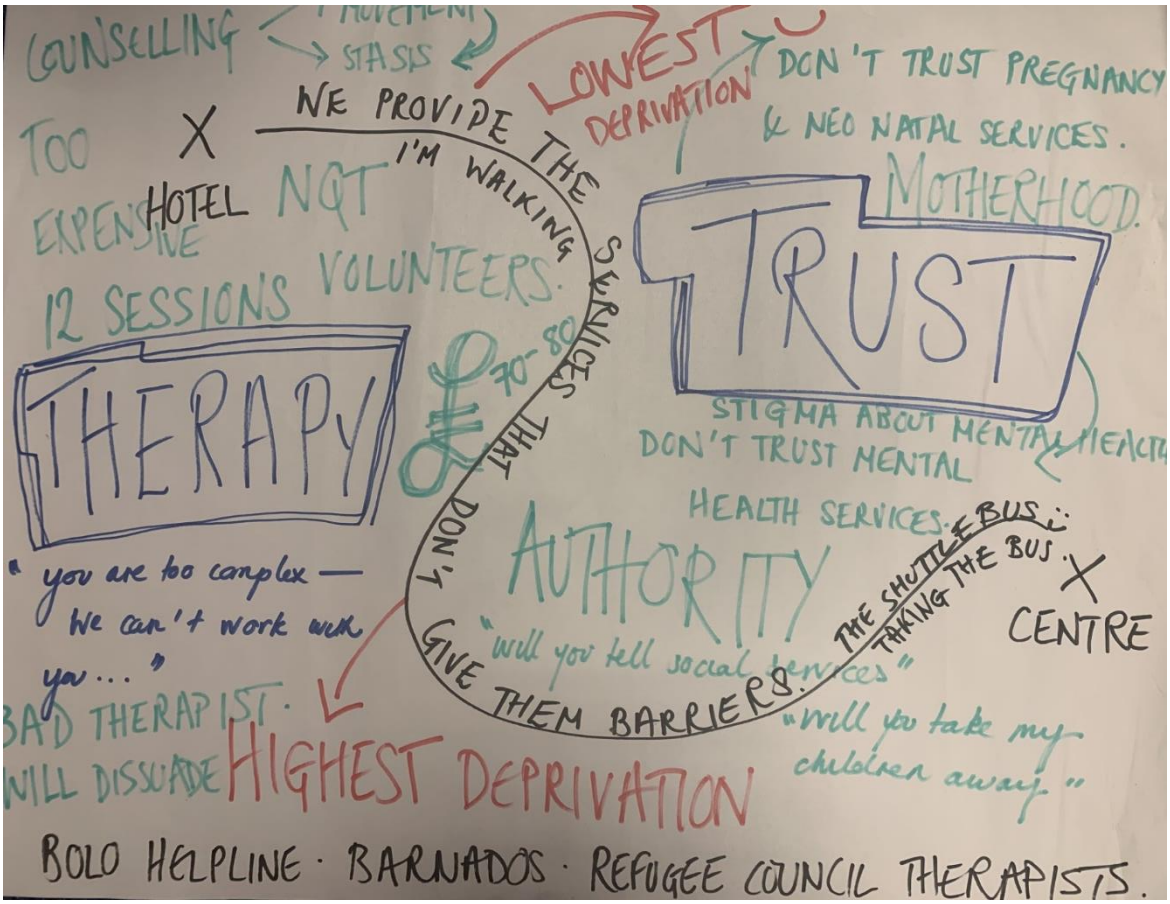

Figure 5: Notes from Table Discussions on Theme 2.

Part 3: Challenges in service delivery and access to services

The third theme of the challenge lab focused on the barriers that both service users and service providers face in delivering and accessing mental health and mental health adjacent services. Twenty-three stakeholders including service providers, charities, community representatives, local authority representatives, and community groups took part in this discussion. The stakeholders were separated into three groups and each group was asked the following questions: 1) What barriers have you encountered that prohibit users from utilising your services? 2) What barriers or issues do the organisations face when delivering the services? 3) Discuss the issues that you have identified regarding sustainability and/or surveillance or evaluation of the effectiveness of the services.

