Unlocking Potential

Survey of service users’ views on redesigning mental health day services in Brent

Independent survey carried out by Brent Mental Health User Group (BUG) on behalf of the partnership project, Unlocking Potential, part of the Local Implementation Team sub-group
Acknowledgements
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Background to the *Unlocking Potential* partnership project

In spring 2003 the Prime Minister and Deputy Prime Minister asked the Social Exclusion Unit to consider what could be done to reduce social exclusion among adults with mental health problems. This unit ran a project which asked two main questions: what more could be done to enable adults with mental health problems to enter and retain work and how can they secure the same opportunities for social participation and access to services as the rest of the population? This study looked at what had been written and research that had been done; carried out a written consultation which received over 900 responses from people with mental health problems and carers, the voluntary sector, health and social care organisations, local councils, housing, employment and benefit services; travelled round the country meeting over 500 people with mental health problems and carers; carried out research in four local areas – talking to more people – and made another 50 visits round the country to schemes already tackling problems identified. The report *Mental Health and Social Exclusion* (Office of the Deputy Prime Minister [ODPM], June 2004) was then produced which includes a 27-point action plan. Every local area is expected to put this plan into action. The following is quoted from the report:

‘Our vision is of a future where people with mental health problems have the same opportunities to work and participate in the community as any other citizen. This will mean:

- communities accepting that people with mental health problems are equal
- people receiving the support they need *before* they reach crisis point
- people having genuine choices and a real say about what they do and the support they receive in order to fulfil their potential
- people keeping their jobs longer and returning to employment faster, with real opportunities for career progression
- recognition of the fundamental importance of people’s relationships, family and caring responsibilities, a decent home, and participation in social and leisure activities, and
- health and social care services working in close partnership with employment and community services, with fair access regardless of ethnicity, gender, age or sexuality’

The action plan to bring together the work of government departments and others aims to challenge attitudes, enable people to fulfil their aspirations, and
significantly improve opportunities outcomes for people dealing with mental health issues. Action falls into the following categories:

- **stigma and discrimination** – a programme to challenge negative attitudes and promote awareness of people’s rights
- **the role of health and social care in tackling social exclusion** – putting into practice what we know works in vocational services and enabling integration into the community
- **employment** – giving people dealing with mental health issues a real chance of sustained paid work reflecting their skills and experience
- **supporting families and community participation** – enabling people to lead fulfilling lives the way they choose
- **getting the basics right** – access to decent homes, financial advice and transport
- **making it happen** – clear arrangements for leading this programme and keeping it going

At the same time, work has been carried out to modernise social care services and how they work and, as a result, the Green Paper, following broad consultation, has become *Our Health, Our Choice, Our Say*. This document focuses on a 5-year plan for social services – which has merged with housing to become Housing and Social Care in Brent – to work with its partners to implement the recommendations, which include expanding use of direct payments – where disabled people with a range of disabilities, including in relation to mental health, can be paid cash to help have a social life, for example, or employ a support worker or personal assistant to help out with particular tasks they have been assessed as needing from social care. In addition, in future, individual budgets are to be developed where people using services will have the opportunity to manage a yearly budget in order to plan and buy their own services. The aim of all this work is to expand the control that people using services have over their own lives.

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**Taking this work forward locally**

The Mental Health Local Implementation Team (LIT) is responsible for taking this forward locally so formed a sub-group. This group is aiming to ensure a range of modern mental health day opportunities which enable mental health service users to reach their full potential, work in partnership with staff to enable them to move towards recovery (whatever that means to them individually) – and which is
driven by them – and which is socially inclusive and challenges the stigma and discrimination which can be experienced by people using mental health services.

As part of this sub-group, which includes commissioners, statutory and voluntary sector community organisations which provide services, user and carer groups, a partnership project was formed early in 2005 – including Brent Mental Health Service (BMHS) staff, Brent Mental Health User Group (BUG), Loud and Clear Mental Health Advocacy Project, Brent Carers’ Centre and Brent Mind. While the sub-group’s role is to look at services across the borough, the role of the partnership project is to look specifically at day opportunities that are provided by health and social care – so Brent Mental Health Service (BMHS).

The partnership project decided its first priority was to give information to service users, carers and staff and to involve them from the earliest opportunity – and throughout – in redesigning day services with a view to building on what people like and value and improving the range of day opportunities available across Brent for the borough’s diverse communities.

There were also some local issues which needed to be taken into account involving buildings that some day centres have been housed in. In Brent there have traditionally been a number of day centres for mental health service users:

- Kingsbury Manor (providing services to Asian communities)
- African and Caribbean Resource Centre (providing services to African and Caribbean communities)

These buildings are not affected but their services are being redesigned as part of this project. The other day centres are:

- John Wilson House
- 9 Willesden Lane
- 543 Wembley High Road

John Wilson House and 9 Willesden Lane can no longer be used as they are physically inaccessible to people with mobility disabilities and cannot be adapted. The lease of 543 Wembley High Road came to an end in October 2005.

So a central base is to be created in Brent where many of the new services will be provided from while others will be provided by others such as leisure centres, libraries, community centres, colleges etc.
About the report

This report includes:

✓ Background to the work of the Mental Health Local Implementation Team and, as part of this work, the Unlocking Potential partnership project
✓ Information about the conference for service users and carers in July 2005
✓ Summary of feedback from the conference
✓ Detail of the responses to the survey
✓ Key issues and action as a result of the conference and survey

Feedback from the conference

A conference was held in July 2005 to involve service users, carers – and staff who work for Brent Mental Health Service – in redesigning mental health day services in Brent. It was attended by 300 people – largely using or providing support to people using mental health day services.

Those who took part heard from Bill Love from the National Development Team about how mental health day services had been designed in other parts of the country while Fabian Davis from Oxleas NHS Trust gave information about what they were doing in their area, including about service users now having the opportunity to get involved in developing person-centred planning. Antony Dowell of Imagine in Liverpool talked about how they are using ‘bridge-builders’ – who have individual specialisms such as sport, education – working individually with service users to plan what they want to do with their lives and how services in the community can support their doing what they want with their time. Megan Karne talked about what self-help groups can offer while Fiona Hill from BUG and David Dunkley from Brent Mental Health Service gave information about what was happening and how this project is being taken forward with service users and carers’ views at its centre. Representatives from Brent council and Brent PCT gave their support for the redesign and commitment to funding change.

Participants at the conference gave their opinions about what they had heard so far and these comments were built into the questionnaire that was then produced by BUG – and developed and agreed with the project group. Feedback from the conference was typed up by BUG and the responses to the questionnaire have been analysed independently by BUG – which has also produced this report.
Below is a summary of the comments made and concerns raised by people who took part in the conference.

- While it’s interesting hearing about what’s happening in other areas, people need to know how this can work in Brent – and about the detail of services – staff and service users and carers need to be involved in the practical detail so the theory works in practice
- Mainstream services like colleges and other community places can be unfriendly and unwelcoming and feel unsafe to service users – and stigmatise people who have been given a diagnosis – so they need to be prepared and their staff and the wider public who use them educated about the reality of mental health or mental health service users won’t use them and will lose out
- We need to make sure we keep the benefits of using mental health day centres – and develop what works – like drop-ins which are more open
- Services need to be more flexible and open in future – and enable people to avoid a crisis and need to meet people’s access, cultural and language needs
- People liked the idea of services being planned individually with service users’ needs at the centre and want a balance of individual and group activities
- People were interested in some of the ideas they had heard about such as bridge-builders and service users forming micro-enterprises as well as in person-centred planning
- Carers need more education and support and need to be able to trust that services will support mental health service users
- Concern was expressed about people with high support needs who have used mental health services for a long time being left out of the redesign – so all service users’ needs need to be taken into account and service users need to be able to move towards the change at their own pace with appropriate support but it was also seen as positive that people’s individual potential is recognised and built on
- Quite a large proportion of people said that they want more information about their illness and how to manage it – with support – and positive comments were made about moving towards recovery as long as it was what recovery meant to the individual service users – and a number of people also said they want more imaginative approaches in future
- Service users from all communities, and of different ages – including over 60 – need to have their individual needs met, including depending on their cultures, and this should include meeting the needs of people with lower
support needs and people’s access needs – so access to day opportunities needs to broaden

- People liked the idea of having a range of services across Brent, including community groups, faith groups, self-help groups and gave lots of ideas about what they would like to be able to access including drop-in provision (including in crisis), talking therapies, complementary therapies, volunteering, broadening employment opportunities, college courses which reflect service users’ needs, support to keep housing, education and training about mental health, medication and self-management and relapse prevention and stress management including which is user-led. People wanted to be able to use user-led activities, befriending and buddying, single sex activities and facilities for young children, leisure activities and creative activities and have the opportunity to develop new skills, get welfare rights advice, take advantage of faith and spiritual and cultural activities and get information about what’s available across Brent such as social events and activities which are free or subsidised

- People also expressed interest in what they had heard about the modernisation of social care services including expanding the use of direct payments and having the opportunity to use individual budgets.

What happened next

The questionnaire – which built in comments and included suggestions made at the conference – was created and distributed across Brent with the aim of finding out from people: who use mental health day services now, who have used them in the past, who have used them and then chosen not to and those who have not used them, what they want day opportunities to look like in detail in future.

BUG held a meeting with service user reps whose role was to find out from others what they think about the redesign and to encourage them to fill in questionnaires in order to have their say. BUG and Brent Mental Health Service staff also met with staff representatives from the current day services who have a very similar role as a questionnaire was also produced for current staff.
**Key issues and action points**

The points made here have come from both feedback from the conference in July 2005 and the survey carried out up till December 2005.

**Concern about change and people losing what they value**
There was considerable concern expressed both at the conference and in the survey about people losing what they value about mental health day services currently so how difficult change can feel needs to be acknowledged and kept in mind. There was also some scepticism expressed that the agenda is really to save money and about politics – and the point made that the pace of change needs to take people with it.

It is worth noting that the vast majority of those who expressed concern also had very clear ideas about what they would like to see in future which represents both maintaining what they value – like a drop-in – but expanding and developing both how this operates as well as services provided in the borough. People were also clear about wanting services to stretch them, believe that they are capable of doing more than they currently do, recognise and build on their skills and abilities and enable them to develop to reach their full potential. They want staff to work with them intensively to enable them to identify what they want to do with their lives and then support them to take risks, enabling them to feel safe, in order to both learn and try new things. This both included people who do not use services as well as those who expressed clearly the benefits of using day services now. So there is a clear message from service users that they do want the opportunity to build their lives beyond the limits of what services can provide. Rather than trying to provide all that people want, mental health day services have a role in enabling people to meet their aspirations.

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**Giving clear information about change and keeping people involved**
Feedback from the conference and comments made as part of the survey indicate that the messages about change may need to be clearer. For example, large numbers of people who currently use day services provided by Kingsbury Manor expressed their feelings that they did not want to lose this day centre as they value it so highly. So the information needs to be consistently given – including by staff – that the buildings that house this centre and the African Caribbean Resource Centre are remaining open, the services redesigned as part of this
project, but that better use can be made of these valuable resources, for example, to provide services in the evenings when they are not being used to provide culturally appropriate services only.

Involving service users and carers
People were very clear that they want both service users and carers to be involved in developing the detail of redesigned day services as well as in monitoring and evaluating them so this project needs to ensure this is the case. Gathering people’s views via this survey has enabled people to be very involved in creating the detail of what is provided in Brent as a whole – as well as what they want to get from using any services.

Carers, and anyone involved in people’s support networks, need to be given information and appropriately involved in new ways of working. They can therefore be as involved as service users’ want them to be in supporting them to take risks in a way that feels safe – in order for them to recognise their skills and abilities and build on them to reach their full potential and develop their skills in self-management as they learn. This is consistent with the recovery approach which recognises the importance of both peer and family support, for example, and of community involvement.

Build on what’s experienced as positive now
People were very clear at both the conference and in the survey that they want to keep what they find valuable currently – and build on it. A very clear message that came from the survey was provision of a drop-in facility which is very open and flexible and has services provided from it. Service users were also clear that they want the opportunity to meet others, including to negotiate plans and activities with others, meet with staff who would work intensively with them to enable them to decide what they want to do with their lives and about how services can enable them to meet those aspirations and support them to do so.

Clear messages were given about provision of, for example, self-help groups and training which enables people to take greater control of their distress and manage it better themselves. In addition, people liked the idea of being able to talk to staff in order to avoid a mental health crisis – so provision of a crisis drop-in – and a suggestion was made that this could include provision of emergency medication. These issues all need to be addressed in this redesign.
Ensure all people who use services – including those with high support needs – are included

Concern was expressed both at the conference and in the survey that the needs of people with high support needs need to be kept central to this work to modernise day opportunities. So, staff need to work individually with service users, and at their pace, to enable them to develop what they want to do with their lives, moving towards recovery based on what individuals feel that means for them and recognising that they have potential which may have not been realised or acted on to date.

Acting on valuable information given by service users about what they want from mental health services

This survey intentionally asked questions about what people want to see provided in relation to improving their mental health and enabling them to move towards recovery and managing their own distress/illness with support as a whole, rather than focusing purely on provision in relation to day services since these services are part of the whole picture.

This builds on earlier work, for example, in User Involvement Forums, and the women’s conference run by BUG which have been focusing more broadly on approaches that service users want to see and enabling them to think about what they want from their lives as a whole and how services can support them to achieve their aspirations. This work needs to be incorporated in addressing how services in the borough might look in future.

Incorporating other work being carried out by the Local Implementation Team

The Local Implementation Team (LIT) has a number of sub-groups looking at different areas of service provision aiming to ensure that services meet the needs and wants of Brent’s diverse communities – and all the views of service users and service providers gathered as part of this work – need to be incorporated in redesigning day opportunities. For example, Brent Mental Health User Group (BUG) carried out a women’s survey on behalf of the Local Implementation Team to find out about women’s experiences of using services and make them more appropriate in future, and the LIT has carried out a survey of service providers in relation to provision of psychological therapies and another in relation to how community groups meet the needs of black and minority ethnic communities.
Ensuring a range of services across Brent
The survey in particular intentionally asked people about what they want to see provided in Brent as a whole in relation to enabling them to broaden their lives, improve their mental health and develop their own management of their distress/illness.

This is consistent with the recovery approach which acknowledges that, rather than mental health services aiming to provide everything that people need, a broader range of support and services should be accessed in order for them to achieve their goals as whole people.

It was clear from people’s responses in the survey that they value what is provided by community groups, including faith groups, and those which provide services to deal with particular life experiences and to particular communities.

So the Local Implementation Team needs to look at provision across the borough as well as the project group considering where different services that people have said they want in future can be provided from and which organisations can best provide them. This will necessitate involving voluntary sector and community organisations in designing future service provision.

Challenging stigma and discrimination
It was clear from both the conference and the survey that people are very aware of the stigma and discrimination that can be experienced by people using mental health services – and the effect this has on their using other community services and facilities. So education and training needs to be carried out in order to make other community services feel welcoming and meet people’s needs. Support needs to be provided, together with links made between redesigned day opportunities and community facilities, to enable people to make use of them.

Removing barriers to using community services and facilities, including further education providers
People were very clear that they wanted to visit other community venues but also clear about why they don’t and expressed considerable interest in activities which would only be provided in other venues – such as sports and leisure activities.

So identified barriers need to be removed to improve access, for example, by providing education and training about the reality of distress and mental illness to staff who work in other community services as well as raising awareness among those who also use them to ensure a safe
and welcoming environment for people who use mental health services. People were also keen on staff working in community services across the borough being trained to work with different behaviour rather than focusing on diagnoses.

While a number of people, both at the conference and in the survey, said they were not interested in doing lots of courses but instead wanted emotional support, there was also interest expressed in using colleges and universities as long as they provided appropriate support, that staff were confident in dealing with different behaviour and knew about illness and distress and that people also using them were welcoming, friendly and did not judge. It was also felt that further education providers need to meet service users’ needs in order to take part in what they offer. These issues need to be addressed with these providers.

