

Community Conversations

The 'Community Conversations' project aimed to capture people's views on what has worked well, what didn't work and if anything was missing from mental health services and support.

We went out and spoke to local people across West Yorkshire about their experiences of accessing mental health support in terms of:

- What worked well
- What didn't work
- What was missing

This was later supplemented by an online survey with the questions we formulated.

This has culminated in a written report which maps out the findings and makes recommendations for future care.



Inspiration and Aims

This was the first project that the group pursued once initial volunteers had been recruited and inducted.

This was one of the pieces of work that fitted really well with the aims of the project in terms of finding out:

- What works well?
- What doesn't work well?
- What is missing?

In terms of people's care across West Yorkshire.

“We wanted to capture people's authentic voices on the subject of suicide and suicide ideation.”

The aim of the project was to hear a range of perspectives on how individuals across West Yorkshire experienced seeking support for their mental health.

We wanted these lived experiences to feed directly into a report which would showcase best practice and make recommendations for mental health support and care.

It was hoped that the lived experience responses would give authenticity to such recommendations, in order to encourage practitioners to make changes geared towards preventing suicide.

The goal was to reach 100 responses by the time of writing the report.

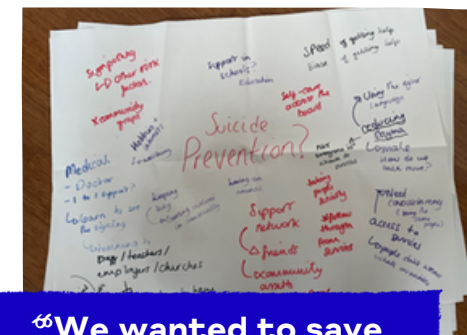
Initial ideas

Initial meetings focussed on formulating the language of the questions being asked.

While initially discussions centred on people's experiences of specific 'mental health systems', this evolved into considering a more holistic view of someone's experiences of 'asking for help' due to a recognition that answers to preventing suicide do not solely lie within mainstream mental health services.

The group then had discussions around 'what is suicide prevention?' Initial thoughts surrounded service provision such as access to services, consistent staffing, staff knowing how to spot key signs, being curious and appropriate training for staff within mental health.

When encouraged to broaden beyond formal service provision, we discussed personal support networks, community assets (e.g. barber shops, nail salons) and self-care, education in schools, general wellbeing. These discussions were wide ranging and so the group agreed that 'suicide prevention can be all encompassing' and this was an important consideration for when having community conversations.



“We wanted to save lives!”

Formulating questions

The intention behind the survey was to produce qualitative data as opposed to tick box answers to be able to identify patterns and understand good practice and challenges at a local level.

Initial meetings were used to identify what language would be used within the three questions. The groups delved deeper into each of these themes to explore what they might ask someone. This helped us to refine our questions that we used, shown on the right-hand side of the page.

1. What worked well for you?

'What would make it comfortable for you to speak to someone?'

'What would support look like for you?'

'Where did you go to access support?'

'When you are struggling, what helps you?'

2. What was missing?

'When you needed help the most, what do you wish someone would have done?'

'Did you face any barriers to accessing help? What were some of those barriers?'

'Was there anything stopping you from asking for help?'

3. What could have been improved?

'Did you feel you knew where to go for support?'

'What would you change/implement to make accessing help easier?'

'Did you feel supported by people who were supposed to support you?'

'When you are struggling, what doesn't help?'

Questions

1

When thinking about asking for help, what have you tried (if anything) and what do you feel worked well for you?

Prompts: Did you have a positive experience with something in your local area? Did a specific person or organisation make a difference? Have you accessed any non-traditional support (for example, not through the NHS?)

2

When thinking about past experiences of asking for help, what didn't help? Did you have any issues accessing help?

Prompts: Did you feel any barriers when reaching out? What were they? Did you come up against any challenges with the support you received?

3

Looking back, was there any help that wasn't there, which might have helped? Anything missing? Something you wished had been there

Prompts: Did you think something was missing in the support you received? How could it be better? Was something that could have helped not available to you? Are there any changes you would make?

4

Anything else you would like to add?