1. What barriers have you encountered that prohibit users from utilising your services?

'You want your family member to be worse' – Stakeholder discussion

The responses to this question from the stakeholders may briefly be categorised into three overlapping issues: a) services overwhelmed, b) ongoing issues from the Covid-19 pandemic and c) intersectional access issues. In terms of the issue of overwhelmed services, the stakeholders stated: 'the crisis is today', 'there is no help coming', and 'waiting lists are only for those in danger', resulting in people needing to be worse in order to access services. Indicating the scale of the issues facing service providers, both in terms of an increase of those needing their services but also of dealing primarily with people in crisis rather than having the time and space to work on preventative issues or people who are not yet in full crisis. The need for more self-referral was also a common theme, as often people get lost bouncing from organisation to organisation. In relation to ongoing issues related to the Covid-19 pandemic, our stakeholders considered a number of different factors, namely that children are struggling to express themselves and with their menatl health and this has been getting worse post-pandemic. Furthermore, they further noted that parents and teachers are also struggling with dealing with this, and that the education system is struggling to recruit teachers and to deal with the crisis, resulting in an increase in behavioural issues and exclusion. Additionally, there is a real sense of digital overload for young people. The digital aspects have also formed a large part of the answers grouped under intersectional-related issues, with stakeholders placing a emphasis on more digital skills training and more funding for training and better use of assisted technology. However, there was also caution around services always being digital, as one stakeholder stated 'digital is efficient but is it always effective?' As well as the access issues outlined above, the stakeholders also raised issues such as

gendered access to computers in the house and how this impacts women, and generational/financial access to IT. Additionally, filling out forms (both on paper and on line) was determined as an issue, particularly for people with limited English language skills.

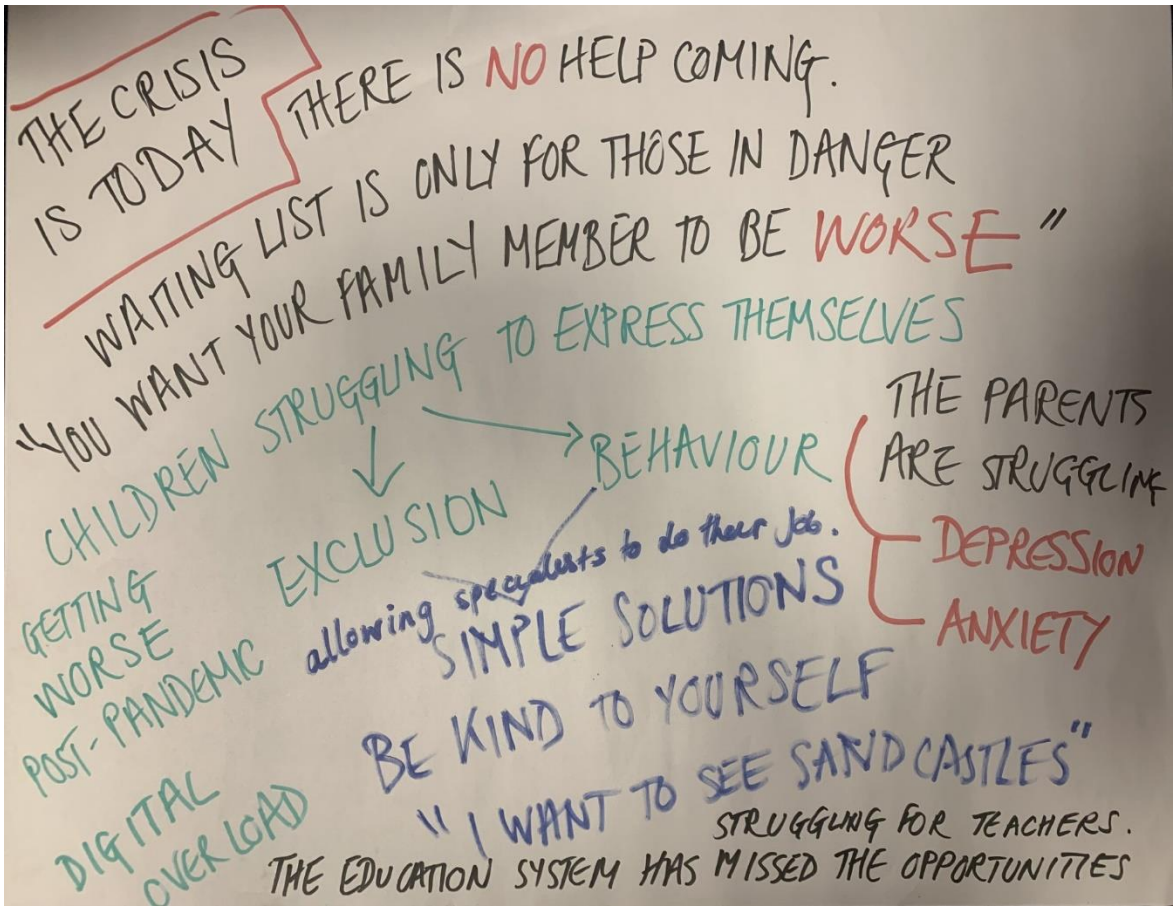

Figure 6: Notes from Table Discussions on Theme 3, Question 1.