Meeting service users’ cultural and access needs and broadening access
Services need to ensure that they provide culturally appropriate services to all communities in the borough as well as meet people’s access needs and greater attention needs to be paid to doing so in future. People also made comments both at the conference and in the survey about the need for services to be more open and accessible and focus on prevention, for example, to prevent people losing their job in the first place or enable them to deal with a mental health crisis before it happens.

Language was seen as a big issue which needs to be addressed in future and a number of people who took part in the survey talked about how they feel they specifically need to focus on improving their skills in English in order to take advantage of broader opportunities in future. This includes people using only culturally appropriate services at the moment. People were also very keen to see services being much more flexible in relation to times they are available and a number of people who currently do not use services said they do not do so because they are not available at the times they want them. Services also need to ensure that they provide single sex activities and the opportunity for women, for example, to work with women workers. A number of women also highlighted the need for their childcare responsibilities to be taken into account in order for services to be accessible to them. These issues need to be addressed in this work.

Expanding people’s expectations, recognising their potential and moving towards recovery based on what individuals feel it means to them
There were very clear comments made at the conference and responses in the survey indicate people’s feeling that mental health day services have traditionally had low expectations of what people using them can achieve, have not recognised their skills and abilities and built on them and have not enabled people to recover – whatever recovery means to them individually.

This has meant that people have often stayed within those services and used only what they provide. Services both need to build on the culture that people have potential – and have a right to be supported to reach their full potential – and that they can recover – and manage their own mental health with appropriate support and information and in the ways that feel safe for them. They need to be supported to take risks and try new things and there was considerable interest expressed in the survey in particular in doing so.

It also needs to be borne in mind that people’s opportunities – and lives – are severely limited if they are expected to use only one day centre. This would necessarily limit what they could do as every day centre could not provide everything that people have expressed interest in. This is equally true of the two culturally appropriate day centres. This needs to be addressed by looking at which organisations provide which services across the borough via the commissioning process and work of the Local Implementation Team, including in relation to this project.

Using the recovery approach
In order to change the culture of mental health services appropriate training needs to be provided to staff, including to enable them to build on their good practice now and ensure consistent approaches. Some of this work has already started with the provision of recovery training, run by service users from BUG who are professional trainers, to mental health support workers in Brent Mental Health Service. These workers are in an excellent position to work in partnership with service users towards recovery as they work closely with them and are often the staff with whom service users have the most consistent contact. Consideration needs to be given to ensuring that the recovery approach training is delivered to ensure that all Brent Mental Health Service staff use this approach.

The review of mental health nursing practice which has recently been completed has resulted in the clear message that nurses need to use the recovery approach with service users so training for existing staff needs to be addressed. Since the recovery approach has as one of its underpinning principles the
expectation that staff will work in partnership with service users, BUG will be running training for service users in using the recovery approach.

In fact, this work, moving away from a focus on only meeting people’s ‘needs’ as opposed to focusing on their wants, goals and aspirations is entirely consistent with the recovery approach which aims to enable a much broader way of doing so – so providing effective services and support is made up of addressing: clinical care, family support, peer support and relationships, work and meaningful activity, service users having power and control, addressing stigma, community involvement, education and having access to resources.

The Care Programme Approach (CPA) policy of Central and North West London (CNWL) Mental Health Trust has been significantly revised, together with service users, and now includes the expectation that staff will work in partnership with service users – towards recovery – and recognise their skills, abilities, knowledge and enable them to reach their full potential. Staff need to ensure that they work in this way in future and BUG is involved in training staff in relation to this revised policy. BUG is also planning to provide training to service users to enable them to get more effectively involved in their own care planning using the CPA framework.

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**Planning individually and working in partnership with service users and going at their pace**

Again, there was considerable interest expressed both at the conference and in the survey in people’s plans and programmes being very individually planned with them at the centre of this plan – going at their pace – and for staff to work in partnership with them. People want a balance of planning which is specifically tailored to them and how they want to spend their time and group activities that they might want to take part in.

People expressed interest in a whole range of activities which would happen in groups such as self-help groups and discussion groups, for example. And there were plenty of activities that people expressed interest in where people could meet and go together, for example, going to places of interest, cinema, theatres etc or doing sports and leisure activities.

Again, the revised CPA policy of CNWL – including training for staff involving service users – needs to facilitate individual, person-centred planning. Service users will need to be given the opportunity to use a range of tools, including person-centred planning, in order to be fully
involved in planning their own services. Training also needs to be provided to service users to further facilitate this aim.

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**Staff working intensively with people to enable them to consider how they really want to spend their time**

People were very interested in staff working intensively with them to enable them to consider how they really wanted to spend their time, including beyond the limits of day service provision. This links with the fact that people have traditionally been expected to use only those services provided by the particular day centres they use which has severely limited the possibilities open to them. This is borne out by the fact that a number of people in the survey made the comment that they did not expect to use other community services or facilities as they use day services.

Traditionally, services have focused on meeting people’s needs – rather than their wants and aspirations – within the confines of what they can provide. In future, staff need to work with people to enable them to work out what they want from their lives as a whole, broaden their life opportunities and reach their full potential and then enable them to meet their aspirations by using a broader range of services across the borough – and London.

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**Staff approaches and ways of working**

In addition to information given above about how people want staff to work with them – having high expectations of them, working in partnership with them at their pace to enable them to move towards recovery as defined by them – people are also keen on staff working in creative ways and being mobile. People also want staff to provide advice and guidance to enable them to broaden opportunities to develop their lives. This included providing welfare rights advice, including in relation to housing. This is consistent with the social inclusion report’s recommendations that people need to be able to maximise their income, so get support and information to ensure they are claiming all the benefits they are eligible to claim – and to keep them. People also wanted staff to ensure that they give information about their rights.

People gave clear messages too about how important to their maintaining mental health and avoid a mental health crisis provision of support in relation to housing is and wanted to ensure that this is provided in future. This is consistent with the consultation carried out by BUG some time ago on behalf of the LIT which
highlighted the importance of staff supporting people to maintain their housing as it has such a huge impact on their mental health. These issues need to be addressed.

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**Inclusion of befrienders, mentors and service users as guides**

There was considerable interest in the survey in the idea of people other than staff working closely with service users to enable them to identify what they want to do with their lives and supporting them to achieve their aspirations. Befrienders and mentors were popular choices and a number of people also expressed interest in other service users acting as guides. These ideas need to be built on.

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**Incorporating new ways of working from other areas**

Considerable interest was expressed in ways of working in other areas – including using ‘bridge-builders’ whose role is to use their particular expertise to work intensively and individually with people to enable them to identify what they want to do with their lives and achieve those ambitions. Interest was also expressed in the setting up of micro-enterprises where service users would be more involved in running services. These ideas need to be further developed and built on in this redesign.

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**What people want to see day opportunities in Brent look like in future**

The most popular suggestion for future day opportunities was provision of a drop-in, with people selecting different options in relation to how this might look. A high number of people want a café which provides high-quality, low-cost, healthy food to be provided while others were more interested in activities and services to be provided from this base.

A large number of people want it to be a place for service users to meet, including to plan social and other activities in relation to arts and cultural activities, for example.

People were keen to see training provided, particularly in relation to developing a whole range of practical and self-help skills and learning about and developing their own abilities to manage their illness/distress and improve their mental health.

Counselling and talking therapies were popular choices and this included provision of listening support provided linked to the drop-in.

Free, or very low-cost, complementary therapies were also popular choices and how this can be provided needs to be considered. It may be that free taster sessions could be provided from the drop-in and then complementary therapies.
provided elsewhere since this is something service users have been expressing interest in for some time, for example, via the User Involvement Forum in the borough and surveys carried out by BUG.

There was interest expressed in all the suggestions made in relation to self-help with the highest numbers of people saying they wanted women’s groups, specific groups for different communities and groups for people with similar experiences and similar diagnoses, men’s groups, discussion groups talking about faith and spirituality and cultural issues. A higher number of people than identified as being lesbian or gay expressed interest in a group to explore their sexuality, while all those who identified as being lesbian or gay want a group for lesbians and one for gay men, while, again, a higher number of people than identified as being Deaf want a group for Deaf people. Interest was also expressed in a group for people with learning difficulties.

**Self-management of mental illness and improving mental health and addressing issues in relation to medication**

There was considerable interest expressed in the survey in services moving towards enabling people to manage their own distress, with support appropriate to individuals. Very high proportions of people want to learn more about their illness/distress, about medication, effects and side-effects as well as about considering coming off medication in the long-term, with appropriate support, about alternatives to medication and about managing their own mental illness/distress and about their diagnoses and associated symptoms.

People are also very interested in looking at why we behave in the ways we do and learning about different approaches to managing their mental health/illness as well as in both identifying and managing behaviour and learning about how to manage a mental health crisis. Considerable numbers of people are also interested in learning about relapse prevention, in free taster sessions in complementary therapies and in making the best use of services eg using the Care Programme Approach and getting actively involved in their own care. A slightly smaller proportion want to learn more about direct payments and individual budgets, get support to develop their own crisis card and want training and help in creating their own advance decisions so they can tell services what they want – and don’t want – in a crisis.

A number of people who took part in the survey mainly selected options from this list – combined with
provision of a drop-in, a mentor, befriender, trained service users supporting them to work out what they want to do with their time and staff working with them towards recovery, for example. This information needs to be acted on by mental health services as a whole and not just in relation to this project.

Different approaches to managing mental illness and improving mental health, including training
Again, high proportions of people who responded to the survey expressed interest in suggestions made. Large numbers of people want to develop their communication skills and learn to deal with people and develop social skills as well as learn about the recovery approach and about Wellness Recovery Action Planning (WRAPs) used with the recovery approach to create their own action plans to stay well as well as want training in relapse prevention.

People also expressed interest in taking part in training which would enable them to learn about different approaches to dealing with mental health and illness – and put them into action – as well as in dealing with particular feelings and behaviour they might want to understand and change – such as managing hearing voices, anger, anxiety, highs and lows – and in developing their skills in managing their own mental health and distress/illness, with appropriate support.

A high proportion of people expressed interest in all the suggestions made in relation to learning about and managing their own mental illness/health combined with provision of a drop-in facility.

There was interest expressed in provision of all the complementary therapies suggested as well as in various kinds of therapy including art, music, drama and group therapies and a clear message given that service users want talking treatments provided such as counselling, cognitive behaviour therapy, psychology and psychotherapy as well as provision of self-help groups.

Again, all this information needs to be acted on by services as a whole and not just in relation to this project.

Developing health and life skills
In common with all the suggestions which focus on enabling people to build their skills, there was considerable interest in developing health and life skills. Over half those who responded to the survey want to improve their physical health and are interested in developing cooking skills, including eating healthily with people also expressing interest in learning meditation, dealing with
physical effects of taking medication, developing their skills in managing money and budgeting, including food shopping, managing rent and bills, cleaning their home, looking after themselves, managing relationships with neighbours, getting ready to go out and a number also want sex education and to develop skills in managing their sexual health.

Broadening learning and employment opportunities, including volunteering
While concern was expressed, particularly at the conference, about people being pushed into employment inappropriately, which needs to be kept in mind, there was considerable interest expressed in the survey in people having the opportunity to explore options in relation to employment. This includes considering what they might want to do in relation to paid work, different ways of working which are flexible, doing supported placements, including with Central and North West London (CNWL) Mental Health Trust. This project needs to link up with existing service providers in relation to employment as well as consider how mental health staff can meet this expressed interest.

People expressed interest in taking advantage of learning opportunities and a high number of people in the survey said that college courses need to reflect – and meet – service users’ needs. The most popular options in relation to learning were in relation to various aspects of using information technology, managing benefits and developing skills like English and maths. High numbers expressed interest in all the suggestions made in relation to learning opportunities and, while some people did have other ideas, the majority did not make additional suggestions. This highlights the need for staff to work intensively with people to broaden their thinking in relation to what they might want to learn since learning new things is such as important part of improving mental health. Identified barriers to using further education providers will need to be a focus of improving service users’ opportunities in relation to learning.

There was also interest expressed in the survey in the development of volunteering opportunities for people using mental health services. Ways of addressing volunteering opportunities need to be considered both by the Unlocking Potential project group and the Local Implementation Team.

Taking part in art and cultural activities, including developing social activities and networks
There was considerable interest expressed in the survey in getting involved in art and cultural activities, including developing social networks
and opportunities. Interestingly, even where people had not necessarily selected many of the suggestions made in relation to learning and employment opportunities, they had expressed interest in relation to arts and cultural activities.

Clear messages were given both at the conference and via the survey that people value being able to meet others with similar experiences and to take part in social and support networks. Partly as a result of the stigma and discrimination that people using mental health services can experience it can feel difficult for people to develop their own social activities and support networks and it was clear that people felt services could help facilitate this.

Considerable interest was expressed in the survey in particular in developing a range of social activities including going on outings though this would need to be done in a very different way in order to avoid people not doing what they want if others do not want to do the same things. However, the emphasis needs to be on enabling people to naturally make contacts with others to go out rather than staff organising large groups of people as this socially excludes rather than includes people.

Large numbers of people expressed interest in activities with others such as going to restaurants, cafes and places of interest, cinemas and almost half expressed interest in going to local mosques or temples or churches. This information needs to be acted on via this project. It may well be appropriate for social activities and the development of support networks to be carried out from the drop-in where smaller numbers of people plan to go to particular places depending on their interests.

Interest was also expressed in people developing their skills, whether this was in relation to employment or not, and provision needs to be based on what people like doing and how they want to spend their time. Popular activities included gardening and photography, for example, though people expressed interest in all of the activities suggested. In order to enable service users to get involved in the activities that interest them personally there will need to be a balance between services directly providing them and enabling people to take advantage of provision elsewhere.

Getting involved in sports and leisure activities
There was considerable interest expressed in the survey in taking part in a whole variety of leisure activities, including sport. People were particularly interested in using facilities which would be provided by gyms and leisure centres. So barriers
to using community venues where leisure activities are provided will need to be removed and mental health service staff will have an important role to play in enabling people to make use of these facilities.

There were a number of people who expressed interest in getting involved in similar sports where staff could also have a role initially in enabling people to either set up teams or arrange particular times to get involved together if this was something they wanted – with a view to their organising themselves in future. This would have the advantage of also creating social and support networks.

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**Provision of information about what is available in Brent - and in London**

People were very clear, particularly in the survey, that the biggest barrier to using a range of services and venues is lack of information about what is available. This included information about what is available free, at low cost or at reduced rates for people on benefits. A considerable amount of work went into designing and broadly consulting on a handbook to services for disabled people with a range of impairments in Brent some time ago and work on producing a handbook is being undertaken now.

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**Incorporating creative ways of getting access to services**

Particularly at the conference as well as in the survey people expressed interest in claiming direct payments where they would have greater control over services they access as well as in the idea of holding individual budgets each year which they could then use to buy the services they want to use. These options need to be developed in future.

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**Creating ways of measuring outcomes for services users**

Traditionally, services have focused on their performance rather than on outcomes for service users – where people’s goals and aspirations are clearly stated and then measured, by people using services.

This approach is consistent with services moving away from chronicity and towards becoming recovery-oriented. The National Institute for Mental Health England (NIMHE) has produced a poster entitled *Emerging Mental Health Practices [in relation to recovery]* which is intended to be used as a tool for service users, staff and community services to measure their own progress through the different stages of recovery. This tool could be produced and used.

If a tool to measure outcomes for service users is to be developed, it is
essential that this work centrally includes people using services. Production of a tool needs to be addressed as part of this project. BUG could certainly take the lead on involving service users in Brent in this piece of work.

Conclusions to be drawn
It is very clear from service users involved in the conference last year and in the survey that people know what they want from services.

One of the loudest messages is that people are very interested in learning about their own mental illness/distress and want to develop skills in managing it and improving their mental health – maintaining what they value such as drop-in provision. This would be combined with the opportunity to meet others and plan together, get involved in discussion, support and self-help groups and in training and find out more about what’s available in Brent – and in London – as well as get relevant guidance and advice from staff, for example, on welfare benefits.

People are also interested in developing practical skills in relation to different aspects of their lives such as health and life skills, managing their mental health, arts and cultural activities...