Conducting the conversations

The approach to reaching different communities was co-produced over a series of meetings with some great suggestions around how to reach those who are more likely to have needed to reach out for mental health support.

The volunteers had ideas around approaching gyms and speaking with people at the food festival events used for fundraising.

“We discussed a questionnaire and believed that the best way of gaining trust and more in-depth answers was to have conversations with people with lived experience.”

When completing community conversation surveys in person and over the phone, individuals were given a brief introduction of the purpose and context of the project by volunteers so they could understand the context in relation to suicide prevention. They were also asked to complete equality monitoring data such as postcode, gender, age and ethnicity so that a greater understanding of risk factors in relation to responses could be understood.

The project later evolved to create an online version of the survey which individuals could fill out independently.

This online version increased the number of responses. It was also agreed that we would accept respondents from outside of West Yorkshire as this may highlight best practice to learn from outside of the region.




Community conversations

Help prevent deaths by suicide.

We want to find out more about people's experiences of asking for help with their mental health.

What worked for you?
 What didn't work?
 Was anything missing?

- Answers will be anonymised.
- Conversations feed into an upcoming report.
- Report will make recommendations for changes in care, to prevent death by suicide.
- Conversations are 1 to 1 or in a group, hosted by volunteers.



Want to get involved?
Contact Arlie for more information on 07976921776 or arlie.haslam@leedsmind.org.uk

Read the call out for perspectives [here](#)

Analysing the data

Analysing the data involved a smaller working group who formulated the approach.

There were 78 responses to analyse which were a combination of in person and online data collection.

Initially we attempted to establish some key themes by working through the raw data as a group. The handover between coordinators delayed this process.

When revisiting the themes, we felt that too many assumptions had been made and some of the groupings didn't feel reflective of the raw data.

Our coordinator went back and coded the data to identify the number of times particular words had been said. We then analysed responses to each of the questions in the subgroup.

This revealed similar but slightly clearer themes which attempted to use the language of those with lived experience to characterise them.

This led one of our volunteers to map out a fantastic process flowchart of a client experience which became the base structure of the report.

“We hoped to get 100 people to respond through direct conversations, mainly on a 1-2-1 basis but also in small groups if that felt more conducive to a more in depth conversation. Whilst we didn't hit that target, we were still happy to have found so many people willing to share this most personal and often privately contained experience.”

Output and Reflections

The project resulted in the production of a report which summarises the findings and aims to inform decision makers.

Some challenges we faced along the way included:

- 1 Generating enough responses:**

While we did increase our responses from having an online version of the survey, we did not quite reach our target of 100 responses.
- 2 Online vs in person**

The online survey reduced the opportunity to ask follow up questions to understand more of the details and nuance behind responses. Some people wrote very short answers such as “GP” which limited the analysis we could do.

The in person conversations did at times start to feel more like a therapeutic conversation which we were not best placed to deliver.
- 3 Language of the Questions**

The open nature questions allowed a fantastic variety of responses which produced excellent qualitative data. However, this also meant that in some cases the responses did not necessarily answer the questions how we might have anticipated. There was lots of overlap between ‘what didn't work’ and ‘what was missing’ and some people gave limited detail in their responses.

