

Community-Driven Solutions: A Co-Production Approach to Improving Mental Wellbeing

April 2024

Contents

Acknowledgements.....	3
Introduction.....	4
Mental Wellbeing Workshop 1.....	5
Mental Wellbeing Workshop 2.....	8
Mental Wellbeing Workshop	12
Summary.....	15
RBG Public Health Response.....	17
Appendix A.....	18
Appendix B	19
Appendix C.....	20

Acknowledgements

Thank you to all the participants who generously contributed their time and shared their views and experiences during the workshops. Our gratitude also goes to our dedicated team of volunteers at Healthwatch Greenwich for their support with this project.

We appreciate the forward thinking from Royal Borough of Greenwich Public Health and Wellbeing for recognising the need for these workshops and commissioning them, with particular thanks to Alexia Fergus, Kelly-Ann Ibrahim, Victoria Smith, and Robin Clarke.

Introduction

Royal Borough of Greenwich Public Health and Wellbeing (RBG PH) is committed to supporting initiatives that target disadvantaged and minoritised local communities with a focus on understanding their needs, addressing barriers, and developing effective solutions to promote mental wellbeing.

Commissioned by RBG PH, Healthwatch Greenwich facilitated a series of three interactive workshops grounded in participatory design principles, aimed at co-designing community-led proposals for local interventions to support mental wellbeing.

Participants attending the workshop were local community or project leaders, identified and recruited by RBG PH. Participants were compensated for their time and contribution at £50 per workshop attended.

Healthwatch Greenwich, in conjunction with RBG PH, planned and facilitated each session (outlines of each workshop can be found in Appendices A,B,C). Each workshop was designed to build upon what is already known from previous RBG PH initiatives and insights from the previous workshop/s. This iterative approach generated actionable ideas to promote and support mental wellbeing information and resources within local communities.

Mental Wellbeing Workshop 1

Approach

With 11 community leaders or project representatives participating, the first workshop explored mental wellbeing experiences within communities and awareness of available information and resources.

Current understanding was explored using a visual reflective approach, called a 'Gallery Walk' – a display of findings gathered by RBG PH from initiatives and activity delivered during the pandemic and after.

The second part of the workshop focused on existing mental wellbeing information and resources, again using a visual approach. Community and project leaders discussed awareness of existing mental wellbeing information and resources within their communities.

Key Insights

Key insight 1: Access to mental wellbeing¹ support varies within and between communities.

Intersecting identities influence access to mental wellbeing support. Holding multiple identities simultaneously – such as ethnicity/cultural background, gender, sexual orientation, age, and disability, creates nuanced experiences and outcomes. For example, one table shared the story of a vulnerable Black woman's experience of barriers and challenges accessing mental wellbeing support and how it differed from the experience of a vulnerable Black man due to the intersection of race and gender.

¹ Participants used the terms mental health and mental wellbeing interchangeably.

Leaders spoke about younger people as both being more open to discussing their mental wellbeing/health but more disadvantaged when needing help because they don't know how the 'system' works.

“Speaking from a Black African (Nigerian) context, and intergenerational differences reflects how younger people are starting to speak about mental health, but that doesn't mean they know where/how to engage with services.”

Leaders highlighted how mothers can struggle with their mental wellbeing. For some, motherhood can be an isolating and overwhelming experience, particularly for those on low incomes. Men were described as less likely to speak about how they feel (emotionally/psychologically) but this was often driven by the environment. Leaders felt that men are more likely to 'open up' in men only groups or spaces.

All leaders agreed that many older people within their communities (or using their project) would struggle to use technology/go on-line, making it harder, or impossible, to access mental wellbeing support. For some communities, this is compounded by not speaking English fluently.

Stigma is a key driver within many communities. Participants from Asian and Black African communities shared their knowledge of a cultural reluctance to speak about mental wellbeing, let alone ask for help. Stigma is not unique to racial or ethnic communities. Leaders explained how stigma within the LGBTQ+ community makes it hard for people to talk about their mental wellbeing and reach out for help.

“There are also cultural barriers, communities differ, such as in certain Asian communities, mental health/ illness can be a taboo subject. Mental illness is still stigmatised.”

“Need to be sensitive towards using ‘illness’ and more critical reflection on how we communicate ‘wellbeing’ which can be stigmatising; one thing I’m careful about, not all disabled people consider themselves sick or ill, or needing wellbeing”.

Having local, affordable, and accessible spaces to meet and connect was a challenge for many groups and communities. Leaders agreed that not having spaces and places to come together exacerbates feelings of loneliness, isolation, and has a negative impact on mental wellbeing.

Key insight 2: Awareness of mental wellbeing information and resources is low.