It is also clear that people can significantly broaden the opportunities available to them by adopting this different approach to provision where they are much more involved in deciding what they want from their whole lives and mental health day services staff’s role is to enable them to achieve their wants and aspirations. And identified barriers to using a range of facilities need to be removed.

People also want staff to work with them intensively to enable them to make decisions about what they want from their whole lives. People want staff and services to believe that they are capable of more than they currently do, recognise their skills and abilities and support them to take risks so they feel safe to achieve their full potential and they want services that stretch them. And they would also like the opportunity to use different approaches such as using befrienders, mentors, trained service users and ‘bridge-builders’ to enable them to achieve their aspirations. Examples included throughout the report of what a number of individuals have said in the survey give all these clear messages.

Messages about approaches – and services provided in the borough – are very consistent with information given in other forums such as the User Involvement Forum and this needs to be acted on.
About the responses to the questionnaire

A total of 184 completed questionnaires were returned. Responses are given below, with the headings incorporating the questions asked, and additional comments appear throughout in italics and quote marks. Some individual ‘stories’ have also been included throughout. People were offered the opportunity to be interviewed by someone else who used services – but no-one took up this option.

Who completed questionnaires

Every questionnaire had a monitoring form attached which people were asked to complete in order to try and make sure that we were gathering the views of people from a range of communities, including black and minority ethnic communities, of a range of ages, genders and sexualities as well as from those who identify as both disabled and non-disabled.

While not everyone who completed a questionnaire completed all the information on the monitoring form, only 15 people did not give any information on their forms. It was also possible to gather some information about how people identified themselves from information they gave in their completed questionnaires and this information has been included.

Monitoring forms completed indicate that the questionnaire was filled in by people of a wide range of ages, genders, ethnicities and sexualities as well as those who identify as disabled and non-disabled. They are identified as follows:

**Age range**

- 9 people are aged 18-25 years
- 23 people are aged 26-34
- 37 people are aged 35-44
45 people are aged 45-54
35 people are aged 55-64
4 people are aged 65+
16 people did not select an age range

While this indicates that people from all age ranges participated in the survey, larger proportions of people aged between 35 and 64 responded. Also, fewer younger than older people participated in this survey. This may reflect who currently uses mental health day services.

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**Gender**

- 86 women responded
- 73 men responded
- 10 people did not give information about their gender

This indicates a larger number of women than men completed questionnaires.

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**Physical disabilities and/or learning disabilities**

- 86 people said no
42 people said yes
41 people did not give information

Of the 42 people who said yes to having a physical disability or learning disability...

19 people said they have mobility disabilities
13 said they have learning disabilities
6 said they are Deaf or have a hearing impairment
3 people said they are blind or have a sight impairment
4 people gave no further information

Three of the people who identified as having physical disabilities said that they have both mobility disabilities and learning disabilities.

This information overall indicates the importance of using the social model of disability where people can identify for themselves if they are disabled – as well as what the nature of their disability is. Staff need to feel confident about using the social model of disability and enabling people to identify their access needs – and then meet them – in order to be accessible.

The number of people who say that they have learning disabilities – as what this means was not specified – may indicate people’s lived experience of dealing with information and the effects that service users talk about in relation to taking
medication – for example, that it can make it very difficult to think. It may also indicate an experience of having had less access to education.

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**Sexuality**

88 people identified as heterosexual
4 people identified as bisexual
3 identified as gay men
1 identified as lesbian
73 people gave no information

These responses do indicate that people are generally unused to anyone talking to them about sexuality – or recognising the importance of doing so in order to be accessible to lesbians, gay men or bisexuals. It is fairly well-known that the assumption is often made that people who use mental health services do not have partners – or get involved in sexual relationships. A number of comments which could be seen as disturbing were made in relation to sexuality, such as people adding that they were ‘normal’ or that this did not apply to them. If people make comments like this when using services this is very likely to exclude lesbians, gay men and bisexuals and make them feel unwelcome.

*Mental Health and Social Exclusion* (Office of the Deputy Prime Minister [ODPM] 2004) makes specific comments about the need to take into account service users’ sexualities in order to challenge social exclusion of people using mental health services.

In Brent, it is estimated that around 10 per cent of residents (about 27,000) may be lesbian, gay, bisexual or transgendered. Brent council’s diversity statement states ‘...[we are] committed to ensuring that the services we provide are relevant
to the needs of all sections of the community...’. Therefore service providers need to routinely monitor sexuality – as well as talk openly about it – to ensure that they take into account all cultural aspects of people using services.

**Ethnicity**

![Ethnicity Graph]

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</tr>
<tr>
<td>No information</td>
<td>18</td>
</tr>
</tbody>
</table>

Additionally, individuals identified in the following ways:

- White American
- White Iranian
- Portuguese
- African Indian Asian
- Black British Caribbean
- Black British Arican
- Black British Asian
Christian Jewish
Mixed race Asian
East African Asian
Black Jewish

Just under three quarters of respondents (127) identified as being from a range of black and minority ethnic communities.

In response to being asked how they describe their ethnicity, the following responses were made:

'Roman Catholic’
'Bangladeshi’
'Black Anglo American’
'Brown British’
'Christian’

In response to being offered the opportunity to describe themselves, the following responses were made:

'Woman who has suffered’
'I am a capable, honest and reliable character by nature as a person’
'Very humble and open for suggestion’
'Born in Kenya, lived in England after 12 years and visit India regularly’
'Pakistani British’
'Iranian now British’
'I am African Asian, call myself Indian Asian’
'World citizen’
'Born in Pakistan, now British passport holder’
'I view myself as a very caring person’
'Black British’
'British West Indian’
'Normal characteristic appointed to culturally mixed’
'Enthusiastic’
'Middle-aged housewife’
'ME’
Detail of responses to the survey

The information that follows includes the detail of the questionnaire. The headings give information about the questions asked and information is given both about options selected as well as additional comments made.

About how long people had used mental health day services

People were asked if had they used mental health services before and responses were as follows:

142 people said yes
32 said no
8 people did not respond

Where people’s answer had been ‘yes’, they were asked how long they had used them for and their answers follow:

77 said 3 or more years
22 said 2-3 years
17 said 1-2 years
  6 said 6 months to a year
  5 said up to 3 months
  5 said 3-6 months

People were asked, if they had used services for more than 3 years, how long they had used them for and 4 said 5 years, 3 said 14 years, 3 said 8 years, 2 said 15 years, 2 said 14 years, 1 said many, many years, 1 said 19 years, 1 said 17 years, 1 said 13 years, 1 said more than 10 years, 1 said 10 years, 1 said almost 10 years, 1 said 9 years, 1 said 7 years 9 months, 1 said 7 years, 1 said more than 6 years and 1 said 5 years 7 months.

So, of the 26 people who said they had used day services for longer than 3 years who specified how long they had been using them, the average was almost 10 years.

People were asked if they had used mental health day services in the past, but don’t any longer, and, if so, how long they had used them for. In fact, most of the 27 people who gave information here interpreted this question to be asking about their use of services overall so gave information about times in the past that they
had also used them. So the figures alone could suggest that a larger number of people than is the case had stopped using day services than is the case. People’s responses were: 7 said 3 years or more, 5 said up to 3 months, 4 said 6 months to a year, 5 said 1-2 years, 1 said 2-3 years and 1 said 15-17 years.

People were asked roughly when they had last used services and their responses were as follows: 30 said 2000-2005, 8 said 1995-1999, 3 said 1990-1994, 1 said before 1990 and 1 before 1985.

Again, all these people had not stopped using services but this was an indication of when they had last used them previously.

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**About not using mental health day services**

We wanted to hear from people who had not used mental health day services and get an indication of their reasons for not doing so. In the previous question about whether people used mental health day services 32 people had said no. So, a number of those who gave their opinions here did – or do – use services and have used this as an opportunity to say what they think about them. People were given a list of options to select from and invited to say more about why they haven’t used these services. A total of 25 people responded here, selecting more than one option.

6 said they didn’t want to
5 said they hadn’t heard about them before
4 said they didn’t think they understood them
4 said they don’t provide what they thought would help them
3 said no-one has ever talked to them about them
3 said because they are difficult to get to by public transport
3 said because they have caring responsibilities
2 said they were told they could not go because their needs weren’t high enough
2 said they don’t enable them to develop their skills in managing their own mental health
2 said they aren’t provided at times they could make use of them
2 said they don’t feel like they would be comfortable to use
1 said they didn’t know it was an option
1 said they don’t believe they can recover in any way
1 said they don’t recognise the skills and abilities they have and what they have to offer
1 said because of where they are based
1 said because they are physically inaccessible to them

People made the following additional comments:

'My own choice’
'There is no need because I am not mental’
'I found my personal stuff disappeared, this upset me. Places not secure enough’
'I don’t need to’
'I work 3 days a week and I haven’t really got the time’
'I can’t see properly and recovering from a broken leg – it’s a bit awkward’
'I am not using the day centre at the moment because I am not feeling well enough to go’
'Too much reading/smoking’
'They assume mental illness is learning difficulties’
'I used to go regularly to drop-ins but now I am too busy’
'I have to care for my children’
'Because I don’t want to know’
'Do not want to use the day centre’
'The amount of displeasure which is questionable’

One man said that he had felt unsure about using services in the past and added:
'I was scared, unsure if the feeling would go away without treatment, also I’m using alcohol through the period as well as smoking’. This comment is of particular concern as people need to feel that services will not judge them if they are using drugs and/or alcohol.

So, of the total number of responses, 27 people made the point that they didn’t want to use day services or felt they didn’t offer what people wanted in various ways. Several people said that the reason they haven’t used mental health day services is because they hadn’t heard about them before or that no-one had talked to them about the possibilities.

It is worth noting that, even where people have been very clear about why they do not currently use day services, they are also very clear about what they would like to see services provide in future.
Example of someone who hasn’t wanted to use mental health day services but has ideas about what they would like provided in future

A says he is a man who is mixed race and has never used services like this because he didn’t want to though he felt they provide somewhere to go during the day. In future he would like to see the opportunity to learn computer and Internet skills and develop skills like English and maths, painting and decorating and would like help managing benefits and getting onto courses. He also feels he would like to get involved in singing, a men’s group, group to explore his sexuality, group for people with similar experiences and one for people with similar diagnoses as well as a discussion group, for example, talking about faith and spirituality or cultural issues. He would like the opportunity to learn about medication and effects and side-effects of medication as well as learn about and get support to come off medication and manage his own illness/distress – and would like to develop his communication skills. He wants the opportunity to improve his physical health and develop skills to look after himself, including looking after his personal hygiene and cleaning his home. He is interested in playing golf, relaxation, swimming and playing table tennis.

He has used other venues in Brent – or London – including gyms, libraries, leisure centres and community groups such as those providing services to deal with particular issues like using drugs and/or alcohol, dealing with domestic violence, homelessness… but felt they didn’t feel safe to use. He feels that information about what is available, help and support to think about how he really wants to spend his time – and what would help him manage and improve his mental health and help with the cost of doing those activities would remove barriers to using them. He would like this support provided by trained service users working with him to provide support he feels he needs to get involved in new activities and a ‘mentor’ who would work alongside him to support him to do what he wants to do with his life.

In future, he would like to see a drop-in at a central base in Brent – with a café which provides good quality, healthy, low cost food, where staff are available to provide advice and support and where service users can meet and would like opportunities to develop his skills and abilities by volunteering in a safe and supportive atmosphere.
Example of someone who used services in the past and now works part-time

**B** is a Black British woman between 35 and 44 who used services for 6 months to a year between 1990 and 1994. She doesn’t use them now because she doesn’t think they provide what she thinks would help her because she works 3 days a week and hasn’t really got the time as the rest of her week is occupied with shopping and other activities like going to the doctor or having her hair done. She does however have ideas about what she would like to see in future. She would like to learn retailing skills and get support preparing for employment and applying for a job, looking for employment, get help to keep her job and learn about different employment opportunities. She would also like to do a work placement where she is supported and her skills and abilities are recognised. She has considered factory work like packing.

She is interested in going to the cinema, the pub, restaurants, local cafes with others and local mosques or temples or churches. She would like a group for people with similar experiences and would like to learn about her illness/distress – including to manage it herself – look at why she behaves in the ways she does and learn about and get support to come off medication. She would also like to learn about how to manage a mental health crisis and would like free taster sessions in complementary therapies. She would like to go to a steam room and use a sauna. She has used gyms and libraries. She would like a befriender who would work alongside her to support her to do what she wants to do with her life and services which enable her to learn about her illness/distress, treat her as the expert and enable her to develop her understanding and ability to manage her own mental health, with support. She would like to see a drop-in at a central base in Brent, with a café which provides good quality, low cost food, run by trained service users where talking treatments are available and she has the opportunity to go to different training such as in relation to relapse prevention... She would like training and support which enables her to get into the work she wants to do or might have done before.

Example of someone who comments about why he hasn’t used services

**C** is a white British man aged between 45 and 54. He says he has used services in the past but doesn’t now because of his mental illness. He says he didn’t feel they enabled him to develop his skills in managing his own mental health. In future, he would like help managing benefits, would like to visit different places of interest and go to local cafes with others and do woodwork. He would like a men’s group and to learn about side-effects of medication and about managing them. He would also like to learn about different approaches to managing his mental health/illness. He would like to learn about direct payments and get
support to develop his own crisis card as well as training and help in creating his own advance decision. He is interested in managing anxiety, managing money and budgeting and washing clothes. He is interested in playing football. He hasn’t used other services because there were no cheaper rates for people on benefits and feels that help and support to think about how he really wants to spend his time and what would help him manage and improve his mental health and help with the cost of doing activities would enable him to do so. He would like staff to work in partnership with him to enable him to decide how he wants to spend his time and someone working individually with him to plan his own time and programme and help build links between day and other community services. He wants people to believe that he is capable of more than he does at the moment and wants to see services which enable him to learn about his illness/distress, treat him as the expert and enable him to develop his understanding and ability to manage his own mental health, with support. He would like a drop-in which provides food, with the opportunity to go to different training such as in relation to relapse prevention and managing his own mental health and staff working with him to enable him to improve his mental health and manage it and move towards recovery.

**Example of someone who has used services for long periods of time over the last 15-17 years but not in this borough**

**D** is a white British woman aged 35-44. She hasn’t said what she feels she gets out of using mental health day services but would like help preparing for employment, looking for employment, to keep her job, to learn about different opportunities and to do a work placement where she is supported and her skills and abilities recognised. She would like help managing benefits and to get into volunteering. She is particularly interested in help and support to stay on a course and information about where she can get this support. She would like to visit different places of interest, go to art galleries, to the cinema, theatre, pub, restaurants, local cafes with others, to churches and get involved in activities where she can explore her faith and/or spirituality and take part in discussion groups and video workshops around faith and cultural interests. She is also interested in photography, improving her skills in drawing and painting, creative expression, using art, doing handicraft and additionally sewing, dressmaking, knitting, tapestry etc. She would like a women’s group and group for specific communities, a group to explore her sexuality, one for people with similar experiences and one for people given similar diagnoses as well as a discussion group in relation to faith and spirituality. She wants to learn about her distress/illness, about the diagnosis she has been given and associated symptoms, about identifying and managing behaviour, look
at why we behave in the ways we do, learn about medication, effects and side-effects and about managing side-effects of medication. She also wants to learn about managing her illness/distress and develop skills in doing so including to manage a mental health crisis, about different approaches, about how to make the best use of services eg using CPA, about managing a budget, about direct payments, about relapse prevention and would like support to develop her own crisis card and support and training to develop her own advance decision. She would also like free taster sessions in complementary therapies.

She would like to learn about, and take part in training, in relation to the recovery approach, Wellness, Recovery Action Planning, about how different approaches can help and putting them into action, in relapse prevention, using self-help groups, to develop communication skills and dealing with people and develop social skills and like to use art therapy. She would particularly like taster sessions in reflexology, aromatherapy massage, acupuncture, and to use talking treatments. She would like to know how to manage anger, anxiety, highs and lows and would like assertiveness training. She would also like help with eating problems and how to deal with panic when with people. She is interested in improving her physical health, dealing with physical effects of taking medication, cooking, managing money and budgeting, welfare rights advice, looking after herself, managing rent and bills and relationships with neighbours, getting ready to go out and sex education and managing her sexual health.