2. What barriers or issues do the organisations face when delivering the services?

'People are not just falling through the cracks, the system is making the cracks' - Stakeholder discussion

The barriers that stakeholders highlighted in response to this question can be broadly grouped as a) financial and staffing b) systemic and c) practical. The financial challenges that these organisations faced were the first and most prominent topic for discussion. Aspects of this covered: Staff turnover, financial precarity, paying staff, funding ending and that meaning more volunteers and less employed staff, being asked to do more and more alongside budget cuts, underfunding in the last 5 years, lack of

resources, and a lack of funding. On the systemic front (b), stakeholders emphasized: building relationships with staff at other organisations who then leave, or the organisation shuts down; that these organisations can be people to collaborate with but then also compete with for funding; issues communicating with social services; and public services becoming sub-contracting private services. The government's hostile policy towards asylum seekers, migrants and refugees also featured, with stakeholders flagging concerns that: the UK Home Office and the system makes people ill, the processes that people need to go through generate mental ill health, and that there is no guidance or support for this demographic, as one participant commented 'people are not just falling through the cracks, the system is making the cracks'. Additionally, more pastoral support for both staff and service users was called for, and a concern was raised that schools and services were being made responsible for things that should be dealt with by the government. Finally, there are the practical concerns grouped under c), these entailed: staff needing more training, how to identify those who are the hardest to reach, how to communicate with clients who have no phones, where to locate offices that best serve clients, and the need to consult users on their experience of using services.

