



Londoners said

Produced by



Mental Health
Foundation

For

Thrive LDN

An analysis of the Thrive LDN community conversations

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Delivery Lead: Ed Davie

Research Lead: Dr Chiara Lombardo

Project Officers: Alice Morrissey, Leslie Salema

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Community conversations were overseen by Dr Antonis Kousoulis for the Mental Health Foundation and Dan Barrett for Thrive LDN.

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Executive summary

Poor mental health is one of the biggest challenges facing London and the prevalence of problems is often much higher in the communities facing most inequalities. When people aren't given the chance to fulfil their potential and they don't receive the right support at the right time, their health suffers, and they struggle to thrive. London loses out.

To address this, Thrive LDN in partnership with the Mental Health Foundation went out and asked Londoners how we could better support people to be mentally healthy.

We did this through 17 community conversations in half of all London's boroughs where we had face-to-face contact with over 1,000 Londoners including those who commission, provide and use services. We asked how we could deliver Thrive LDN's six aspirations.

The solutions those Londoners came up with share common themes – namely, to spread knowledge, skills and support so that people can better look after themselves and their neighbours. Londoners have told us they don't want or need top-down fixes – instead, they want the tools and networks to do it for themselves. This report provides insights and feedback from each of the community conversations held. Recommendations have been developed for all partners and supporters of Thrive LDN to consider. We would welcome your feedback and response to the ideas set out below.

Thrive LDN's six aspirations

A city where individuals and communities take the lead

A city free from mental health stigma and discrimination

A city that maximises the potential of children and young people

A city with a happy, healthy and productive workforce

A city with service that are there when, and where needed

A zero suicide city

Recommendations based on what Londoners said

1. Develop, train and support a network of community champions to tackle isolation, link people to each other and services and deliver community mental health training.
2. Create, or add-on to existing technological platforms, a way of effectively informing people about what support, activities and services are available in their community.
3. Produce a guide linking and integrating London mental health and other services, like social care and housing support, to create a whole-person approach.
4. Support the development of non-clinical crisis and other wellbeing centres like Mosaic Clubhouses and the Leeds Crisis House.
5. Give parents, particularly those from under-privileged backgrounds, the skills and support they need to give their children the best start through peer-parenting groups.
6. Create a mental health curriculum for schools that focuses on prevention rather than diagnosis of illness and that recognises the diversity of London's children.
7. Invest in after-school clubs that support young people to look after their mental health, develop better decision-making processes and meet role models.
8. Provide a toolkit and training for employers enabling them to better support the mental health of London workers.
9. Work in local communities to prevent isolation and build connections as a first step in suicide prevention.
10. Encourage the 16 London boroughs and the City of London who have not yet had a community conversations to organise one.



Forewords



Isabella Goldie

**Director of Development &
Delivery Mental Health Foundation**

Our collective mental health is deteriorating at a rate that makes this the single greatest public health and social challenge of our times. If we are to meet this head on, we need to rethink how we view mental health. The answers can no longer lie within health services alone. Although there are times when specialist treatment is desirable and necessary, this is not the case for most people, who often live their lives with unacceptable levels of stress. The factors that shape us and can impact on our lives for better or for worse are out there in the communities we live in and in our family homes.

Our access, though, to the things that protect our mental health such as a nurturing start in life, good quality housing, safe and cohesive neighbourhoods, and meaningful work are not equally available to everyone.

If we are to improve mental health and turn the tide on this concerning trend towards higher and higher levels of distress, we need to reach out and offer support, but we must also tackle those things that sit behind the despair that many people feel. These issues are not the same for everyone, differing from community to community.

No-one understands this context better than the people that wake up there. When asked, community members are clear about the problems they encounter when trying to access those opportunities that are good for mental health, but they also often know the answers as well. Most of us know what makes life better and helps us to thrive but we don't always have the agency or power to ensure that we can access those things often enough to make any real difference.

Reaching out to ask these questions of people is a daunting task in any community but across the many boroughs of the Megacity of London, it is a brave endeavour. What is so important about this report is that Thrive LDN have worked with us to do precisely that. They have reached out with us at scale and we have to date had conversations with over 1,000 Londoners, starting in those boroughs where life is most difficult.