Reflecting on their own awareness (as community or project leaders) and within their communities (or people using their projects), all agreed awareness of mental wellbeing information and resources is low.

Leaders highlighted a range of barriers and challenges leading to low awareness, including:

- How resources are described or labelled can be confusing, often with a lack of clarity making it hard to know what each resource/service provides. ‘Social prescribing’ was given as an example of this.
- Information is distributed as a ‘one size fits all’. Information is not tailored to different communities and therefore does not meet their needs.
- Resources and services are not culturally relevant, or trusted, so communities are reluctant to use them. The ‘Live Well’ service² was given as an example of this.
- Over-reliance on traditional communication channels like leaflets only in English (which excludes some) or putting everything online (which excludes others).

² <https://livewellgreenwich.org.uk/>

- Signposting to information and resources from statutory services like GPs is poor³.

Importantly, some highlighted behavioural definitions such as ‘five ways to wellbeing’⁴ did not capture key themes they/their communities considered important to mental wellbeing.

Leaders agreed the need for greater involvement of community members in the design and delivery of solutions to address low levels of awareness of mental wellbeing information, resources, and services.

Mental Wellbeing Workshop 2

Approach

Building on the findings from the first workshop, working with nine leaders, using a series of small and large group discussions, the second workshop sought to understand factors important for mental wellbeing and identify actionable approaches to increase awareness of relevant information, resources, and services in Greenwich.

Key Insights

Key insight 1: Communities choose and prefer to seek support/information/resources from trusted community/project leaders/advocates over statutory or RBG funded central services.

³ <https://bmcpriamcare.biomedcentral.com/articles/10.1186/s12875-022-01669-z>

⁴ <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/>

There is a high level of trust between community members and community leaders. There is a low level of trust between community members and statutory or RBG services. Live Well was given as an example of a service that is not widely used or trusted. Many choose and prefer to seek resources, information, and support from community or project leaders.

“... people might go onto the Internet, but they would just prefer going to community leaders. We still signpost. But they feel [the borough services] just aren't going to solve their problems, they trust leaders in the faith, culture, to solve their problems for them. But it becomes very challenging to help everyone.”

Leaders described ways RBG PH could harness existing trusted relationships to raise awareness of mental wellbeing information and resources, such as greater use of culturally sensitive and inclusive information approaches that resonate with community values and preferences.

Key insight 2: More community engagement and outreach are needed to increase awareness of mental wellbeing information and resources.

Ways to increase awareness include greater use of public spaces, existing events, and community communication channels to make information more accessible. For example, drop-in clinics, community notice boards, bus stops, local markets, libraries, and community centres. Leaders also suggested creation of regular events for organisations/ groups/ communities and services/resources to come together to share information and feedback, learn from each other, and to raise awareness.

“Something similar to a careers fair, where organisations and services get together every month, invite commutes”. If you advertise, people would come. at the moment, these things are only once a year. It's not enough. ”

Key insight 3: Consistent and ongoing dialogue with RBG PH is needed to increase awareness of mental wellbeing information and resources.

Dialogue with RBG PH is essential for raising awareness of mental wellbeing information and resources, and to provide RBG PH with feedback on experiences of accessing and using mental wellbeing information and resources and how to improve equity and inclusivity.

Ways to increase dialogue include the development of a forum:

“Engage them, within a council body. Create a committee.”

Leaders identified previous opportunities for dialogue were linked to funding programs and were not sustained.

“Why should the conversation stop with the funding?”

Community champions approach was described a ‘one way’ information distribution channel, with little or no dialogue. Moreover, leaders suggested coverage is ‘patchy’ with some groups and communities taking part as community champions, while others do not.

“Community champions work – but not to have a dialogue, programmes are in place but get cancelled.

Another suggestion was the development of ‘ambassadors’, members of communities/groups, trained, supported, and empowered to serve as advocates, signposting and sharing information about mental wellbeing resources.

“Create a layer of community advocates, who contact LiveWell for them, get the information back to the people who need it without fear of repercussion. “

Funding is critical for an ambassador approach, both to drive engagement and ensure sustainability.

“we need to find funding to hire people to help resolve/ signpost people’s issues”

Key insight 4: Social, cultural, environmental, and financial factors are important for mental wellbeing⁵.

Strong relationships with friends, family, and the broader community is key for mental wellbeing. The value of freely expressing emotions, fostering supportive connections, and feeling a sense of belonging was emphasised.

“number one is the ability to convey your emotions – so communication; number two, social and environmental— your job, quality of life; and three is connection— the people around you”

Feeling safe in one's surroundings, having access to resources, and living in a supportive community positively contributes to mental wellbeing.

““friends and family, so connection, I feel is integral. Having someone who is willing to listen to you is one of the most important things.”