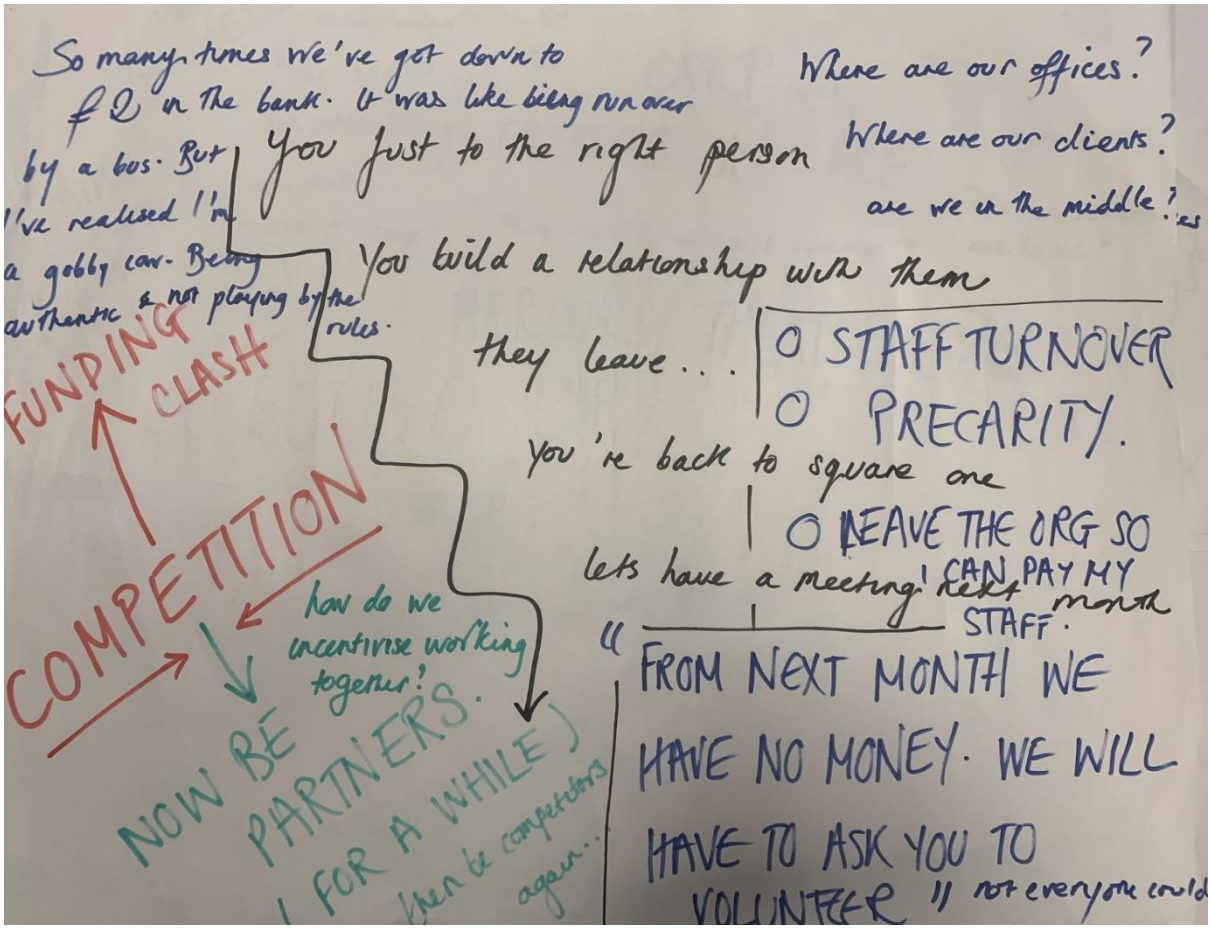

Figure 7: Notes from Table Discussions on Theme 3, Question 2.

3. Discuss the issues that you have identified regarding sustainability and/or surveillance or evaluation of the effectiveness of the services.

'What is effective is evaluation where you can show them […] what the work does in financial terms' – Stakeholder discussion

The discussion on the issue of sustainability and surveillance of service effectiveness received the least attention across the three themes covered under challenges in the delivery and accessing to services due to the stakeholders interest to focus mainly on the barriers to access and service delivery. Nevertheless, the discussion around sustainability and surveilance focused mainly on the challenge of communicating the financial benefit to society of their work as well as the health benefits and the need for further training to be able to do that, and to combat institutional resistance. As one of our participants commented,

> 'what is effective is evaluation where you can show them – them you could define as local government, national government, policy makers – what the work does in financial terms and the third sector has been quite poor about speaking that [financial] language'.

It was also discussed that this would be a useful area of enquiry for our research particularly through the business school. A related discussion was on the dangers of positive evaluation meaning that the voluntary sector continues to plug the gaps created by the state, as further echoed by one of our participants who stated that,

> 'the other problem that we have got is not how do we make it sustainable, it is how do we make the powerbrokers [take action]. See, what we are doing we think is wonderfrul, but it is an excuse for them to do nothing. And that's the problem, that's the balancing act that we have got really and truly'.

The discussion on the topic closed with a short reflection on the issue of fragmented assessment, where data might be partial or incomplete or one area of work might be evaluated but not another. The need for more sophisticated and nuanced assessment as well as better collation and use of data was highlighted.

Part 4: Conclusion: Looking back & Moving forward

The key findings that emerged from the challenge lab and our stakeholders' reflections on how our project could move forward to help tackle mental health inequities turned around how to best:

- address data gaps of service use and/or burden of mental health,
- map and utilise existing community assets,
- address challenges and barriers to mental health services by strengthening collaboration across key stakeholders and the wider community.

In doing so, particular emphasis was given on exploring ways to create meaningful collaborations and a supportive ecosystem to tackle mental health inequities. On practical aspects such as thinking of ways to best manage and organise assets and resources, the discussion turned around issues of costing, maintenance and sustainability of initiatives from the use of art-based approaches to mental health to the creation of an intersectionality-informed interactive asset map. Our stakeholders seemed particularly positive on the idea of identifying ways to strengthen community participation and control and think through ways of providing integrative community-based approached to mental health care. The potentiality of an intersectionality-informed interactive mapping of assets both as a space for a) better understanding the wider ecosystem for mental health support and b) greater collaboration between different stakeholders across within and across localities, was also raised and received great interest across all the stakeholders. Finally, the issue of the suitability of green and blue spaces in tackling mental health burdens and helping improve wellbeing for individuals and the wider community was also raised, showing the need for more research on the uptake of community assets with particular focus on green and blue spaces and the ways in which these spaces can be integrated in community-based approaches aiming to better tackle mental health burdens.