When the question was posed, Londoners have been clear and consistent about what will make a difference to them: support for families, schools and communities to help ensure children have a fair

chance in life; training for employers to help to create mentally healthy workplaces; and support in communities to help build connections and reduce isolation and loneliness. Although there was a call for more mental health services, what people wanted more access to were services that felt part of the community and could provide non-stigmatising support.

I feel that there is one important stand-out finding: that Londoners may want better access to services but they also want to be in a position to do more themselves. Londoners were asked about the tools and resources that would enable them to reach out to others and to champion the cause of mental health within communities. Thrive LDN asked and Londoners said. A partnership has been created and the challenge set – now the task will be to work collectively to make real change happen.



Philip Glanville

Mayor of Hackney and political lead for Thrive LDN

London is a city of great opportunity, but unfortunately those opportunities are not equally shared. If we want a happier, healthier city in which everyone has a fair opportunity to thrive and live well, then we must all take responsibility by listening to what individuals and communities need. This is because Londoners usually know best what is happening in their neighbourhoods, their workplaces, their schools, and their homes. They see and feel how where they live, work, play, and raise families can affect their health and wellbeing, for better or worse.

Reducing mental health inequalities is a matter of fairness and social justice. Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners, launched in 2017 as an open, inclusive, and participation-

driven response to London's mental health challenges.

As co-chair and political lead it's a privilege to champion Thrive LDN which, importantly, is not a political organisation; it exists to be led by Londoners, for Londoners. This movement is not about top-down direction but about mobilising grassroots action. As awareness of mental health – and of how social inequalities impact mental health – continues to grow, Londoners from all backgrounds and walks of life must be empowered and supported to take action. Barriers must be lowered and ideas must be shared; this is why Thrive LDN partnered with the Mental Health Foundation to bring Londoners together and discuss what would make a difference to them locally.

In the 17 community conversations held in half of the city's boroughs, Londoners said what mattered to them. I'm delighted at how this report captures their ideas, their concerns, and possible solutions. Each community conversation produced a comprehensive write-up to underpin a plan for local action. Some boroughs have now embarked on their own local Thrive-style campaigns and initiatives, led by the voices of residents and bolstered by local leaders.

Each community conversation is only the start of something much bigger. This report has collated the feedback from all the conversations so far to provide a picture of the scale and scope of change

that Londoners want to be part of. It will now take commitment and collaboration across every part of our communities to drive this change.

I now urge local leaders, educators, volunteers, campaigners, and anyone who wants to improve the lives of Londoners to consider the ideas and recommendations in this report and how they could become a reality in their local borough or community.

Introduction

When the Mayor of London launched Thrive LDN in July 2017 a new relationship with Londoners about supporting happier and healthier communities began. Since then an important part of that dialogue has taken place through 17 community conversations in half of all the boroughs in London. Over 1,000 Londoners have attended in person to share experiences of local challenges, current work and the evidence about what works in terms of supporting thriving communities. This report distils those thousands of conversations with Londoners about how to improve mental health in the city.

These conversations have been different and have gone beyond standard consultations about mental health services. As well as getting ideas for providing 'services when and where needed' these conversations were designed to find ways of improving the pre-determinants, the alterable factors, of mental health to enable prevention for everyone, early intervention for those at risk and effective support for those who need it.

Inspired by the well-established principle of the Marmot Cities¹ that the level of control a person has over their life has a major effect on their health, we wanted the process of getting those ideas to be truly collaborative and empowering to individuals and communities.

Building on our research² which mapped the risk to Londoners' mental health per borough on the basis of 28 indicators of inequalities and social determinants, we began co-producing the community

conversations in the 'red' boroughs with the highest inequalities and risks. Learning from feedback forms we gradually improved the format of the community conversations to maximise involvement, relationship building and transfer of knowledge.

Every community conversation started with an explanation of the evidence for what supports communities to thrive, the current challenges and work in that particular borough and an overview of Thrive LDN. Attendees were introduced to Thrive LDN's six aspirations, co-produced with experts by profession and by experience in an earlier phase, and then asked for their ideas on delivering the aspirations in their area. During six 10-minute conversations, table facilitators and scribes recorded the ideas of attendees for how people and services could work together to build healthier and happier communities. The views amounted to over 180 pages of transcript which were then collated and analysed by Mental Health Foundation researchers to form the basis of this report, representing an attempt to record public views on taking a place-based approach to public mental health. A detailed methodology of delivery and analysis is provided in the Appendix.