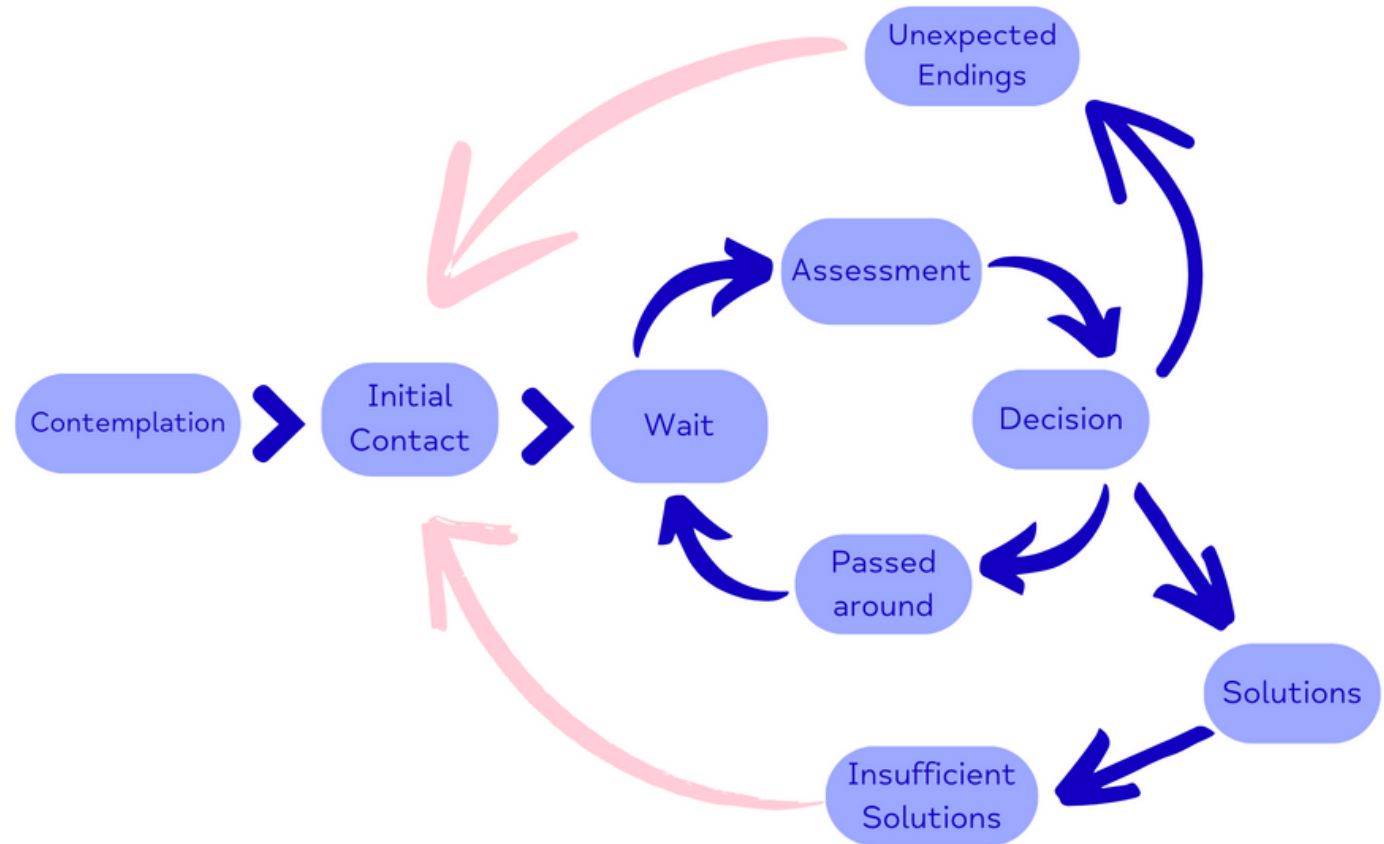
Key Findings

After discussions of the key themes across the three main questions, one of our volunteers came up with a fantastic infographic.

This demonstrates how he and survey respondents have experienced the mental health system across different sectors.

This led to us structuring the report by analysing these various stages of reaching out and accessing support.

- Contemplation
- Initial Contact
- Wait
- Assessment and Decision
- Passed Around
- Unexpected Endings
- Solutions, including insufficient solutions.



Impact

We hope that this report will inform future practice for Leeds Mind and beyond about the value of and considerations for conducting this kind of survey to understand mental health needs.

We aim to share this report with key decision makers within mental health care and suicide prevention.

The impact we feel this project has had so far is:

- Giving a voice to people in West Yorkshire to share their experiences and have them represented in this report.
- Holding space for people to talk to someone else with lived experience (in person conversations).
- Interesting conversations for the volunteers which validated some of how they have felt.

“I think we've had some great conversations that in themselves will have helped people feel heard and given them some autonomy in influencing change”

“While we couldn't offer support to people for the challenges they shared, we feel that holding space for people to share their challenges was valuable in itself.”

“I thoroughly believe that the conversations themselves allowed people to be heard and helped with the healing process.”

“I enjoyed bringing my skills and knowledge to the development process. It helped me regain confidence, reminding myself that I did have some value to the world and could influence a project for the better.”