

mind Burton and District



Healthwatch Staffordshire Community Cash Fund Project Report March 2022



Project Team: Burton and District Mind
Keri Lawrence, Development and Sustainability Officer
David Bush, Community Help Associate
Lesley Kirk, Development Associate
Gemma Potts, Community Help Associate
Kacey Matthews, Development Associate
Emma Nicholson, Young Persons Counsellor

Introduction and Purpose

The funding provided by Healthwatch Staffordshire Community Cash Fund has provided Burton and District Mind with the opportunity to host a programme of Emotional Wellbeing workshops for young people (16-24) and for people with learning disabilities.

This has been to support Healthwatch Staffordshire's priority:

The impact of Covid-19 on young people accessing and receiving mental health services

The goal of this project is to ensure young people or people with learning disabilities understand what mental health problems are, how to prevent them, how to discuss them and who to discuss them to in order to access services efficiently, with collected insight into how Staffordshire can support further.

Initially, this project was to look at the views of young people exclusively; however, at the consent of Healthwatch Staffordshire, we extended the remit to include people with learning disabilities – evidence informs us that people with a learning disability diagnosis are more likely to have a co-morbid mental illness.

Our project has complied with the *Youngminds 2020 Toolkit* for “Supporting the participation of children and young people experiencing extra vulnerabilities”, the National Survivor User Network's 4Pi framework for Involvement, and Burton and District Mind's Involvement and Participation Policy.

We have engaged with the pastoral teams and staff of the partners and have followed the safeguarding procedures of those teams in all cases of abuse being disclosed.

The project allowed for three volunteer facilitators with their own lived experience of mental health problems to develop new and existing skills whilst taking leadership responsibility which has added value to their personal development, self-value, and employability.

Activities

Working with local schools and colleges, and with a local established learning disability service, Burton and District Mind have facilitated a bespoke programme of Emotional Health Introduction workshops, co-authored by our Development and Sustainability Team and our specialist young person's counsellor, and coordinated with the pastoral teams within the education settings.

The partnership organisations have included:

- De Ferrers Sixth Form Academy
- Burton and South Derbyshire College: Health and Social Care Department
- Cherry Orchard Garden Service

Burton and District Mind

Healthwatch Staffordshire Community Cash Fund Project Report March 2022

Sessions were delivered by our excellent team of trained and experienced community volunteers, who were overseen by our PTTLS qualified Development and Sustainability Officer.

The participatory sessions maximized engagement and involvement, being delivered across two phases:

Phase one: Workshop sessions, delivered in January and early February 2022, were open to all students and have been presented as part of enrichment sessions. These provided information on:

- Emotional Wellbeing and Mental Health
- Self-Care
- Discussing mental health
- The roadmap of local mental health services

Due to meeting the needs of the partners involved, the sessions scheduled were as follows:

De Ferrers – 60 minute sessions covering all 4 topics delivered to 4 groups of A Level students as part of the ‘enrichment’ programme. Note: this was delayed due to covid-19 restrictions in January 2022 to mid-March 2022.

College – 90 minute sessions covering all 4 topics delivered to 2 groups of Lv2 Health and Social students.

COGS – 4x45 minute sessions, each covering 1 topic, delivered to 2 groups of mixed aged learning disability.

Phase two: Focus Groups, delivered in February and early March 2022, invited young people with existing mental health problems, or identified at risk of developing mental health problems by the pastoral teams, to a 90-minute session which explores further engagement and identification of community need. The sessions provided quantitative data exploring the impact of the pandemic on mental health and the access to provision of services.

Phase two will be further supported by a community involvement survey, open throughout the project, to ensure we have also captured the views of the wider young person community, people unable to attend Phase 2 sessions, and young people not in education. This was promoted across the partnerships, on Burton and District Mind’s website and social media channels, Community Together CIC, and through the *Kind Minds* newsletter published by Staffordshire County Council.

A report on findings, “Young People and People with Learning Disability Development Report March 2022” has been provided to Healthwatch Staffordshire and used by Burton and District Mind and the schools/colleges for further business development.

Photos of activity



Lesley Kirk, Development Associate, and David Bush, Community Help Associate, delivering workshops to De Ferrers Sixth Form



Keri Lawrence, Development and Sustainability Officer delivering workshops to Cherry Orchard Garden Service.

Results

Views were gathered through the results of participatory sessions and focus groups. A summary is provided below. Further details and analysis with discussion points are published in the companion paper “Young People and People with Learning Disability Development Report March 2022”.

In phase one, views were collected from group sessions targeting young people and people with learning disabilities about their general perception of mental health and mental health services.

Noted views from workshops and focus groups

1) Greater understanding of how participants define thoughts, feelings, and behaviours, with insight into positive and negative triggers.