Many of the attendees, including political leaders, service commissioners, providers and users, signed up to be Thrive LDN champions.

They, and we hope you, will now help deliver the ideas outlined in the following pages.

1 Marmot M. The health gap: the challenge of an unequal world. *The Lancet*.2015;386(10011):2442-4

2 Kousoulis AA, Goldie I. Mapping mental health priorities in London with real-world data. *The Lancet Psychiatry*. 2017;4(10):e24.

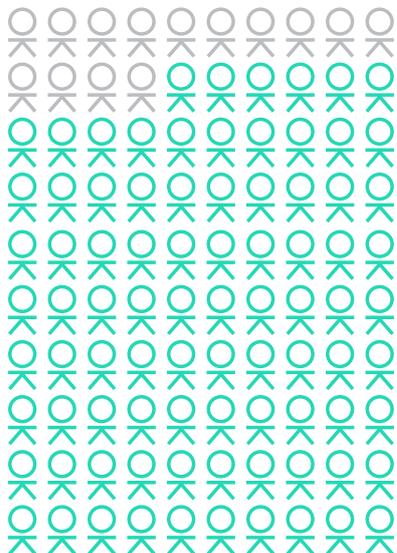
Community conversations in numbers

17

COMMUNITY CONVERSATIONS IN HALF OF ALL THE LONDON BOROUGHS

86%

FELT THEY CONTRIBUTED IN A MEANINGFUL WAY

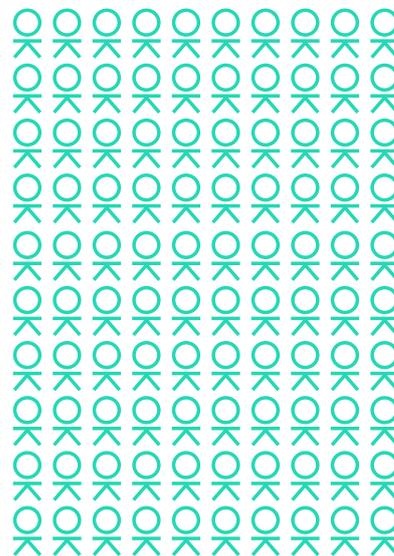


1,016

LONDONERS ATTENDED THE CONVERSATIONS AND GAVE THEIR VIEWS

100,000

REACHED THROUGH SOCIAL MEDIA MARKETING OF THE COMMUNITY CONVERSATIONS



180

PAGES OF IDEAS COLLATED AND ANALYSED

318

SUSTAINABLE, USEFUL CONNECTIONS MADE BETWEEN PARTICIPANTS IN THE COMMUNITY CONVERSATIONS

363

LONDONERS STEPPED UP TO CHAMPION GOOD MENTAL HEALTH FOR ALL IN THEIR CITY

70%

SAID THEY WOULD LIKE TO BE INVOLVED IN CITYWIDE THRIVE LDN ACTIVITIES

Case studies



Brent

Increased local action

In some boroughs the workshop has led to increased local action.

In January 2018, the Health and Wellbeing Board in Brent supported a community conversation. Over 60 individuals attended including residents, councillors, officers, NHS providers, commissioners, and representatives from community and voluntary sector organisations.

Following the conversation a Task and Finish Group was established to agree next steps. The Clinical Commissioning Group (CCG), Sustainability & Transformation Partnership (STP), Public Health, Central and North West London Trust NHS Foundation Trust (CNWL), HealthWatch and voluntary organisations have been working on a local action plan using four of the six Thrive LDN principles as a framework.

The next stage was to deliver an 'Are we OK Brent?' campaign to better equip provider organisations and groups to confidently promote mental wellbeing to residents, raise awareness of the support that exists locally for good mental health, raise awareness of the ways to wellbeing and showcase the potential for recovery and resilience.