She would like to visit different community venues, go ten-pin bowling, do relaxation, go to the gym, to a steam room and sauna, do keep fit and is particularly interested in Pilates. She would like to play netball and hockey.

She has used gyms, libraries, leisure centres, healthy living centres and colleges or universities and feels that she needs information about what is available, help and support to think about how she wants to spend her time, services available at the times she wants to use them, their feeling safe to use, staff knowing how to manage different behaviour, feeling people she is in classes with – or using services with – will be understanding and welcoming and accepting, have the support she feels she needs to use different services and get involved, help with the cost would all remove the barriers to using them. She adds that she feels different to others and that she has nothing in common with them. She selected all the options given in relation to how she would like this kind of support provided and particularly feels that she would like to see services which enable her to learn about her illness/distress, treat her as the expert and enable her to develop her understanding and ability to manage her own mental health, with
support. She would like services planned on an individual basis – and with a balance of individual involvement and group activities – a drop-in with complementary therapies and talking treatments available, including to deal with a crisis, with self-help groups to take part in, where service users can meet and negotiate different activities. She would like staff to work with her to enable her to move towards recovery and work with her individually to enable her to move towards using community services. She would also like opportunities to expand her skills and move towards flexible employment, training and support which enables her to get into work, to go to discussion groups for different communities, be able to ‘buy’ her own services and manage an individual budget and opportunities to develop her skills and abilities by volunteering. And she would like services which stretch her and which have high expectations of her and support her to meet those expectations.

**Example of someone who has given lots of reasons for not using services**

E is a Black British woman aged 35 to 44 with mobility disabilities. She is not using services now but has in the past. She says she didn’t want to use day services because she doesn’t think they provide what she thinks would help her, don’t believe she can recover in any way, don’t recognise her skills and abilities and what she has to offer, don’t feel comfortable to use and because she has caring responsibilities.

She would like to learn office, computer, Internet and e-mail skills, using English in everyday life, about different employment opportunities, would like help to keep her job and to do a work placement. She is interested in photography, singing, music, visiting different places of interest, going to art galleries, the cinema, theatre and getting involved in gardening and horticulture, creative expression and handicraft. She would like to get involved in activities where she can explore her faith and/or spirituality and discussion groups and video workshops around faith and cultural interests and strengthening cultural identity as well as in discussion groups around faith and spirituality. She would like to take part in specific groups for different communities, group for people with similar experiences and group for people with similar diagnoses. She would like to look at why we behave in the ways we do, learn about and develop skills in how to improve her mental health, how to make the best use of services using the CPA, about direct payments and like training and help in creating her own advance decision as well as have free taster sessions in complementary therapies.

She would like to learn about Wellness, Recovery Action Planning, take part in training in relation to relapse prevention, developing communication skills and
dealing with people and social skills and take part in drama therapy. She would like to try out reflexology, Indian head massage, acupuncture, use talking treatments, learn to manage anger, anxiety and highs and lows.

She is interested in meditation and improving her physical health, managing money and budgeting and welfare rights advice, cleaning her home and getting ready to go out. She would like to visit different community venues, do Pilates, go to a steam room and sauna and play baseball, netball, volleyball and rounders.

She has used other community services like colleges or universities but felt they didn’t provide what she wanted to do and weren’t provided at the times she wanted to use them. She has also taken part in training run by other groups like Brent User Group. Information about what is available, help and support to think about how she wants to spend her time, services available at the times she wants to use them, help with the cost of those activities would all help enable her to use them. She would like a mentor, a befriender, a plan which she is at the centre of creating that enables her to develop her life and what she wants to do with her time and services which enable her to learn about her illness/distress, treat her as the expert and enable her to develop her understanding and ability to manage her own mental health.

She would like to see a drop-in with a café, run by trained service users, with complementary therapies available, where service users can meet and plan and negotiate different activities for the coming week or month, with opportunities to get involved in different activities, opportunities to expand her skills and move towards flexible employment and specifically suggested doing a supported placement with CNWL to facilitate self-help groups. She would like to be able to buy her own services with an individual budget and have services which stretch her, recognise her skills and abilities and what she has to offer and enable her to develop to spend her time in the ways she wants to.
### About what people feel they get from using mental health day services

People were asked what they felt they get from using mental health day services and given a list of options to select from as well as invited to make additional comments. Again, people selected more than one option. Options selected are listed in descending order of popularity.

114 said they provide somewhere for them to go during the day
107 said they provide activities for them to be involved in
104 said they provide the opportunity to meet other people with similar experiences
102 said there are staff there who support them
  89 said they enable them to build their confidence
  86 said they enable them to develop new skills
  83 said they enable them to learn new skills
83 said they feel accepted for who they are and don’t feel discriminated against
81 said they recognise what they need because of their culture
79 said they help them build their life and recover
77 said they recognise and help them develop their skills and abilities so they can live the life they want to and also that they enable them to manage their life better
76 said staff recognise what they feel and believe about their own mental illness/distress and respect this
75 said they enable them to manage their own mental health/illness
68 said they provide a hot meal
64 said because they feel safe

People made the following additional comments, some of which appear as quotes with information about how people have identified themselves:

'I feel that the mental health day services are very therapeutic and I’d rather use day services than being in a stressful full-time job, which I find having worked for just 20 hours exacerbated my mental health as the job I was doing was repetitive, didn’t give me any purpose to the day whatsoever and I would never want to be pushed into that situation again, also it felt like I was doing a school-leaver’s job’

'I find it very interesting using mental health day services because it helps to share your views with other clients and be able to discuss things that are needed
to improve the local area and also be able to feel free to discuss the way we feel in general about the services we are all receiving from the sector’

‘The mental health services help me feel comfortable, understand my illness and manage day-to-day life’
Black British man, aged 35-44, has learning disabilities

‘It makes me feel comfortable’
‘Somewhere to go whilst unemployed’
‘I like coming here because I feel safe and confident from the group activities they provide’
‘Support me in a group with staff’

‘I need to be there where are the same cultural activities’
British Asian woman aged 45-54

‘I need to stay at KM [Kingsbury Manor] due to my culture’
‘Nobody asks me questions about why I am not working’
‘I feel culturally sensitive service good for me. I speak Gujerati and feel safe in the environment’
‘I feel motivated to develop my artwork when at the centre; I like to come and work quietly without stress’
‘Being part of one big family’
‘We get help from our keyworkers and help to take to hospital or explain our illness’

‘I enjoy meeting people and having company. I would miss a place to come and socialise’
White British woman with a sight impairment, aged 55-64

‘I do not feel excluded because of my illness whether mentally or physically sick and family have not been able to look after me’
Asian woman, 26-34 years

‘Support to live independently, to eat a healthy diet, to contact my family’
‘I meet other people, I feel supported, I do not feel judged’
‘I feel I have a life’
'They provide activities for us to be involved in and they enable us to develop new skills'
Woman aged 55-64

'They teach you music like singing and keyboard’
'I enjoy meeting my friends; some of them have gone through similar symptoms and experiences. Also eating hot food which is cheap’
'It helps to share your views with other service users’
'I feel supported by staff and similar culture’
'I like to go to day centre and I enjoy myself’
'Using this service is very good in rebuild your life for develop new skills’
'It teaches me some of the things I don’t know’

'You can meet friends and other people who are going through problems just like myself’
Black Caribbean bisexual man

'I enjoy coming here because I meet other people with the same symptoms and feel reassured and relaxed'
Black Caribbean person aged 55-64

'It supplements the medication you take, it creates an environment to regain your strength and interact with other people and a forum of stimulation to realise your potential’
Black African woman aged 35-44

'I have nowhere else to go apart from home'
White British woman, aged 55-64

'I enjoy going there, look forward to going and doing activities which I normally wouldn’t do’
Asian woman, 45-54, uses Kingsbury Manor

'I feel happy and look forward to what they have to offer, their support and caring attitude, encouragement, information, understanding is outstanding and highly appreciated’
'Staff are kind and concerned about clients’ welfare; give the necessary support needed to regain one’s confidence and skills’
'It helps me to relax more and get back my stamina’
'A sense of being wanted’
'Staff recognise what we feel and are fully equipped to handle every difficult situation. In KM they are fully aware of our needs as Asian clients’

It is very clear that the majority of people who responded feel that mental health day services currently give them somewhere to go during the day, provide activities for them to be involved in and provide the opportunity to meet other people with similar experiences – and that they value all this highly. The additional comments also indicate how valuable particular aspects of day services are to people – such as skilled staff, accepting atmosphere… and what people value needs to be maintained and built on.

**Example of someone who says they have used services for many, many years**

F says they have used services for many, many years and does not give any further information about themselves. They feel that services provide them with somewhere to go during the day, the opportunity to meet others with similar experiences, provide a hot meal, activities to be involved in, staff support them, they feel safe and they don’t feel judged, feel accepted for who they are and don’t feel discriminated against, help them rebuild their life and recover, recognise and help them develop their skills and abilities and learn new skills, learn new things, enable them to build their confidence, to manage their life better, to manage their own mental health/illness, staff recognise what they feel and believe about their mental illness/distress and respect it and recognise what they need because of their culture. They are not interested in any learning and employment opportunities, self-help groups, self-management of mental illness and improving mental health or different approaches, including training, but are interested in going to the pub and restaurants and in getting welfare rights advice (including in relation to housing). They have used libraries.

They would like someone to work individually with them to plan their own time and programme and to help build links between day services and services provided elsewhere in the community. They would also like one-to-one support to enable them to move towards recovery – whatever that means to them rather than what others think it means for them. They would like to see a drop-in at a central base in Brent which provides good quality, healthy low cost food, where staff are available to provide advice and support and welfare benefits advice and where service users can meet.
Example of someone who has used services for a few years

G is an Asian woman, aged between 45-54 who has used services for 2-3 years. She feels they provide somewhere to go during the day, activities for her to be involved in and that there are staff there to support her who recognise and help her develop her skills and abilities so she can live the life she wants to, that staff recognise what she feels and believes about her own mental illness/distress and respect it and that they recognise what she needs because of her culture.

In future, she would like the opportunity to learn office skills, computer and Internet and e-mail skills and get help getting onto courses. She would like to visit different places of interest, get involved in gardening and horticulture and flower-arranging and activities where she can explore her faith and/or spirituality. She would also like to get involved in a self-help group for different communities and a discussion group talking about faith and spirituality and cultural issues. She wants to develop self-management of her mental illness by identifying and managing her behaviour, looking at why we behave in the ways we do, learning about and getting support to come off medication and about alternatives to medication.

She wants to learn about different approaches to managing her mental health/illness, how to manage a mental health crisis, about direct payments and how she could use them to buy the services she has been assessed as needing eg to help have a social life; help with cleaning or cooking and about relapse prevention and take up free taster sessions in complementary therapies like acupuncture, reflexology, aromatherapy and massage. She wants to learn about the recovery approach, how different approaches can help and take part in training to enable her to put them into action, wants training in relapse prevention where she would develop skills in recognising signs of her distress, what triggers it and how to avoid crises happening and developing her communication skills. She would also like to see taster sessions in reflexology, Indian head massage and acupuncture provided. She would like to develop skills in managing anger and anxiety. In relation to health and life skills she would like to use meditation, to improve her physical health, deal with physical effects of taking medication, cooking, including eating healthily, welfare rights advice, to look after herself, washing clothes, cleaning her home and getting ready to go out.

She wants to visit different community venues (which she hasn’t done before), get involved in relaxation, going to the gym, to a steam room and sauna, keep fit, swimming and yoga. She didn’t select any of the options about how she would
specifically like day opportunities to be provided but did say that she felt as she needed continuous care daycare should be provided at least 5 days a week. She felt that she lost the benefits of using the day centre 2 days a week because she was staying alone for the rest of the week.

**Example of someone who uses services now and has in the past**

H is a Black British Deaf man aged between 35 and 44. He feels services provide somewhere for him to go during the day, the opportunity to meet others with similar experiences, provide a hot meal, activities to be involved in, that there are staff there who support him, recognise and help him develop his skills and abilities so he can live the life he wants to. He feels they enable him to develop new skills and build his confidence and that staff recognise what he feels and believes about his mental illness/distress and recognise what he needs because of his culture.

He would like to develop office and computer skills, English and maths skills, like support looking for employment, help managing benefits, getting onto courses and help to get into volunteering. He would like to improve his skills in drawing and painting and would like a men’s group and a group for Deaf people. He wants to learn about identifying and managing behaviour and about medication, side-effects and managing side-effects as well as learning about, and getting support to come off medication. He would also like to learn about different approaches to mental health/illness and about how to manage a mental health crisis. He wants to learn about direct payments and relapse prevention and wants support to develop his own crisis card. He wants to learn about the recovery approach and how different approaches can help and how he can put them into action, training in relapse prevention and dealing with people and developing social skills. He would like aromatherapy massage and talking treatments provided. He would like to develop skills in managing anger and anxiety, highs and lows and like assertiveness training.

He would like to know about dealing with physical effects of taking medication, cooking, looking after himself, washing clothes, cleaning his home and managing rent and bills. He is interested in ten-pin bowling, relaxation, swimming and playing badminton. He hasn’t used other community services and feels that what would help to do so is information about what is available, help and support to think about how he wants to spend his time, services being available when he wants to use them, staff knowing how to manage different behaviour and having the support he feels he needs to use different services. He feels that staff working intensively with him to enable him to broaden his activities and working in
partnership with him to enable him to decide what he wants to do would enable him to use these services and activities.

He would like to see a drop-in at a central base in Brent, which provides food, provides welfare rights advice, where service users can meet – including to plan and negotiate different activities, with self-help groups to take part in and to see opportunities to develop his skills and abilities by volunteering.

**Example of someone who has used services recently and in the past**

**I** is a Black Caribbean man aged 35-44 who gave his opinions about what has stopped him using services which he says is because he feels they don’t provide what he thinks would help him and aren’t provided at times he could make use of them, like weekends or evenings. However, he does feel they provide somewhere for him to go during the day, the opportunity to meet other people with similar experiences and a hot meal. He would like to develop computer and Internet skills as well as help to prepare for employment and support in looking for employment, making applications etc and help to keep a job. He wants to learn new skills in car mechanics, plastering, painting and decorating. He is interested in lots of arts and cultural activities including singing, playing instruments and recording his voice, acting as an MC, dancing, visiting different places of interest and going to the cinema, theatre, the pub, restaurants, to local cafes with others, to local mosques or temples or churches, get involved in gardening or horticulture and photography.

He would like to get involved in self-help groups such as a men’s group, group for different communities, for people with similar experiences and similar diagnoses. He would like to learn about his distress/illness, about the diagnosis he has been given and associated symptoms, identifying and managing behaviour, about medication, its effects and side-effects and about managing side-effects. He is interested in free taster sessions in complementary therapies, learning about direct payments and training and help to create his own advance decision (where he would say what he wanted, and didn’t want, if he became unwell or got distressed). He is interested in learning about the recovery approach, about Wellness, Recovery Action Planning (WRAPs) to create his own action plan to stay well, would like training in relapse prevention and to develop his communication skills. He would like to see various complementary and talking therapies provided and would like to learn how to manage anger, hearing voices and to take part in assertiveness training.
He would like help to improve his physical health and deal with physical effects of
taking medication, to look after himself, wash clothes, clean his home, manage
rent and bills, manage relationships with neighbours, getting ready to go out, sex
education and managing his sexual health. He is interested in visiting different
community venues, ten-pin bowling, bowling on a green outside, playing golf,
relaxation, gym, going to a steam room and sauna, in keep fit, yoga, swimming
and playing games like pool, football, cricket as well as sports like table tennis
and badminton.