Financial pressures, cultural expectations, stigma, judgment, intergenerational expectations, and political unrest are influential and can negatively impact mental wellbeing.

“having to over-prioritise some things at the expense of others” such as childcare, work pressures, creates significant stress...”

⁵ Participants used the terms mental health and mental wellbeing interchangeably.

Mental Wellbeing Workshop 3

Approach

Building on from the second workshop, the third workshop, with 22 leaders, focused on building potential approaches to empower leaders to work with their communities to increase awareness of existing mental wellbeing information and resources. Discussions gathered more detail about how a community forum might operate, what tasks ambassadors might undertake, and what support and funding might be required.

Key Insights

Key insight 1: Community forums must facilitate dialogue – not just information sharing.

Community forums help bring people together and can be used to share information, resources, and learning.

“A lot of community work is already going on. But we should bring community work to the people. Different cultural perception of public health services need to be communicated [to service providers].”

“Forums need to be available to everyone and must be very much focused on dialogue. We need discussions, not seminars.”

Key insight 2: Better signposting using trusted advocates is needed to facilitate easy access to mental wellbeing resources and services.

“Sometimes it’s not what you know, it’s who you know”

Ambassador roles (trusted community members) can actively engage and raise awareness of mental wellbeing information and resources.

Ambassadors can advocate to destigmatising mental health, work to create greater openness and acceptance and reduce barriers to accessing mental wellbeing information and support.

“...There has to be ambassadors who people trust in their different communities. ...then services can be used to its fullest. It is important to destigmatise, but there is also a need to keep the community in mind... Each community has their own peculiarity.”

“This way you can target the main demographic. Ambassadors can bridge the gap between public health and people. There is a need to diversify the methods of communication.”

Ambassadors can lead community workshops, but require support and training, such as communication skills, active listening, and understanding mental wellbeing.

“A lot of volunteers and champions [already] in place. It would be nice if the council can provide training on what resources are available”.

Existing RBG community directory is not used. A hub, website, or directory should include details of mental wellbeing resources, and opportunities for training and guidance.

...“should have a forum, or a website, people can go there and collect or exchange information. A website with all our organisations together, documents, studies, so they can be accessed easily”.

Key insight 3: While mini grants kickstart initiatives, they are not necessarily effective or sustainable.

Mini grants do not promote sustainability.

“I would use the money to start a project, but we need continuity after the grant. We need to think realistically.”

“Grant is an extremely one-off solution.”

“The grant is not helpful... It is just not sustainable.”

“There could be conversations on how to utilise mini grants, but it is ultimately not useful for sustainability. The impact of the grant should be long-term.”

Mini grants as an approach should be evaluated. It creates competition and duplication rather than collaboration.

“If I receive a grant, I think it should be used to continue the ideas of the community instead of creating a whole new plan...”

Not all communities are on an equitable footing to access funding. Greater and more tailored support is needed.

“The <name> applied for the innovation grant but wasn't able to complete the form on time. We didn't have the access to resources on time. Many of us don't speak English, especially women.”

Mini grants should be used to build on 'what works' and existing community initiatives.

“Use the resources that they have and build more on that.”

Networking can help to share knowledge, resources, and best practices.

“Networking with other organisations and leaders, in a community forum like this, “coming together.what we don't know, you might know... sharing resources....”

Summary

Key Insights

In a series of engagement workshops, leaders from different communities and projects came together to discuss mental wellbeing and community led approaches to improve access to information and resources.

Community and project leaders articulated that mental wellbeing isn't just about individual experiences but is influenced by broader factors like social connections, cultural beliefs, the environment, and financial stability. For instance, someone might struggle with their mental wellbeing because they feel isolated, or because they're facing financial hardship. Intersectionality also plays a key role. For example, someone who belongs to a marginalised racial group and identifies as LGBTQ+. This person may face unique challenges related to both their racial identity and their sexual orientation or gender identity. Their mental wellbeing could be impacted by experiences of discrimination or microaggressions based on both aspects of their identity. They might struggle to find culturally competent mental wellbeing information and resources that understand their background and identity.

Use of mental wellbeing information and resources is low. This was only partly explained by a lack of awareness and structural barriers such as information only being made available in English. Community and project leaders told us that many people feel more comfortable seeking help from leaders and advocates within their own community rather than from larger, official, or council funded services. This is because community leaders are seen as more trustworthy and because they understand the cultural and socio-economic challenges faced by their neighbours.

Leaders discussed practical ways to improve access to mental wellbeing information and resources within their communities. Leaders emphasised the importance of ongoing dialogue with the council and services to ensure that mental health resources are widely known and easily accessible to everyone, regardless of their background or where they live. They noted that existing community groups and forums could play a greater role in spreading awareness and signposting. They suggested appointing ambassadors within communities to actively promote mental wellbeing information and resources, connect individuals with the help they need, and reduce stigma.