The engagement led to an event in the Civic Centre in September 2018, designed alongside local people and community organisations.

Lambeth

Supporting positive change

In other boroughs, like Lambeth, the workshop has been part of a wider effort to improve support.

In October 2017, Lambeth Council's public health team supported a community conversation.

The community conversation was held at the Mosaic Clubhouse, a centre which supports people with mental health conditions, including the provision of an evening sanctuary that provides an alternative to clinical crisis services.

Nearly 70 people attended including service users, carers, councillors, NHS and council staff. They heard from a representative from Black Thrive which supports liaison between Lambeth's services and black communities to improve provision for people traditionally over-represented amongst those with serious mental illness.

The workshop also contributed to the development of a new mental health alliance contract between the council, NHS and voluntary sector which pools resources in order to provide better 'whole person' support rather than disjointed services. Launched in July 2018, this Lambeth Living Well Network Alliance aims to improve support in the community and keep people well outside of hospital.

As a result of the workshop Lambeth Council became the first borough to pass a Thrive LDN Motion at its Full Council meeting committing the authority to working to achieve the six aspirations.

Barking & Dagenham

Piloting a new approach

Some boroughs, like Barking and Dagenham, have taken the feedback from their community conversation and used it to design a whole new approach to supporting their communities.

In July 2017, nearly 100 residents, councillors, officers and partner organisations came together for a community conversation in the borough's civic centre.

For some it was their first experience of co-producing solutions and inspired commissioners to do things differently with communities rather than to them.

Working with the Mental Health Foundation and Thrive LDN, Barking and Dagenham Council have commissioned and helped design a mental health improvement programme for one of their large social housing estates, Thamesview.

Over the coming year a project manager, commissioned by the council and employed by Mental Health Foundation, will co-ordinate a range of peer-support programmes with Thamesview residents.

They will be aiming to improve people's skills, confidence and relationships, and build community cohesion. Projects will include peer parenting, school-age mentoring, support to start businesses and a group to combat loneliness and isolation among the elderly.

The findings from this work will be used to inform wider work across the borough, city, country and even internationally.

On creating a city where individuals and communities take the lead, Londoners said...

that their communities are ever changing and are a rich mixture of cultures, ages and social backgrounds. People often move in and out, which makes communities change rapidly. This has both advantages and disadvantages. Respondents tended not to define their community by geographic boundaries; rather, they characterised them as dynamic and based on shared interests and values. Londoners valued diversity and remarked that this must be accompanied by a shared sense of empowerment and ownership in the way they shape their communities.



“The local community and voluntary sector is vibrant and gives a feeling there is a sense of community connectedness. The next step is to make sure that decisions are owned by the community and that they are for the community.”



Londoners said let's:

Act and campaign at different levels

Respondents identified different roles that they would like to play in their community, from being a supporter of initiatives to health champions and promoters of change. They see themselves acting and campaigning at different levels. For example, as volunteers:

“We need community health champions – volunteer residents who talk to other residents to reduce isolation and promote good health. Volunteering builds confidence and giving something back improves wellbeing of the volunteer and those they support.”

Develop a sense of ownership to help develop solutions

More opportunities and support should be given to people in communities to work with services, and to hold positions relevant to their community life, as stated below:

“People with lived experience should be on interview panels and value-based interviews should be conducted.”



Engage isolated people

There should be more intergenerational and intercultural activities. Londoners identified the need to produce better information, through the use of online technology, to help bring together needs and resources. More effort is needed to build new networks between people and organisations. Respondents suggested different ways of reaching out between various institutions and communities, and described how services should be closer to the community:

“We need to create safe online spaces for people to have conversations, to lead to connectivity and then contact. Not everything can be online as can exclude, but some may prefer it.”

“The local university has made a start at building links with the community and could work on this further by using it as public space for interaction and bringing people in for activities. They currently host free talks for public which could be of interest and could be promoted further afield via newspapers and other media.”

“Services should bring early intervention activities and engagement to people in their own environment like pubs, barbers, schools and places of worship.”

Recruit, train and support a network of community champions

Community champions could play a key role in engaging people against isolation. Champions should be trained and supported to engage people and tackle isolation. Furthermore, faith leaders could act as facilitators to help enable and empower by sharing responsibilities with people within their communities.