He has used gyms, libraries, leisure centres, community groups providing services
to deal with particular issues and training run by other groups like Brent User
Group. He felt community venues didn’t provide the services he wanted at the
times he wanted them, they didn’t feel safe to use, they were too expensive and
there were no cheaper rates for people on benefits. Services available at times he
wants to use them eg in the evenings and weekends and help with the cost of
doing these activities in community venues would remove barriers to using them.

He would like trained service users working with him to provide the support he
feels he needs to get involved in new activities and a ‘mentor’ who would work
with him over a period of time, providing support and guidance. He would also
like a plan which he is at the centre of creating, with support, that enables him to
develop his life and what he wants to do with his time. And he wants services
which enable him to learn about his illness/distress, treat him as the expert and
enable him to develop his understanding and ability to manage his own mental
health, with support.

He would like to see a drop-in at a central base in Brent, with a café that provides
good quality, healthy, low cost food, run by trained service users, where staff are
available to provide advice and support and welfare benefits advice and where
service users can meet, with complementary therapies available at no or very low
cost, drop-in with talking treatments available – including to deal with a crisis –
and a drop-in with opportunities to get involved in different activities.

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**About what people want to see provided in Brent in future**

People were asked what they wanted to see provided in Brent in future and given
the information that some services would be provided by Brent Mental Health
Service and some provided by others but that we want to build up a picture of
what services people would like to see in the borough as a whole.
The options given were broadly divided into the different sections included in the social inclusion report and work – and developed further to include self-management and self-help and services to be provided. Options selected appear in descending order of popularity – and people have selected more than one option throughout – as well as taken the opportunity to make their own comments. Some options which are linked have been combined to give a more overall picture.

**Learning and employment opportunities**

99 people expressed interest in gaining computer skills, while 78 want to develop skills using the Internet and 59 want to develop skills both in using e-mail – and in office skills
74 want help managing benefits
72 want to develop skills like English and maths, while 51 want to learn English as a second language and 48 want to learn to use English in everyday language
71 are interested in catering skills
69 want help getting onto courses and 53 want help and support to stay on a course
58 want support looking for employment, 56 to learn about different employment opportunities and 54 want support preparing for employment while 50 people want help to keep their job and 45 to do a work placement where they are supported and their skills and abilities recognised
50 expressed interest in retailing skills
44 in painting and decorating
42 in learning how to use different media like video
39 want help to get into volunteering

In responses to being asked what new skills people would like to learn, 26 people gave the following additional information – which does indicate that people have ideas about what they would like to do with their time that may not have been considered to date.

'Car mechanics, plastering’
'Wheel pottery’ (3 responses)
'Confidence building’ (2 responses)
'Personal hygiene care’ (2 responses)
'Interpersonal and communication skills’
'Business studies’
'Retirement activities'
'Factory work – packing'
'Self-esteem, self-assertiveness'
'Learn a new language – Hindi'
'Playing musical instruments'
'Clinical psychology'
'Music technology'
'Therapeutic work can help'
'Driving a vehicle'
'Develop my artwork, painting, drawing'
'Accountancy'
'Technical drawing'
'Psychology'
'Photography'
'Childcare and psychology'
'Learning accountancy'

People were invited to make any other comments they wanted to which they felt related to learning and employment opportunities and 18 people made the following comments:

'Can't work because of my illness. Give support to the carers even if they don't have status in the UK'
Woman aged 18-25

'9 Willesden Lane let me go on a college course, it helped me to further my education; which I haven't had ever since I was a child'

'I am now over 70'
'Cooking'
'Mental health with clients; need to know other illness'
'To learn touch typing as it is essential in today’s world of information technology and computers'
'Computer skills'
'Somewhere to come so I get out of the house and meet people'
'Not segregation'
'Playing scrabble helps to develop one’s knowledge of words'
'I want to be emotionally supported, not sent on a lot of training'
'I do not want to learn anything'
‘I want to develop my art in a place without pressure’
‘Art’
‘I would like to see a programme which helps people with lack of motivation to clean their place’
‘Light exercise’

‘Please will you start up training and employment opportunities in clinical psychology for users. There is a national shortage of clinical psychologists and training users would meet this shortage. It would give users a worthwhile profession instead of being put into mundane jobs like trolley-pushing at Tesco’s’

Man aged 35-44 who describes himself as a world citizen

It is clear from all this information that service users do have ideas about what they would like to do with their time and how they want to spend it and skills they might want to develop though they are quite limited.

**Example of what someone would like from services in future**

J is a Black African man aged between 26 and 34 who has used services for 2-3 years. He feels they provide somewhere to go during the day, the opportunity to meet other people with similar experiences, activities to be involved in, that there are staff there to support him, they feel safe and he doesn’t feel judged and he feels accepted for who he is and he doesn’t feel discriminated against. He feels they enable him to develop new skills, learn new things and that staff recognise what he needs because of his culture. He is interested in developing computer, Internet and e-mail skills and learning English as a second language, developing skills like English and maths and getting help to get onto courses.

He is interested in singing, visiting different places of interest and going to restaurants and in specific groups for different communities. He would like to learn about managing his own illness/distress and about direct payments, developing communication skills and dealing with people and developing social skills, improving his physical health, dealing with physical effects of medication, cooking, managing money and budgeting and welfare rights advice. He would like to visit different community venues and go ten-pin bowling. He has used colleges or universities before but didn’t make any comment about them though he did say he would like staff to work in partnership with him to enable him to decide how he wants to spend his time and what activities he wants to get involved in.
He would like to see a drop-in at a central base in Brent, with a café which provides food where staff are available to provide advice and support and he can get welfare benefits advice and where service users can meet. He would like staff to work with him individually to support him and enable him to move towards using a range of services. He would also like opportunities to expand his skills and move towards flexible employment and training and support to enable him to get into work he wants to do.

**Example of what someone would like from services in future**

K is an Asian woman aged between 26 and 34 who has used services for 1-2 years recently as well as 2-3 years in the past. She feels day services provide activities for her to be involved in, there are staff there who support her and recognise and help her develop her skills and abilities so she can live the life she wants to, enable her to develop new skills, learn new things, build her confidence, manage her life better, manage her own mental health/illness, recognise what she feels and believes about her own mental illness/distress and respect this and recognise what she needs because of her culture. She would like to gain retailing and catering skills, using English in everyday life and developing skills like English and maths. She would like help preparing for employment, support in looking for employment, to learn about different employment opportunities and to do a work placement where she is supported and get help to keep a job. She would like help managing benefits and to get into volunteering.

She is interested in going to local temples and getting involved in activities where she can explore her faith and/or spirituality. She would like to learn how to make the best use of services eg using the Care Programme Approach and would like free taster sessions in complementary therapies. She would like to develop cooking skills and do keep fit. She has used libraries before and feels a mentor working alongside her, providing support and guidance, would help her use other services. She would like to see a drop-in with a café that provides food, training and support which enables her to get into the work she wants to do and opportunities to develop her skills and abilities by volunteering.
Art and cultural activities

Again, people were given a list of options to select from. Interestingly, even where people had not necessarily selected many of the options under the previous heading ‘Learning and employment opportunities’, they expressed considerable interest in arts and cultural activities. So, while a number of people had said that they were not interested in, for example, training or learning new skills or employment they are interested in spending their time in meaningful ways as information here illustrates.

98 want to go to restaurants
96 want to visit different places of interest such as museums
92 want to go to the cinema
84 want to go to local mosques or temples or churches while 36 want to go to different faith groups
67 are interested in music
66 expressed interest in arts and crafts such as making pottery, pictures, creating craft items...
65 want to go to local cafes with others
64 want to go to the theatre and 63 to art galleries
61 are interested in singing and the same number in handicraft
58 are interested in improving their skills in drawing and painting and the same number are interested in flower-arranging
51 are interested in dancing
49 expressed interest in photography
46 want to go to the pub
43 want to get involved in gardening and horticulture and the same number want to get involved in activities where they can explore their faith and/or spirituality
42 are interested in using art and 40 in expressing themselves using art
41 are interested in discussing different cultures and what it means/how it feels to be part of those cultures in this country while 40 are interesting in taking part in discussion groups and video workshops around faith and cultural interests and strengthening of cultural identity

People were invited to give details of other activities they feel are in relation to art and cultural activities and 21 people made the following comments:

‘Computer-aided software, using PowerPoint to help with slide show presentations’
‘I sit and listen to music’
'Making clothes, crotchet, knitting, cooking different types of food’
'Watercolours, traditional dancing, sign language’
'Airbrushing’
'Beautician, wheel pottery’
'Group discussion and understanding the society, and general news about the goings on in our world in theory and thesis of nature’
'Sewing’
'Going to museums’
'Doing woodwork workshops’ (2 responses)
'I have changed my radio frequency to MW’
'Close down mental health services; put money saved into community’
'I need to learn sewing where I can make my own clothes’

'I did “playback” theatre at John Wilson House for a year, it was a really good way to work through issues, but was stopped due to lack of funding’

'I have done crafts, making mirrors etc but I did feel under pressure to finish my work’
'Sewing, dressmaking, knitting, tapestry’
'Discussion of different cultures and cultural identity’
'Sugar craft, florist, decorations, sewing, cookery’
'Silkscreen painting, tye-dying, jewellery-making, tapestry. Being taught how to use a sewing machine. Working with clay as a stress and anxiety and anger outlet. Drama, creative writing, marbling’

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**Example of what someone would like from services in future**

L is a Black African woman who is between 45 and 54 without any physical disabilities. She has been using mental health day services for between 1 and 2 years. She feels they provide her with somewhere to go during the day, the opportunity to meet others with similar experiences, a hot meal, activities to be involved in, that there are staff there to support her, she feels safe, and the day service feels safe and she doesn’t feel judged, she feels accepted for who she is and doesn’t feel discriminated against. She feels they help her rebuild her life and recover, enable her to build her confidence, manage her life better, manage her own mental health/illness, that staff recognise what she needs because of her culture (who she likes to spend time with, what she likes to spend time doing, her
beliefs, food she likes to eat...) and how she lives her life. She also says they help her to live independently, to eat a healthy diet and to contact her family.

She would like to learn retailing skills and English as a second language and wants help to get into volunteering. She would like to visit different places of interest, go to art galleries, to the cinema, theatre, restaurants, local cafes with others, local mosques or temples or churches. She would like to get involved in activities where she can explore her faith and/or spirituality and in discussing different cultures and what it means/how it feels to be part of those cultures in this country and is interested in photography. She hasn’t expressed interest in any self-help groups but would like to learn about side-effects of medication, managing her own illness/distress and learning about relapse prevention. She would also like to learn about how different approaches can help eg the recovery approach, social model, self-management, complementary therapies, psychiatry and medication... and would like training to make choices and put them into action.

She is interested in meditation, improving her physical health, cooking, including eating healthily, welfare rights advice (including in relation to housing) and managing relationships with neighbours. She would like to visit different community venues, is interested in relaxation, going to the gym and keep fit. She has used libraries, leisure centres and training run by other groups like Brent User Group. She didn’t feel that those running community venues would understand her needs and added that the service was for people with physical disabilities. She feels that information about what is available, help and support to think about how she really wants to spend her time – and what would help her manage and improve her mental health – services feeling safe to use, staff knowing about how to manage different behaviour and knowing about distress/illness, that people she is in classes with – or using services with – will be understanding and welcoming to her – and accept her, having the support she feels she needs to use different services and get involved in different activities and help with the cost of doing those activities would all help to remove the barriers to using community services generally.

She would like this support provided by a befriender who would alongside her to support her to do what she wants to do with her life, support that enables her to take risks, try out new things, which makes her feel safe, a plan which she is at the centre of creating, with support, that enables her to develop her life and what she wants to do with her time and services which enable her to learn about her illness/distress, treat her as the expert and enable her to develop her
understanding and ability to manage her own mental health, with support. She would like to see a drop-in with a café which provides good quality, healthy, low cost food, a drop-in where service users can meet, with talking treatments available – including to deal with a crisis – and with the opportunity to go to different training such as in relation to relapse prevention, managing her own mental health... with self-help groups to take part in and where staff work with her to enable her to improve her mental health and manage it – and move towards recovery – whatever recovery means to her rather than what others feel it should mean – and staff working with her individually to support her and enable her to move towards using a range of services, for example, in colleges, community centres and other projects. She would like to go to discussion groups for different communities and the opportunity to develop her skills and abilities by volunteering in a safe and supportive atmosphere.

### Self-help

People were given a list of options to select from and the responses illustrate that there is considerable interest in self-help groups.

- 64 want a women’s group
- 53 want specific groups for different communities
- 52 want a group for people with similar experiences
- 50 want a men’s group
- 44 want a group for people with similar diagnoses
- 34 want a discussion group, for example, talking about faith and spirituality and cultural issues
- 23 want a group for people with learning difficulties
- 22 want a group for people with physical disabilities
- 15 are interested in a group to explore their sexuality
  - 8 are interested in a group for Deaf people
- 6 want a lesbian group
- 6 want a group for gay men

These figures indicate that a high proportion of women and men both want single sex self-help groups. Similarly, the number of people who want either lesbian or gay men’s groups is higher than the number who have identified as lesbian or gay. Again, high proportions of those who have identified as being from black and minority ethnic communities are interested in specific groups for different communities. Over half those who identify as having physical disabilities are
interested in a self-help group and more than the number of people who identified as having learning difficulties have expressed interest. People may have identified as having learning difficulties because they are expressing difficulties they experience with reading and writing rather than that they identify as having learning difficulties. The high number of people who express interest in self-help groups for people with similar experiences and similar diagnoses bears out what people have said about valuing meeting others. The importance of self-help groups being accessible is also highlighted by comments such as the one made below about the need for interpreters in community languages.

Other self-help activities people like to see provided were as follows:

'Group for people with mental health difficulties’ (2 responses)
'A group based on similar ages to share music interests’
'I don’t need other activities’
'Different communities. Hindu staff at day centre’
'I do feel at times I’m overlooked. I’m a white, middle class Christian and heterosexual and people assume I’m therefore okay as there are no groups for me’
'Hearing impaired’
'I think Christianity can improve any of what is listed above’
'Women’s group in Gujerati’
'Not interested’

Example of someone who is interested in self-help groups

M is a man with physical disabilities and learning disabilities who has used services since roughly 2000 which he feels provide somewhere to go during the day, the opportunity to meet others with similar experiences and enable him to build his confidence. He would like to develop retailing, office and catering skills, learn English as a second language, develop skills in maths and English and learn new skills though he didn’t say which. He is interested in handicraft, singing, music, dancing, visiting different places of interest, going to art galleries, cinema, theatre, the pub, restaurants, local mosques or temples or churches and like to get involved in activities where he can explore his faith and/or spirituality and discussing different cultures and how it feels to be part of them in this country. He would like a men’s group, group for people with physical disabilities and one for people with learning difficulties.

He would like to learn about his distress/illness, identifying and managing behaviour, about medication, effects, side-effects and managing them, about
alternatives and get support to come off medication. He would like to learn about managing his own illness/distress, about different approaches, develop skills in managing and improving his mental health, managing a mental health crisis and how to make the best use of services using the CPA. He would also like to learn about the recovery approach, about Wellness, Recovery Action Planning, about how different approaches can help and putting them into action, training in relapse prevention, using self-help groups, developing communication skills and take part in music therapy. He would like to know about managing anger, anxiety and hearing voices. He is interested in meditation and in improving his physical health, cooking, managing money and budgeting, welfare rights advice. He would like to visit different community venues, go to the gym, use a steam room and sauna, do keep fit, go swimming and play badminton.

He has used other services and feels that information about what is available and feeling that people he is in classes with – or using services with – will be understanding, accepting and welcoming would enable him to use them. He would like staff to work in partnership with him to enable him to decide how he wants to spend his time.

He would like a drop-in at a central base in Brent, which provides food, run by trained service users, where service users can meet, with the opportunity to go to different training and to get involved in different activities.

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**Self-management of mental illness and improving mental health**

Again, very high proportions of people want all the options that were listed. A number of people who took part in the survey mainly selected options from this list combined with drop-ins, a mentor, befriender, trained service users supporting them to work out what they want to do with their time, being treated as the expert in relation to their own mental health and staff working with them towards recovery, for example.