Awareness of the processes between thoughts, feelings and behaviours were generally low, with particular reference to the differences between thoughts and feelings. There was widespread misunderstanding between the difference between emotional wellbeing and mental health. Without insight in these processes, people largely struggled to identify triggers personal to them, although had a general awareness of commonly noted stimuli or determinants of mental health, such as:

- social media
- worry about the pandemic
- money (or lack of)
- having people to share problems with
- feeling connected to friends/family

2) Greater insight into how participants engage with varying levels of emotional wellbeing.

Generally, people defined mental health/mental illness as a binary issue (you are either mentally well OR you have mental health problems, assuming crisis). The understanding of the continuum of mental health was only understood when explained during the sessions.

3) How participants consider the importance of self-care in their own lives and what actions they take.

The participants demonstrated that they understood and participated in a range of activities that could be considered self-care, although they may not have thought of these activities in this way – activities included:

- Spending time with friends, which declined during the pandemic.
- Spending time with family, which has increased during the pandemic.
- Spending time with hobbies or being outside – with walking being a common suggestion.

4) How participants talk to each other and to adults regarding topics of mental health. How they communicate their needs and what to do if someone talks to them about their needs?

Participants generally noted speaking to friends as the first place to turn regarding mental health, then typically making use of the internet. Despite this, there was an indication that participants would not necessarily know what to do if they were approached by a friend on this matter.

Participants from the learning disability service would turn to staff for support.

People who have had experience of using mental health services noted this as somewhere they would ask for support.

5) Greater insight around how participants access information about mental health, if this has changed during the pandemic, and what they know about local service provision.

There was limited knowledge around mental health to understand if matters had changed over the two years of the pandemic.

In phase two, views were collected through open-ended involvement workshops targeting participants with lived experience of mental health problems, or with close experience within their households. Responses to questions summarised below:

1) What did you do to look after yourself and your wellbeing before the pandemic? Has this changed? Why? How have you coped?

The participants from COGS highlighted walking, looking after family, and using local amenities (gym, shops, pubs, music events). They also mentioned the GP, family, and church groups. They noted a change to bus services as impacted on their ability to stay well, as well as changes to shops and amenities closing due to lock down. The closure of COGS had a profound effect with participants reporting sadness, loneliness and experiencing 'a loss of feeling needed' by the service. There were reports of developing relationships with family members, and use of virtual/digital platforms to meet up.

The participants from the college and De Ferrers highlighted using social media to stay in contact with friends and social activities. They noted that school closing had an impact on their emotional wellbeing, and interrupted sleeping patterns. There was an increase in using hobbies such as mediation, walking and horse riding.

There was a consensus that people lost their social skills and struggled to know what to say to each other after the pandemic. There were also many reports of people 'closing down' and not speaking to others, becoming more isolated as a coping mechanism. This was at odds with some others reaching out for mutual support from friends.

2) Where would have gone to seek help for mental health problems before the pandemic? Has this changed? Why?

The participants from COGS noted the access to GP services was reduced. They noted that they had to find new ways of keeping busy or making new use of skills developed at COGS, such as gardening and joinery.

The participants from the college and De Ferrers noted that they would make use of the pastoral teams (Head of Year) and helplines. They noted being more aware of charities such as Mind.

Some people felt it was now easier to talk about mental health and emotional issues – that

people had more compassion to discuss this. Although it was noted by some that existing mental health problems worsened, with additional feelings of stress, depression, and isolation.

3) Has the pandemic changed things within your household which might affect your mental health (e.g. social networks, employment, access to money, food, housing, stigma and discrimination, anti-social behaviour, risk of abuse, successes.)? Has there been any successes or positive things to come out of the pandemic?

At COGS some participants have been affected by bereavement and they felt supported by family and church groups. Some COGS participants noted that they had made personal achievements due to the pandemic using the skills developed at COGS. These achievements centred around hobbies such as garden projects, writing, and development independent living skills. Some also noted new volunteering opportunities emerging from the community response to the pandemic. There was a consensus that there was a slower pace of life, that it was quieter (no planes for instance) and that there was a burst of nature (reports of deer entering people's gardens), and people had an increased sense of gratitude. In the large part, participants from COGS didn't report long term negative effects on the wider determinants of mental health or mental illness.

The participants from the college and De Ferrers noted that there was a negative impact on their finance within their household, with some noting a drop in income from absent parents who had been furloughed/made redundant. There was mixed reaction to having to spend more time with family – some noted that this had brought the family closer together, others expressed it caused more conflict. Some mentioned that they lost contact with an older relative and that dementia had worsened after the restrictions had lifted. One participant noted that it felt like they had been forced to grow up quicker to support their household.

However, participants from the college and De Ferrers also noted that they had more time to consider aspirations, take up volunteering and spend more time on university applications. One person noted developing skills around writing lists of activity to provide more structure to the day. Others noted that they spent more time considering their identity and aligning to subcultures. Some noted having more time to spend with absent parents.