However, they also acknowledged that providing financial support through mini grants might not be enough to create lasting change. While these grants can kickstart initiatives, there's a need for sustainable, long-term solutions.

Overall, the workshops served as a platform for communities to come together, share their experiences, and brainstorm solutions to create a more inclusive and supportive environment to improve access to mental wellbeing information and resources for all.

RBG Public Health Response

Working with Healthwatch and local community leaders using this participatory design approach has been a hugely valuable experience. Thank you to all those who participated for sharing your knowledge, experience, and insights. The process and outputs of these workshops (phase one) have effectively laid the foundations for phase two of this programme.

Phase two aims to continue this collaborative approach with community leaders to further develop and deliver community-led local interventions to support mental wellbeing for priority communities in our borough. This programme aims for the following overall outcomes:

- Improved mental health awareness and literacy amongst targeted communities where the need is greatest.
- Improved access to information and services that support good mental wellbeing and prevention for these communities.
- An increase in behaviours that improve mental wellbeing and resilience in these communities, including help-seeking behaviours and engagement with mental wellbeing promotion interventions and campaigns.
- A stronger infrastructure of existing and new champions that can support ongoing sharing of mental wellbeing related messages and signposting.
- Further relationships and trust built between Public Services and residents through collaborative and inclusive ways of working.

Phase two will commence shortly, with a follow-up workshop presenting draft proposals in response to the phase one insights for feedback and further development with community leaders.

APPENDIX A

Improving mental wellbeing in priority communities in Greenwich

Agenda Workshop One: Establishing a Foundation

Date: Wednesday 21 February 2024

Time: 11:30am – 2:00 pm

Location: Metro Gavs Meeting Room, Woolwich

Time	Time Allocated	Agenda Items
11:30 am- 12:00 pm	30 min	Sign-in Welcome and Introductions
12:00 pm -12:10 pm	10 min	Activity 1. Gallery Walk- a display of posters on the wall.
12:10 pm-12:30 pm	20 min	Activity 1. Smaller Group Discussion
12:45 pm – 1:00 pm	15 min	Activity 1. Larger Group Discussion
1:00 pm – 1:30 pm	30 min	Break /Lunch
1:15 pm – 1:45 pm	30 min	Activity 2. Display of posters on the wall and Larger Group Discussion
1:45 pm -2: 00pm	15 min	Closing Remarks-HWG & PH

APPENDIX B

Improving mental wellbeing in priority communities in Greenwich

Agenda Workshop Two: Identifying Solutions

Date: Wednesday 6th March 2024

Time: 11:30am – 2:00 pm

Location: Metro Gavs Meeting Room, Woolwich

Time	Time Allocated	Agenda Items
11:30 am- 11:45 am	15 min	Registration, Welcome and Introductions
11:45 am– 11:55 am	10 min	Debrief from Workshop One-Healthwatch Greenwich (HWG)
11:55 am- 12:00 pm	5 min	Updates from Public Health (PH)
12:00 pm -12:20 pm	20 min	Activity 1 Larger group discussion
12:20 pm-12:50 pm	30 min	Activity 2 Smaller group discussion
12:50 pm – 1:20pm	30 min	Break /Lunch
1:20 pm – 1:45 pm	25 min	Activity 3 Smaller and Larger group discussion
1:45 pm -2: 00pm	15 min	Closing Remarks -HWG & PH

APPENDIX C

Improving mental wellbeing in priority communities in Greenwich

Agenda Workshop Three: Prioritisation

Date: Thursday 21st March 2024

Time: 12:00 – 2:30 pm

Location: Metro Gavs Meeting Room, Woolwich

Time	Time Allocated	Agenda Items
12:00- 12:10pm	10 min	Registration, Welcome and Introductions
12:10pm-12:20pm	10 min	Debrief from Workshop Two-Healthwatch Greenwich (HWG) and Housekeeping
12:20pm- 1:20 pm	60 min	Activity 1
1:20 pm -1:50pm	30 min	Lunch
1:50 pm-2:20 pm	30 min	Activity 1 Key takeaways
2:20 pm – 2:30pm	10 min	Closing Remarks -HWG & PH

Gunnery Works
9-11 Gunnery Terrace
Woolwich Arsenal
SE19 6SW

www.healthwatchgreenwich.co.uk
t: 0208 301 8340
e: info@healthwatchgreenwich.co.uk
 @HWGreenwich
 [Facebook.com/Healthwatchgreenwich](https://www.facebook.com/Healthwatchgreenwich)

healthwatch
Greenwich



**Committed
to quality**