94 said learning about side-effects of medication, 92 learning about their distress/illness, 90 learning about effects of medication, 86 learning about medication, 85 learning about managing side-effects of medication, 84 learning about alternatives to medication and about managing their own illness/distress and 77 wanted to learn about, and get support around, coming off medication. 71 said learning about the diagnosis they had been given and associated symptoms, 68 to learn about, and develop different skills, in how to improve their
mental health and 67 said both looking at why we behave in the ways we do and learning about different approaches to managing your mental health/illness
66 said both identifying and managing behaviour and learning about how to manage a mental health crisis while 64 want to learn about relapse prevention (so learning about signs of their distress/illness, what triggers it and about how to avoid crises happening)
62 want free taster sessions in complementary therapies like acupuncture, reflexology, aromatherapy and massage
58 want to learn how to make the best use of services eg using the Care Programme Approach (CPA) and being actively involved in planning and managing their own care – and also to learn about managing a budget
47 want to learn about direct payments and how they can use them (where they would be paid cash to buy the services they have been assessed as needing eg to help have a social life, to help with cleaning or cooking…
46 want support to develop their own crisis card so they can carry a card that tells people what to do if they meet them when they are ill or distressed
44 want training and help in creating their own advance directive (also called a ‘living will’ people create an advance directive when they are well and it can then be used if they become unwell or get distressed)

Three people made the following comments:

‘I don’t get distressed’
‘Learn how to help clients to get finance or moral support’
‘I think a prayerful life in Jesus’s name will help’

**Example of someone who has been using services constantly for 14 years**

N describes himself as a Black Jewish gay man and is aged between 35 and 44. He feels services provide somewhere for him to go during the day, the opportunity to meet others with similar experiences, activities to be involved in, there are staff there to support him, they feel safe and help him rebuild his life and recover as well as recognising and helping him develop his skills and abilities so he can live the life he wants to. They enable him to develop new skills, learn new things, build his confidence, enable him to manage his life better, manage his own mental illness/health and he feels the staff recognise what he feels and believes about his distress and respect it and recognise what he needs because of his culture.

He would like to develop office, computer and Internet skills, like help getting onto courses and do a work placement where he is supported and his skills and
abilities recognised. He is interested in music and would like a self-help group for gay men and a group to explore his sexuality. He wants to learn about his distress, about the diagnosis he has been given and associated symptoms, identify and manage behaviour and look at why he behaves in the ways he does and learn about medication, side-effects of medication, learn about and get support to come off medication and learn about alternatives to medication. He would like to learn about relapse prevention and take part in training to create his own advance decision. He would also like to learn about and take part in training in relation to the recovery approach and Wellness, Recovery Action Plans and how different approaches can help and how to put them into action. He wants to develop his communication skills, and dealing with people and social skills and take part in music therapy. He would like to use talking treatments and learn to manage anger, anxiety, hearing voices, highs and lows and do assertiveness training. He is interested in meditation and improving his physical health, managing money and budgeting and welfare rights advice. He would like to get involved in keep fit.

He has used colleges or universities and taken part in training run by other groups like Brent User Group. He would like a mentor and a befriender and would like to see a drop-in with talking treatments available. He wants to go to discussion and support groups for different communities and wants to see services which stretch him, recognise his skills and abilities and what he has to offer and enable him to develop to spend his time in the ways he wants to.

Example of someone who uses services sometimes

O is a white British woman aged between 35 and 44 who isn’t using services at the moment but used a day hospital and then day centre for a number of months and says she needs to use services sometimes as her condition is stable and she has good support structures. She says that she occasionally uses a voluntary sector drop-in when she feels vulnerable as it provides a safe place just to be herself. She says she isn’t looking for activities but a ‘safe house’. She feels that if provision is centred on ‘activities’ only then vulnerable people miss out on the ‘community feel’ places have for them. She is interested in developing computer and Internet skills but says she wants to be emotionally supported not sent on a lot of training. She is interested in flower arranging but says it can become expensive and is also interested in improving her skills in drawing and painting and handicraft. She says she did ‘playback’ theatre at John Wilson House for a year which was a really good way to work through issues but it was stopped due to lack of funding. She also feels that drama therapy and art therapy have provided her with the emotional support she needs rather than just activity.
She would like a women’s group and groups for people with similar experiences and similar diagnoses. She feels that sometimes she is overlooked as she is a white, middle class Christian and heterosexual and people assume she’s therefore okay as there are no groups for her.

She is interested in identifying and managing behaviour and looking at why we behave in the ways we do, learning about medication, effects, side-effects, managing side-effects of medication and about getting support to come off medication and about alternatives as well as about different approaches to managing her mental health/illness and how to manage a mental health crisis. She would like to see free taster sessions in complementary therapies and learn about relapse prevention. She would also like to take part in training about Wellness, Recovery Action Planning, about how different approaches can help and how to put them into action, like to use self-help groups and group therapy. She is interested in art, music and drama therapy which she has some experience of and found them very helpful mediums to help express how she is. She would like to see provision of aromatherapy massage and acupuncture and talking treatments – which she thinks are very poorly resourced. She is also interested in developing skills in managing anger and anxiety. She would like to improve her physical health and deal with the physical effects of taking medication, like gaining weight as she says Weight Watchers is too expensive.

She is interested in doing Pilates and playing netball and badminton. She has used other services like gyms, libraries and colleges or universities and feels they need to be available at the times she wants to use them, feel safe to use and that staff need to know about how to manage different behaviour and know about illness/distress. She doesn’t think that self-help groups can replace the benefit of having trained sympathetic staff and that, if you are sensitive and in a self-help group you can end up trying to carry everyone’s burden and very drained.

She would like one-to-one support to enable her to move towards recovery. She would like a drop-in at a central base in Brent, with a café that provides food, run by trained service users, where staff are available to provide advice and support, with welfare benefits advice, where service users can meet, with complementary therapies available at no or very low cost, with talking treatments available – including to deal with a crisis – and wants staff to work with her to enable her to improve her mental health and manage it and move towards recovery.
She wants to be able to access a drop-in as and when she needs it. She says she might go 8-9 months and be fine then really need some external support for 1-2 months. She would like to see a drop-in in Brent where she’d feel safe to go at any time or not at all.

**Example of someone who has ideas about what they would like to see provided in future**

P is an Asian woman aged between 26 and 34. She has used services for 2-3 years and feels there are staff to support her. She would like to learn retailing, office and computer skills and be able to use e-mail. She would like help preparing for employment eg preparing a record of her employment and experience (known as a CV), or applying for a job using a person specification... and would like support provided in looking for employment, making applications and following up. She would also like help to keep a job and to learn about different employment opportunities and different possible employers eg catering industry, tourism and leisure industry, working in community groups, working for employers like Brent council or Brent Mental Health Service, working in the retail industry...

She would like help managing benefits, getting onto courses, help and support to stay on a course, information about who can support her to stay on a course and to do a work placement where she is supported – and her skills and abilities are recognised. She would like to learn new skills – wheel pottery, personal hygiene care. She is interested in dancing (traditional dancing), visiting different places of interest like museums, going to art galleries, the cinema, the theatre, restaurants, to local mosques or temples or churches, to different faith groups and would like to get involved in gardening and horticulture and flower-arranging. She would like to get involved in activities where she can explore her faith and/or spirituality and take part in discussion groups and video workshops around faith and cultural interests and strengthening of cultural identity. She is interested in arts and crafts like making pottery, making pictures, creating craft items and in photography, improving her skills in drawing and painting and using art and developing handicraft. She is also interested in creative expression eg expressing herself using art and in watercolours and interested in learning sign language.

She would like a women’s group and specific groups for different communities as well as a self-help group for people with learning difficulties. She is interested in learning about her illness/distress, about the diagnosis she has been given and associated symptoms, identifying and managing behaviour, looking at why she behaves in the ways she does. She wants to learn about medication, effects, side-
effects and managing side-effects of medication as well as getting support to come off medication and finding alternatives to medication. She wants to learn about managing her own illness/distress, about different approaches to managing it, to develop skills in how to improve her mental health and how to manage a mental health crisis. She would like to see free taster sessions in complementary therapies and like support to develop her own crisis card as well as training and help in creating her own advance decision.

She wants to learn about the recovery approach and about Wellness Recovery Action Plans (WRAPs) and about how different approaches can help as well as develop her communication skills, use art therapy and would like to see Indian head massage, aromatherapy massage, acupuncture and talking treatments provided. She would like the opportunity to learn to manage anger, anxiety, hearing voices and highs and lows and specifically would like to see women psychotherapists.

She would like to get involved in meditation, improving her physical health, dealing with physical effects of taking medication, cooking, including eating healthily, and looking after herself, including looking after personal hygiene and would like welfare rights advice (including in relation to housing) provided.

She is interested in ten-pin bowling, relaxation, going to the gym, keep fit and yoga and suggested playing rounders, badminton and table tennis.

She has used other community venues – libraries and community groups to deal with particular issues – and feels services need to be available at times she wants to use them, feel safe to use, staff need to know about how to manage different behaviour and about distress/illness. She also feels she would need to feel people she would be in classes with – or using services with – will be understanding and welcoming to her – and accept her and that she would need the support she feels necessary to use different services and get involved in different activities.

She would like a befriender to work alongside her to support her to do what she wants to do with her life, someone working individually with her to plan her own time and programme and to help build links between day services and services and activities provided elsewhere in the community. She would like one-to-one support to enable her to move towards recovery and support that enables her to take risks and try out new things which makes her feel safe. She would like a plan which she is at the centre of creating, with support, that enables her to develop her life and what she wants to do with her time. And she would like services
which enable her to learn about her illness/distress, treat her as the expert and enable her to develop her understanding and ability to manage her own mental health, with support.

She would like to see a drop-in with complementary therapies available at no or very little cost, where service users can meet and plan and negotiate different activities for the coming week or month, with opportunities to get involved in different activities. She would like opportunities to expand her skills and move towards flexible employment that suits her and her mental health and would like help moving to independent accommodation. She would like training and support which enables her to get into the work that she wants to. She would like to be able to ‘buy’ her own services and have an individual budget which she manages with support and opportunities to develop her skills and abilities by volunteering in a safe and supportive atmosphere. She would like services which stretch her, recognise her skills and abilities and what she has to offer and enable her to develop to spend her time in the ways she wants to – and services which have high expectations of her and support her to meet those expectations.

She says that she wants to develop skills she can use at work including organisational, interpersonal, communication skills. She wants to find a suitable job and be confident and would like to see computers used at the centre.

**Example of someone who is interested in self-management**

Q is an Asian man aged between 45 and 54 and has used services for more than 3 years. He feels services provide somewhere for him to go during the day, the opportunity to meet other people with similar experiences, a hot meal and there are staff there to support him. He is interested in learning about his distress/illness, about the diagnosis he has been given and associated symptoms and looking at why we behave in the ways we do, learning about managing his own illness/distress and about how to manage a mental health crisis. He would like to know how to manage anger and anxiety. He hasn’t said whether he has used other community services. He would like to see a drop-in at a central base in Brent with a café that provides food, run by trained service users.
Different approaches to managing mental illness and improving mental health, including training

Again, high proportions of people who responded to the survey expressed interest in suggestions made here.

71 want to develop communication skills and 61 to learn how to deal with people and develop social skills
67 want to learn about the recovery approach while 60 want to learn about Wellness, Recovery Action Planning (WRAPs) used with the recovery approach where they would create their own action plan to stay well
67 want help to manage anxiety, 58 to manage anger, 48 want assertiveness training, 45 want help to manage voices and 44 to manage highs and lows
59 want talking treatments like counselling, cognitive behaviour therapy, psychotherapy, psychology etc... provided
56 want to learn about how different approaches can help eg the recovery approach, social model, self-management, complementary therapies, psychiatry and medication... and training to make choices and put them into action
54 want to use self-help groups
52 want training in relapse prevention (learning how to recognise and manage what triggers crises and prevent them)
48 want group therapy provided (including for people who have had individual counselling), 47 want music therapy (using music to explore feelings) and 40 want art therapy provided while 28 want drama therapy provided (using acting to explore feelings)
47 want Indian head massage provided, 47 aromatherapy massage provided and 44 want acupuncture provided while 37 would like taster sessions in reflexology provided

Nine people made the following additional suggestions in relation to training and learning:

'Female psychotherapy’ (2 responses)
'I am not receiving any treatment’
'Managing body language’
'Dealing with obsessional thoughts’
'Have experienced healing in the Christian faith. Would like to encourage people to pray concerning it. Have had mental health problems clearing’
'Sauna and steam therapy’
Help with eating problems. How to deal with panic when with people'
White British woman aged 35-44

'How to cope with obsessive thoughts and how not to act on them'
White British woman aged 26-34

Example of someone interested in self-management and different approaches who has used lots of other community services

R is a man who has used day services for 5 years and feels there are staff there to support him, they feel safe, they feel safe and he doesn’t feel judged, they help him rebuild his life and recover, they recognise and help him develop his skills and abilities, enable him to develop new skills and staff recognise what he feels and believes about his own mental illness/distress and respect this. He would like to develop computer and internet skills, skills like English and maths and get help to get into volunteering. He would like to visit different places of interest, go to the theatre and get involved in discussing different cultures and take part in woodwork workshops. He is interested in a men’s group and in learning about his distress/illness, about different approaches to managing his mental illness/distress, about relapse prevention, would like training and help in creating an advance decision and in free taster sessions in complementary therapies. He would like to learn about and take part in training in Wellness, Recovery Action Planning, in relapse prevention and would like Indian head massage and talking treatments provided. He also wants to know how to manage highs and lows. He is interested in meditation, improving his physical health, dealing with physical effects of taking medication and in welfare rights advice. He wants to visit other community venues, get involved in relaxation, go to the gym, to a steam room and sauna, do keep fit and yoga and play games.

He has used all the other services listed and said that he needs help and support to think about how he really wants to spend his time and what would help him manage and improve his mental health, services available at the times he wants to use them, their feeling safe to use, staff knowing about how to manage different behaviour and help with the cost of doing those activities in order to do so. He would like staff to work intensively with him to enable him to broaden his activities, working in partnership with him to enable him to decide how he wants to spend his time, someone working individually with him to plan his own time and programme and help build links with other community services, people to believe that he is capable of more than he does at the moment, support that
enables him to take risks and try out new things, a plan which he is at the centre of creating, with support, that enables him to develop his life and what he wants to do with his time. He would like to see services which enable him to learn about his illness/distress, treat him as the expert and enable him to develop his understanding and ability to manage his own mental health, with support.

He would like to see a drop-in with a café providing food, run by trained service users, where staff are available to provide advice and support, with welfare benefits advice, where service users can meet – including to plan and negotiate different activities for the coming week or month – with complementary therapies and talking treatments available, with the opportunity to go to different training, with self-help groups, with opportunities to get involved in different activities and wants staff to work with him to enable him to improve his mental health and manage it – and move towards recovery. He has always wanted to play football for a team.

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**Health and life skills**

As with previous sections which focus on enabling people to build their skills, there was considerable interest in all the suggestions made here.

101 people want to improve their physical health, while 100 are interested in developing cooking skills, including eating healthily, 66 want to develop their skills in managing money and budgeting, including going to supermarkets, 59 want to develop skills in managing rent and bills, 57 in cleaning their home and 52 want to develop skills in relation to washing clothes, while 49 want to develop skills managing relationships with neighbours and 48 want to develop skills in getting ready to go out.

72 are interested in learning meditation
69 want to deal with the physical effects of taking medication eg gaining weight, diabetes, changes to periods... and want help to develop their skills in looking after themselves, including looking after their personal hygiene
62 want welfare rights advice (including in relation to housing) to be provided
33 are interested in managing their sexual health and 25 in sex education

Five people made the following comments in relation to health and life skills:

*I do alright’
'Managing eating habits’
'I can’t go to Weightwatchers as it’s too expensive’
'Not to get involved with strangers especially the opposite gender, especially with diseases such as HIV and AIDS’
'Ethnic group, socialising, sexual health background of stereotype’

Sports and leisure

While smaller numbers of people who responded to the survey selected sports and leisure activities, it is clear from responses here that service users certainly feel they could make better use of sports and leisure facilities in Brent and are interested in a range of activities. Suggestions selected are listed in descending order of popularity and some have been combined.