Noted views from the involvement survey results

There appears to be a significant decline in self-esteem caused by the pandemic

There was proportion who wouldn't seek support at school/college or workplace. This may be down to lack of understanding of the support available or worry about stigma.

The results highlighted the use of information websites. This in turn provide risk of inappropriate self-diagnosis.

Noted that the pandemic may have brought people closer to family and/or relatives for support.

Report on Key Performance Indicators

Key Performance Indicator	Aim	Result
Design of project materials and arrangements with partners in place by 10 Jan 22	10 Jan 22	All activity arranged 26 Jan 22 Communication plan in place 1 Feb 22
150 participants to have undertaken phase one workshops	150	233 young people 17 people with LD Total 250
Net Promoter Score on Phase One Psycho-education Sessions (Friend and Family Question)	50	College: 4 De Ferrers: 36 COGS: 38 Overall: 19
30 participants to attend Phase Two Involvement Focus Groups	30	6 attended College 17 attended COGS 5 attended De Ferrers Total 28
Positive Impact on Mental Wellbeing	60%	66% College 80% De Ferrers Total 73%
Positive Impact of Social Connection	60%	66% College 80% De Ferrers Total 73%
Positive Impact of risks of loneliness and social isolation	60%	66% College 80% De Ferrers Total 73%
Community Survey participants	100	Total 119
Involvement Report – received by three partners	3	Burton and District Mind Healthwatch Staffordshire Cherry Orchard Garden Services De Ferrers Academy Trust Burton and South Derbyshire College Total: 5
Presentation and attendance of conference in April or May 2022		To be confirmed

Impact and Lasting Improvements

Impact

250 people have benefited from the following four workshops with instruction and handout.

- Emotional Wellbeing and Mental Health
- Self-Care
- Discussing mental health
- The roadmap of local mental health services

They will have greater understanding that having negative emotions, such as feeling nervous, or angry isn't itself a mental health problem and that there are self-care tools available both within the community and within their lives already.

They will have a better understanding of what local services and support is available and what to do if somebody approaches them about mental health problems or emotional wellbeing.

Partners will have a greater understanding of the needs of the community – with reference to the need for more psychoeducation in the community and the needs of young people and people with learning disability.

Sustainability

The project has had calls for repeat work from Burton and South Derbyshire College and from Cherry Orchard Garden Service. In addition, we have had requests of delivery from Friends to Friends, another learning disability service operating in Lichfield and Burton on Trent.

A Burton and District Mind Community Help Associate has been deployed with COGS on fortnightly visits to further connect with the group and identify new opportunities. One opportunity being considered is Recovery Worker service utilising workers with skills sets to work alongside the households of people with learning disability. This could be funded by Transformation of Community Mental Health funding in the future, or by National Lottery grants.

Lessons Learnt

The evaluation feedback was more positive where more time was allowed away from the classroom environment. Workshop sessions must be at least 90 minutes in length and would benefit from being away from classroom or lecture theatre style rooms.

Focus groups, again, need to be away from classroom or lecture theatre style rooms. There needs to be significant time spent on building trust and confidence within the sessions, and more than one session would perhaps be more beneficial. We wonder if the demographics of the facilitators should be closer to the demographics of the audience, particularly with young people.

One of the partners was delayed in providing sessions due to covid-19 restrictions– this significantly impacted on the time allowed for analysing data. Future projects should demonstrate this as risk and provide mitigation.

Some of the feedback related to sessions being ‘dated’ or ‘too simple’. Future projects will have more participation from members of the audience to ensure the tone is meaningful.

The volunteers elected to take a more involved approach during implementation and took more responsibility than was projected. The ability of volunteers should be considered during project design to take advantage of this opportunity.

Report on Budget

Description	Total Cost to this grant	Total Budget (this grant)	Diff (+ is underspend)	Rationale
Project management and report writing	£886.82	£886.82	£0	
Facilitation of workshop sessions	£300	£300.00	£0	
Travel expenses	£90	£90.00	£0	
Room hire for volunteer project training	£17.42	£17.42	£0	
Printing, materials and promotion	£89.96	£89.96	£0	
Participant registration and outcome monitoring	£64	£115.80	£0	Match funded by Mind
Total	£1,500.00	£1,500.00	£0	

Match funding and Added Value

Description	Total Cost	Total Budget	Diff (+ is underspend)	Rationale
Facilitation volunteers	£653.40	£178.20	-£475.20	Added Value through donated time
Involvement report writing	£385.58	£385.58	£0	
Leaflets	£50.00	£50.00	£0	
Volunteer one to one	£154.23	£154.23	£0	
Travel expenses	£141.80	£90.00	-£51.80	Costs of travel to Burntwood not in original budget, overspend matched by Burton and District Mind
Total	£1,385.01	£ 858.01	£527	

Total value of project: £2885.01 Total cost to funder: £1500 (52%)

Cost per participant of workshops: £11.54