79 people are interested in keep fit, 60 in going to the gym (working out using machines and aerobic exercise) while 24 are interested in doing Pilates 72 are interested in relaxation and 68 in yoga 65 are interested in swimming 55 expressed interest in using a sauna and 43 in going to a steam room 54 expressed interest in visiting different community venues 41 are interested in ten-pin bowling in a bowling alley 27 people are interested in sports with 17 people selecting badminton, 13 table tennis, and 3 tennis 25 are interested in both bowling on a green outside and in playing golf 23 people are interested in games, with 11 people saying they are interested in playing football (including 5-a-side), 7 suggesting pool, 6 netball and snooker, 5 cricket, 3 playing rounders and rugby, 2 playing basketball and baseball, 1 playing hockey and 1 cards 12 people made the following suggestions: bicycle rides (2 responses), listening to music groups, martial arts, going to the bookies, dance eg American line dancing, water aerobics, walking/running groups, volleyball and squash

'Swimming pools for women-only at good times during the day’
'Watching all sport on TV’
Example of someone who has used services for a few months

S is an Asian man aged 18-25 who feels that services provide somewhere to go during the day, the opportunity to meet other people with similar experiences, activities to be involved in, there are staff there to support him and enable him to build his confidence, they feel safe and he doesn’t feel judged and he feels accepted for who he is and not discriminated against. He is interested in computer and Internet skills and learning how to use different media like video etc. He would like help preparing for employment, support in looking for employment and learning about different employment opportunities as well as help to keep a job. He is interested in painting and decorating and would like help managing benefits and getting onto courses.

He is interested in dancing, visiting different places of interest, going to art galleries, cinema, theatre, the pub and restaurants. He would like to get involved in horticulture and gardening and flower-arranging, arts and crafts, photography and improving his skills in drawing and painting. He would like a men’s group, specific groups for different communities and groups for people with similar experiences and similar diagnoses. He would like to learn about his distress/illness, about the diagnosis he has been given and associated symptoms, identifying and managing behaviour – including about managing his illness/distress – and about alternatives to medication. He would also like to learn about different approaches to managing his mental health, developing skills in how to improve it, about relapse prevention and managing a budget. He would also like to learn how to make the best use of services eg using the CPA and being actively involved and would like free taster sessions in complementary therapies.

He would like to learn about the recovery approach, about Wellness, Recovery Action Planning, like training in relapse prevention, using self-help groups, developing communication skills, dealing with people and developing social skills, group therapy and art therapy. He would like provision of reflexology, aromatherapy massage, acupuncture, talking treatments and training in managing anxiety, hearing voices and assertiveness. He is interested in meditation, improving his physical health, dealing with physical effects of taking medication, cooking, managing money and budgeting, managing rent and bills and relationships with neighbours.

He is particularly interested in sports and leisure and selected all options other than doing Pilates and yoga and also suggested martial arts like karate. He has used colleges or universities and training run by other groups like Brent User
Group. In order to use services like this he needs information about what is available, services available at the times he wants to use them eg in the evenings and at weekends and to feel that the people he is in classes with – or using services with – will be understanding and welcoming to him and accept him.

He would like staff to work intensively with him to enable him to broaden his activities and do new things, staff to work in partnership with him to enable him to decide how he wants to spend his time and what activities he wants to get involved in, a mentor providing support and guidance and a befriender supporting him to do what he wants with his life. He would also like one-to-one support to enable him to move towards recovery. He would like to see a drop-in with a café providing food, with welfare benefits advice, where service users can meet, complementary therapies and talking treatments and where self-help groups take place. He would like services planned on an individual basis with a balance of individual involvement in different activities and group activities. He would like training and support which enables him to get into the work he wants to do or go back to.

About using any services provided by other venues or places in Brent – or anywhere else in London

People were asked if they had used any services provided by other venues or places in Brent – or elsewhere in London – and gave the following responses.

102 people said yes
52 people said no
30 people did not respond

People were given some examples of other community services and facilities and asked to tick those they had used.

69 people said they had used libraries
43 used both gyms and leisure centres
36 used colleges or universities
30 used training run by other groups like Brent User Group
21 used community groups eg providing services to deal with particular issues like using drugs and/or alcohol, dealing with domestic violence, dealing with homelessness etc
12 had used healthy living centres
18 people added the following information. It is worth noting that, in fact, 7 of these are provided by Brent Mental Health Service.

‘Westmore Day Hospital’ (3 responses)
‘Brent Mind’ (2 responses) ‘Brent Mind befrienders’
‘Temples in Neasden and Watford. Museums and galleries’
‘Brent User Group’
‘543 High Road drop-in’
‘Trip to Longleat with John Wilson House’
‘Brent Symphony Orchestra’
‘Quest’
‘The Bridge in Harrow’
‘I would like to go out but need transport’
‘Doing radio broadcasting and production at Life FM (Stonebridge Estate)’
‘I find these services unfriendly, rushed, unrelaxed and unhelpful’
‘Day centre John Wilson House in Kilburn’
‘Spiritual places, religious places, town hall functions, bingo’
‘AA, Heart Club, Brent Association of Disabled People’

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**About reasons for not using any services like this**

People were asked why they did not use any services like those listed and were given some suggestions. A total of 46 people gave responses here, so almost all those who had said that they hadn’t used services like this previously.

21 said they didn’t know what was available
9 said they didn’t feel safe to use and that they didn’t provide what they wanted to do
8 said they didn’t provide the services they wanted at the time they wanted to use them, that they didn’t think those running the services would understand their needs, that they thought that others using the service might not be welcoming of them, that there were no cheaper rates for people on benefits, and that they didn’t feel comfortable travelling to those venues
7 said they were physically inaccessible to them because of their disabilities and that they didn’t understand them and that they were too expensive
4 said they didn’t think they would get the support they felt they needed to use them
People were invited to give their own reasons and 17 people made the following comments:

'I am currently using day services’ (5 responses)  
'Because I don’t want to go’ (2 responses)  
'There was no need’  
'English is not my first language so difficult to communicate with people sometimes’  
'I have not been informed before’  
'I didn’t want to go out’  
'It’s okay’  
'The service was for people with physical disabilities’  
'Discrimination’  
'The staff are vicious’  
'Busy due to work’  
'Not interested’

A number of people said that there was no need for them to use other community services because they were using mental health day services.

**Example of someone who has used other community services and what they felt about them**

T is a Black British woman with mobility disabilities aged between 45 and 54 who has used day services in the past. She is interested in photography, creative expression, music, visiting different places of interest, going to art galleries, the cinema, theatre, the pub, restaurants, local cafes and would like to get involved in horticulture and gardening, discussing different cultures and in taking part in discussion groups and video workshops around faith and cultural interests.

She would like a group for people with physical disabilities and one for people with similar experiences and one for people with similar diagnoses. She wants to learn about her distress/illness, about the diagnosis she has been given and associated symptoms, look at why we behave in the ways we do, learn about effects of medication, side-effects and managing them and about alternatives to medication. She wants to learn about different approaches to managing her mental illness/distress, how to manage a mental health crisis, about direct payments, get support to develop her own crisis card, and take part in training and get help to create her own advance decision and would like free taster sessions in complementary therapies. She would like to get involved in art therapy and music therapy and like taster sessions in reflexology and Indian head
massage. She wants to deal with physical effects of taking medication, managing money and budgeting, get welfare rights advice, help to look after herself better, improve cleaning her home and managing relationships with neighbours. She would like to visit different community venues, go to a steam room and sauna and go swimming and additionally take part in water aerobics.

She has used leisure centres, healthy living centres and community groups providing services to deal with particular issues. She felt that others using these services were not welcoming to her or accepting of her, didn’t think she got the support she needed to use them, there were no cheaper rates for people on benefits and they were physically inaccessible to her because of her disabilities. She feels information about what is available, help and support to think about how she really wants to spend her time, services available at the times she wants to use them, staff knowing how to manage different behaviour and help with the cost of doing these activities would all help remove barriers to using them. She would like someone to work with her individually to plan her time and programme, people believing she is capable of more than she does at the moment and services which enable her to learn about her illness/distress, treat her as the expert and enable her to develop her understanding and ability to manage her own mental health, with support, are what she needs. She would like to see a drop-in at a central base in Brent, with a café which provides food, with complementary therapies and talking treatments available, with opportunities to get involved in different activities and where staff work with her to enable her to improve her mental health and move towards recovery.

About what would help remove the barriers to using the services or activities people might want to use

People were asked what would help remove the barriers to using the services or activities they might want to use. Responses here are very interesting and highlight a number of issues.

59 people said information about what is available
50 said help and support to think about how they really want to spend their time – and what would help them manage and improve their mental health
47 said services available at times they want to use them eg in the evenings and at weekends and feeling that the people they are in classes with – or using services with – will be understanding and welcoming to them – and accept them
44 people said services feeling safe to use, staff knowing about how to manage
different behaviour and knowing about distress/illness
43 said help with the cost of doing those activities
42 said having the support they feel they need to use different services and get involved in different activities

Thirteen people made the following comments:

'I prefer to be at home'
'I am not handicapped'
'Help to learn how to do things in an adult way'
'I want the service which I used to get from 543'
'If BUG and Brent council left us alone and stopped making their career at our expense'
'Support at home'
'Staff that can speak Gujerati or a leader in the class who can'
'Night school'
'Being able to use my elderly Freedom pass before 9am'
'I don’t think self-help groups can replace the benefit of having trained sympathetic staff. If you are sensitive and in a self-help group you can end up trying to carry everyone’s burdens and very drained’

'Feeling different to others and that I have nothing in common with them'
White British woman aged 35-44

'I need a lot of encouragement'
Mixed race man aged 35-44

It is clear that people feel they need information about what is available as well as guidance in relation to how they really want to spend their time and that work needs to be done to ensure that community venues are friendly and welcoming and know how to meet people’s needs – so there is a need for education, training and accurate information about mental health issues to be given.

Example of someone who hasn’t used other services

U is a Black gay man who has been using day services for 8 years. He feels services provide somewhere for him to go during the day, the opportunity to meet others with similar experiences, a hot meal, activities, staff are supportive, they feel safe and he doesn’t feel judged, feels accepted for who he is and doesn’t feel discriminated against, help him rebuild his life and recover, recognise and help
him develop his skills and abilities, develop new skills and learn new things, build his confidence, manage his life better, enable him to manage his own mental health/illness and recognise what he feels and believes about his own mental illness/distress. He doesn’t however feel they recognise what he needs because of his culture.

He would like to develop computer, Internet and catering skills and get help managing benefits. He is interested in singing, music, dancing, visiting different places of interest and going to art galleries. He would like to learn about his distress/illness, about the diagnosis he has been given and associated symptoms, about medication, effects, side-effects and managing side-effects of medication as well as about alternatives and coming off medication. He would also like to learn about managing his own illness/distress, about different approaches to doing so, learn about and develop skills in how to improve his mental health, how to manage a mental health crisis and about how to make the best use of services eg using the Care Programme Approach. He would also like to develop his cooking ability, visit different community venues and play snooker, badminton, tennis and table tennis.

He hasn’t used other community services because he didn’t know what was available and thought that others using the service might not be welcoming to him or accept him, they were too expensive and he didn’t feel comfortable travelling to those venues. He says information about what is available and help with the cost of these activities would help. He would like to see services which enable him to learn about his illness/distress, treat him as the expert and enable him to develop his understanding and ability to manage it himself, with support.

He would like to see a drop-in at a central base in Brent, with a café which provides food, with welfare benefits advice, where service users can meet – including to plan and negotiate different activities for the coming month or week – with complementary therapies and opportunities to get involved in different activities and would like to be able to ‘buy’ his own services and have an individual budget he manages himself with the necessary support.
About how people would like support provided and what they think would enable them to recognise their skills and abilities and reach their full potential

People were asked how they would like support provided and what they think would enable them to recognise their skills and abilities and reach their full potential and a number of suggestions made.

Responses here indicate, again, that people are very clear how they feel they need staff to work with them.

78 people said staff working in partnership with them to enable them to decide how they want to spend their time and activities they want to get involved in, 58 said someone working individually with them to plan their own time and programme and to help build links between day services and services and activities provided elsewhere in the community, 54 said staff working intensively with them to enable them to broaden their activities and do new things, 44 a plan which they are at the centre of creating, with support, that enables them to develop their life and what they do with their time, 35 said support that enables them to take risks, and try out new things, which makes them feel safe. 55 people said one-to-one support to enable them to move towards recovery – whatever recovery means to them rather than what other people think it means for them, 51 said services which enable them to learn about their illness/distress, treat them as the expert and enable them to develop their understanding and ability to manage their own mental health, with support. 46 want a ‘mentor’ who would work with them over a period of time, providing support and guidance while 44 are interested in a befriender who would work alongside them to support them to do what they want to do with their life and 42 want trained service users working with them to provide support they feel they need to get involved in new activities. 33 people said people believing they are capable of more than they do at the moment. 7 people selected ‘other’ and made the following comments:

‘Crisis team, 24-hour helpline/contact’
‘Close down mental health services; sack the lot of them’
‘I need support due to my disability and language’
‘I receive support from my consultant, doctor and social worker’
‘Don’t want any of these because it is a waste of time for me’
‘And not just see some people as just their label’
People were asked what they would like to see mental health day services look like in future and be made up of and a number of suggestions given. It was made clear that this information would be added to all the detail that they had given throughout the questionnaire.

87 said they wanted a drop-in with a café which provides good quality, healthy low-cost food, 79 a drop-in where service users can meet, 73 a drop-in at a central base in Brent, 66 a drop-in with welfare benefits advice available, 62 a drop-in with opportunities to get involved in different activities, 59 a drop-in with complementary therapies available at no or very low cost, 57 a drop-in with talking treatments available, 51 a drop-in with staff available to provide advice and support, 49 want a drop-in where service users can meet and plan and negotiate different activities for the coming week or month, 45 want a drop-in with a café run by trained service users, 44 a drop-in with the opportunity to go to different training such as in relation to relapse prevention, managing their own mental health... and opportunities to develop their skills and abilities by volunteering in a safe and supportive atmosphere and 42 want a drop-in with self-help groups to take part in

54 want staff to work with them to enable them to improve their mental health and manage it – and move towards recovery – whatever recovery means for them rather than what others feel it should mean to them, 53 want staff to work with them individually to support them and enable them to move towards using a range of services, for example, in colleges, community centres and other projects 51 want services which stretch them, recognise their skills and abilities and what they have to offer and enable them to develop to spend their time in the ways they want to and 39 want services planned on an individual basis with a balance of individual involvement in different activities (for example, where they might want to get involved in a particular activity or training in preparation for work) and group activities while 27 people want services which have high expectations of them and support them to meet those expectations – and the same number want to be able to ‘buy’ their own services and have an individual budget which they manage each year with the support they feel they need (so they would make decisions about all the services they wanted to use)
47 said they want opportunities to expand their skills and move towards flexible employment that suits them and their mental health eg working part-time, working on short-term projects like interviewing other service users about their experiences, doing a supported placement with Central and North West London (CNWL) Mental Health Trust, taking part in training to enable you to facilitate self-help groups or become an instructor in relapse prevention etc and the same number of people want services planned on an individual basis and want training and support which enables them to get into the work they want to do – or maybe have worked in before and want to get back to – like catering etc.

People were asked to say which of these suggestions in relation to employment they were particularly interested in and gave the following information:

‘Support when in work or on a course’
‘Working towards rewarding employment with manageable hours’
‘All relevant. The holy spirit is a good informational think tank’
‘I would like to eventually exhibit my artwork’
‘Supported placement with CNWL to facilitate self-help groups’
‘Part time work option’
‘To become independent so that I can live in my own place’
‘I would like to help other people through my life, I help most people and I should get trained’
‘Part-time working, self-help groups’
‘Help with moving to independent housing’
‘I need my keyworker to look after me’
‘I think St Gabriels is an excellent drop-in’
‘Leg ache, back ache, body ache’
‘Cooperation between different centres in the borough and in other boroughs as well’

31 people want to go to discussion and support groups for different communities like different black and minority ethnic communities, women, lesbians, gay men, lesbians and gay men, disabled people with physical disabilities, of particular ages...

Five people selected ‘other’ and made the following suggestions:

‘I like to meet mental health people at Asian background and staff who speak the same language’
‘Services for Sri Lankans’
'I have children and when I use the services they say they cannot cater for my children and couldn’t let them on outings. I think this is unfair’
'Daycare available 5 days a week’
'I have restriction for my mobility, need transport all the time’

**Example of someone who wants help to identify what he wants to do**

V is a Black Caribbean man aged between 35 and 44 who has been using services for more than 3 years and feels day services provide somewhere to go during the day. He is interested in developing internet skills, going to the cinema, getting involved in a men’s group and learning about his illness/distress, getting involved in training to enable him to deal with people and develop social skills and wants to improve his physical health. He wants to do keep fit. He hasn’t used other community services and feels that he wants help and support to think about how he really wants to spend his time and what would help him manage and improve his mental health. He wants to see a drop-in at a central base in Brent, with welfare benefits advice, where service users can meet, with talking treatments available and with self-help groups to take part in.

**Example of someone who wants staff to enable her to develop**

W is a Black British woman aged between 26 and 34 who has been using services for 2 to 3 years as well as having used them in the past. She has selected most of the options listed in relation to what she feels she gets from using day services but hasn’t said they feel safe or that they enable her to manage her life better. She has added that she likes going there because she feels safe and confident from the groups and activities they provide. She is interested in developing office, computer and Internet skills, using English in everyday life, developing skills like English and maths and wants help getting onto courses and help and support to stay on a course. She is interested in visiting different places of interest, going to art galleries and to the cinema and improving her skills in drawing and painting. She would like a group for people given similar diagnoses.

She wants to learn about her illness/distress, about the diagnosis she has been given and associated symptoms, about medication, effects, side-effects and managing them. She wants to learn about, and develop skills in, how to improve her mental health, about how to manage a mental health crisis, about how to make the best use of services eg using the Care Programme Approach and about relapse prevention. She would like to get involved in music therapy and make use of talking treatments. She would like to improve her skills in washing clothes, cleaning her home, managing rent and bills, managing relationships with neighbours, getting ready to go out and would like sex education. She would like
to go to the gym, to a steam room and sauna. She has used leisure centres before. To enable her to use other community services she would like staff to work intensively with her to enable her to broaden her activities and do new things, staff to work in partnership with her to enable her to decide how she wants to spend her time and trained service users to work with her to provide the support she feels she needs to get involved in new activities. She would like staff to work individually with her to plan her time and programme and help build links between day services and other community services. She also feels she wants people to believe she is capable of doing more than she does at the moment, support that enables her to take risks and try out new things and services which enable her to learn about her illness/distress, treat her as the expert and enable her to develop her understanding and ability to manage her own mental health.

She would like to see a drop-in at a central base, with a café run by trained service users, where staff are available to provide advice and support, with welfare benefits advice, where service users can meet – including to plan and negotiate different activities – with complementary therapies and talking treatments available and the opportunity to go to different training or get involved in different activities. She wants services planned on an individual basis and wants staff to work with her to enable her to improve her mental health and move towards recovery. She also wants staff to work individually with her to support her to enable her to move towards using other community services and wants opportunities to expand her skills and move towards flexible employment that suits her. She would like training and support which enables her to get into the work she wants to get into and opportunities to develop her skills and abilities by volunteering. She wants services which stretch her, recognise her skills and abilities and what she has to offer and enable her to develop her time in the ways she wants to.

**Example of someone who wants services that will stretch him**

**X** is a Black Caribbean man who has been using day services for more than 3 years and says they feel safe and he doesn’t feel judged and they give him somewhere to go whilst unemployed. He is interested in developing computer, internet and e-mail skills and preparing for employment. He is interested in going to the cinema, theatre and the pub, would like a men’s group and a group for people with similar experiences. He wants to learn about the diagnosis he has been given and associated symptoms and looking at why we behave in the ways we do and about direct payments. He would like to take part in training in relapse prevention and managing highs and lows and in group therapy. He wants to deal with the physical effects of taking medication and wants to develop his skills in
washing clothes, cleaning his home, managing rent and bills and relationships with neighbours and getting ready to go out. He is interested in relaxation and in swimming and playing table tennis. He has used other community services – community groups providing services to deal with particular issues – and training run by other groups like Brent User Group. He says other services weren’t provided at the times he wanted to use them and he needs information about what is available to make use of them. He wants one-to-one support to enable him to move towards recovery. He wants a drop-in with a café that provides food and would like training and support which enables him to get into the work he wants to get into and services which stretch him, recognise his skills and abilities and what he has to offer and enable him to spend his time in the ways he wants to.

**Example of someone who wants services to have high expectations of him**

**Y** is a white British man aged between 45 and 54. He has used day services for more than 3 years now and has in the past. He feels they provide somewhere for him to go during the day, the opportunity to meet others with similar experiences, a hot meal, activities, staff who support him, enable him to develop new skills and to manage his own mental health/illness. He wants to develop skills using e-mail, learn about different employment opportunities, do a work placement and wants help getting onto courses. He is interested in visiting different places of interest, going to the cinema, to restaurants and local cafes and in ten-pin bowling, playing golf and swimming. He wants to learn about alternatives to medication.

He says he has taken part in training run by Brent User Group but hasn’t used other services because he didn’t know what was available and feels that information would help. He would also like staff to work intensively with him to enable him to broaden his activities and do new things and a befriender to work alongside him to support him to do what he wants to do with his life. He wants services which have high expectations of him and support him to meet those expectations.

**Example of someone who wants services to stretch her**

**Z** is an Asian woman aged between 45 and 54 with physical disabilities who has been using day services for 15 years. She feels they provide her with somewhere to go during the day, the opportunity to meet others with similar experiences, a hot meal, activities, staff who support her, they feel safe and she doesn’t feel judged, she feels accepted for who she is and doesn’t feel discriminated against, they help her rebuild her life and recover, recognise and help her develop her skills and abilities, develop new skills and build her confidence, enable her to
manage her life better, manage her own mental health/illness and recognise what she needs because of her culture. However, she didn’t feel they enabled her to learn new things or that staff recognise what she feels and believes about her own mental illness/distress and respect this.

She is interested in developing computer, internet, e-mail and catering skills and wants help to get into volunteering. She wants to learn how to build up confidence. She is interested in singing, music, going to the cinema, to restaurants, to temples, to different faith groups and in flower-arranging and handicraft. She would like a women’s group, a group for people with physical disabilities and a group for people given similar diagnoses.

She would like to learn about identifying and managing behaviour, looking at why we behave in the ways we do, about effects, side-effects and managing side-effects of medication, about managing her own illness/distress, about different approaches to managing her mental health/illness and developing skills in how to improve her mental health. She is interested in using self-help groups, developing communication skills, dealing with people and developing social skills, provision of Indian head massage, managing anxiety and managing hearing voices.

She is also interested in meditation, improving her physical health and in cooking. She hasn’t said whether or not she has used other community services but she has said that she wants services which enable her to learn about her illness/distress, treat her as the expert and enable her to develop her understanding and ability to manage her own mental health with support. She has not given additional detail about what she would like services to look like in detail in future but has said that she wants opportunities to develop her skills and abilities by volunteering and services which stretch her, recognise her skills and abilities and what she has to offer and enable her to develop to spend her time in the ways she wants to.

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**About anything that people have always wanted to do but not been able to for any reason**

People were asked if there was anything they had always wanted to do but hadn’t for any reason – and that they wanted to tell us about.

A total of 33 people gave information – including about what would enable them to do this.
‘I need someone to talk to me from time-to-time. Weekend help will be better or telephone call in the weekend feels better. At least I know I can talk to someone. At the weekend I’m lonely’
Asian woman aged 45-54

‘I would like to be trained in office skills and computer’
‘Assistance and training in basic computer and office skills’
‘Lots of things but money only available for day centre – direct payments would help’
‘Helping me to get 1-bedroom flat, to push forward because I’ve been waiting for more than 9 years and I like to wish for new home property of my own. It would be hard at first but I be more happier to put it responsibility, adult way, civilise. I am more capable and ready to start my own life with privacy. I won’t cause any damage’
‘To start a papier mache group to help mental health service users to take part. To go to a place in a day centre to show people with mental health problems if they were interested in doing it, provide brushes and paints to make mirrors and elephants and pigs’
‘I need to speak my own language where I can express my own opinion. When I know the staff it is easier for me to do the work better’

‘I always wanted to do a lot more to improve my life and to get better and eventually come off medication and so to lead a normal life. What would enable me to do this would mean a lot of improvement of my present circumstances in front of my peers and elders’
Black British man aged 45-54

‘To be able to access a drop-in as and when I need it, I might go for 8-9 months and be fine, then really need some external support for 1-2 months. [I’d like] A drop-in centre in Brent where I’d feel safe to go to anytime or not at all’
White British woman aged 35-44
'I've always wanted to do something on my own but cannot do it because I lack being able to talk. Give speaking classes and writing classes (enable)'
Asian man aged 45-54

'Clinical psychologist – [need] a more open-minded profession'
Man aged 35-44

'Visit Egypt, Hong Kong [need] more money'
'I would like to discuss at my day centre ‘redesigning mental health day services’ (MH Foundation) but no-one appears to know about it. [Need] a discussion group (with or without staff), most of my fellow users are not aware of how changes may disempower them eg being encouraged to go on activities away from the base that they feel safe/secure in’
'I always wanted time with my husband and children in my own home, but I am in one room at present. I would be grateful if Brent could provide me with the accommodation’

'Work, therapy, organisational/interpersonal/communication skills at work’
'Find a suitable job, be confident’ (2 responses)
'Go to university – [need] a good college course’
'Be able to feel that the service I love will stay – if you left us alone’

'To finish higher education – having a mentor [would help] to help me avoid crisis/relapse and to be an advocate when dealing with the university’

'I would like to go to Los Angeles – [need] group hospital and money’
'Retake my driving test and pass – [need] to take driving lessons’
'I would like to go to day centre where Asian culture input there’

'I can talk my language where I feel free'
British Asian man aged 35-44

'I would like to have an exhibition of my artwork – [need] to have access to an art group with a few others and access to frames and space’
Black Caribbean man who identifies as having learning difficulties
'Travel long distances, far away destinations with support as I suffer from anxiety/panic attacks, have a phobia of flying and afraid to travel alone in case of relapse – support and companionship of similar sufferers who want to see the world, but haven't been able to travel/fly [would help]'
Asian woman aged 45-54 with mobility disabilities

'Professional tennis player – money [would help]’
'Travel – starting some kind of employment [would help]’
'Driving lessons and eventually be able to run an old car, as I cannot bear buses. They are overcrowded, bus drivers are too ignorant – to speak to my keyworker and other care professionals and voice what I want to do and just go for it, as I don't wish to be stuck on buses/trains for evermore’
'I am interested in administration work that provides a good day’s satisfaction – to improve relations to work schedule and onto a hierarchy standards in terms of progress’
'Day care available 5 days a week – Brent should increase resources to five days a week as what's gained in 2 days is wasted away in 3 days staying alone’
'To learn english and get my own flat – [need] to go to English classes and to bid for a flat of my own’

'I would like to attend computer classes but because of my illness I am unable to concentrate and focus on my work – maybe reducing my medication would help a bit’
Black African man aged 26-34

'Going on a cruise, having nice clothes – money and having a person to go with [would help], money and not having clothes that I like and can wear [are barriers]
White British woman aged 55-64 with sight impairment

'I would like to go swimming or play badminton – [need] someone to go with of the same age or similar’
Asian woman aged 26-34 used services now and in the past

Another 14 people talked about what they have always wanted to do but didn't say what would enable them to do it. They made the following comments:
'I wanted to become a plasterer which I became, did that for 30 years, now I just want to rest'
'Play tennis'
'I need to stay at KM due to my mental health problem. I do not know how to travel by train. I do forget time-to-time'
'Going in a hot air balloon'
'Play football for a team'
'I would like other opportunities such as computing, maths and english'
'I want a more friendly atmosphere'
'Help me to get a 1-bedroom flat, a new home of my own'
'I would like to get well and take part in activities like gym for disabled or part-time job or computer and bookkeeping course for disabled'
'I need just one-to-one support from a staff member which I have at the moment'
'I would like to be inbound and do activities inside the centre'
'Would not like to be in a crowd'
'Going to France again. I went once with the drop-in centre on Eurostar'

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About anything else we have forgotten to ask

People were invited to add anything else that they thought we had forgotten to ask and 30 people made the following comments:

'I would like to continue attending Kingsbury Manor day centre because I can stay there safely. I cannot take the bus or travel around without staff help. I like the activities and other clients and the hot Indian meal. I like the keyworkers and all the staff and they also talk to my carer and give them support and information and advice like benefits. I learn English, IT and getting ready to go out in the community.
I do not want to work or go to college'
Asian man aged 55-64

'Use of computers at the centre'(2 responses)
'I hope day centre runs as currently’
'Keep the expense down overall’
'Have applied for direct payments, need to be receiving hours of care as not using services difficult’
'I have been attending day centre and drop-in for some time and would like to ask those in charge of affairs if they would be more accepting regarding my physical and mental state and be able to get over what I am trying to say’
'I like my keyworker who helps me all the time’
'I hope the Wembley drop-in continues. I am not sure why Westmore and Calcutt were closed down, because I found them a great help to me and other people. Were they closed because the council BMHS decided they were not working? I hope BMHS decide that the present services left are considered working and left open’
'I want the service as it was before in 543’
'I like another drop-in centre’
'I am deaf and dumb, would like to know more about facilities in Brent – that would be helpful’
'Hard to do form, do not speak English very well – easier for me to do in my own language’
'BUG was for us once until it changed, now it’s for your own careers. We want what we have now not what you say we want. I don’t care if 5,000 people in secondary aftercare don’t use the service. How many of them are really sick and hear voices? Not many – only the ones who are really sick use day centres. But you only want to be famous at our expense. You only are for yourself. You pretend to be with us but you are worse than the doctors and nurses who were there for our good. Who are you kidding?’

'Services that help people back to work and support in finding the right job’
Asian man aged 18-25

'Support when you have children; practical and dealing with this illness eg home support’
'I have always played board games; chess, draughts, cards (only memory games like rummy) and scrabble, keeping my brain ticking over’
'I feel supported by KM staff. I do not want to go to any other centre’

'I would like day centres to have sessions where you can get qualifications eg art diploma’
Jewish woman aged 26-34
'I would like to say thank you! To all the staff for their cooperation to helping the mentally handicapped and those with disabilities’
'I feel Kingsbury Manor mental health day centre provides excellent service – any new service would have to match/exceed this high standard of service and commitment by staff’
'I found the form very difficult to understand and it took me a long time to complete. Therefore although I answered some of the questions correctly, it was a very long process’
'The staff in the African Caribbean Resource Centre are kind and supportive and have been very helpful so please allow them to remain open. Also the centre is centralised with a lot of buses’
'Home help, maintenance of home and garden in a desirable condition. The council is quite inconsiderate and unfair to private home owners’
'I like the idea of complementary therapies and all the suggestions I have pointed out on this questionnaire’

'I want the same daycare service that I receive now as it provides me a structured day where I feel safe to go, meet people and learn new things and receive one-to-one level of support from my keyworker'
Asian man aged 55-64

'I want my own flat, to go to college, start my own life, cooking’
'I feel just in all aspects of comments written on through experience and knowledge acquired in response to the present survey’

'Service to be more respectful in way of culture. Free cost of counselling and more improvements of recovery based on moving on and looking after yourself. I would like to go on a part-time job that won’t affect my benefits and my flat’

'Enjoy group discussions and outings'
Asian man aged 55-64
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