“Community leader ambassadors and champions should get to know who and what’s already there in the community and then help people to find what they need.”

Map out existing initiatives

This mapping exercise would help to prevent duplication and enable communities to understand what initiatives exist, thus facilitating learning from others.

“We need more exposure to other successful community programs. Examples to be used in order to model new enterprises.”

Implement activities to reduce the effect of austerity

Londoners expressed many concerns connected to the effect of austerity further limiting resources. They made suggestions such as seed funding, and developing healthy activities which are affordable for all, as described below:

“Seed funding is important – small amounts of money for individuals and organisations to try out an idea to get it off the ground, but we have to accept that ideas may not always work but need to invest a little bit to give ideas a chance and take a small risk.”

“Council tax relief for community involvement – some kind of rewards system.”

Adopt a more holistic and positive approach to mental health

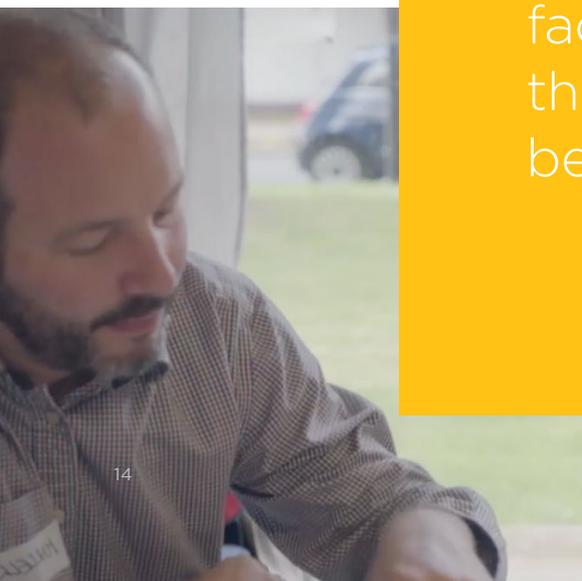
People suggested that there is too much focus on symptoms and diagnoses and not enough on the stresses that cause people to get ill, like poverty and violence. There was a widespread belief that more needed to be done to raise awareness of mental health and how people could look after their own wellbeing and that of those around them.

“We need to develop a culture where people are taken seriously, before they are in crisis. We need to educate people that wellbeing is part of mental health.”

“Doctors should take a holistic approach to patients that looks at their physical symptoms as well as their mental health.”

“People need to be able to understand their own health and improve their and others’ health. This needs to be accessible in language and format. Best peer delivered that is by people like themselves in the community.”

“It would be good to have free indoor gyms, swimming and so on. Often people at highest risk don’t have resources to use these facilities. Perhaps a scheme where these can be used off peak, may be good for unemployed people?”



On creating a city free from mental health stigma and discrimination, Londoners said...

there is a need to foster a tolerant and inclusive community. London boroughs are culturally diverse and tackling mental health stigma and discrimination, which can sometimes be a longstanding attitude, needs to take these cultural differences into account.

Respondents highlighted the importance of communities being connected so that a whole-community approach is employed. This could be brought about through actively encouraging residents to become more engaged in their local community.



“The whole community should think about how to tackle stigma and discrimination, for example through residents’ associations in estates, where there are events that bring people together.”



Londoners said let's:

Change the language used around mental health

Respondents identified that the language used in relation to mental health can often be quite negative or confusing, for instance, the terms 'mental health' and 'mental illness' are frequently conflated. Londoners advocated using language to normalise and facilitate discussions around mental health.

“There is stigma and discrimination attached to certain language used around mental health. Therefore, focus needs to be on shifting the language used to promote mental health as something that we all have.”

Educate everyone about mental health (with specific emphasis on children and parents)

Londoners felt that educating people was essential in making people more aware and informed about mental health, which would subsequently help to reduce stigma and discrimination in the community. Ideally, educating people about mental health should start from an early age in order to effect positive long-term change in society.

“Young people are taught to conform from a young age, which leads to more criticism rather than understanding of anyone who might be different for whatever reason.”

Education would also serve to empower people with mental health problems in teaching them that they can overcome and/or manage these.

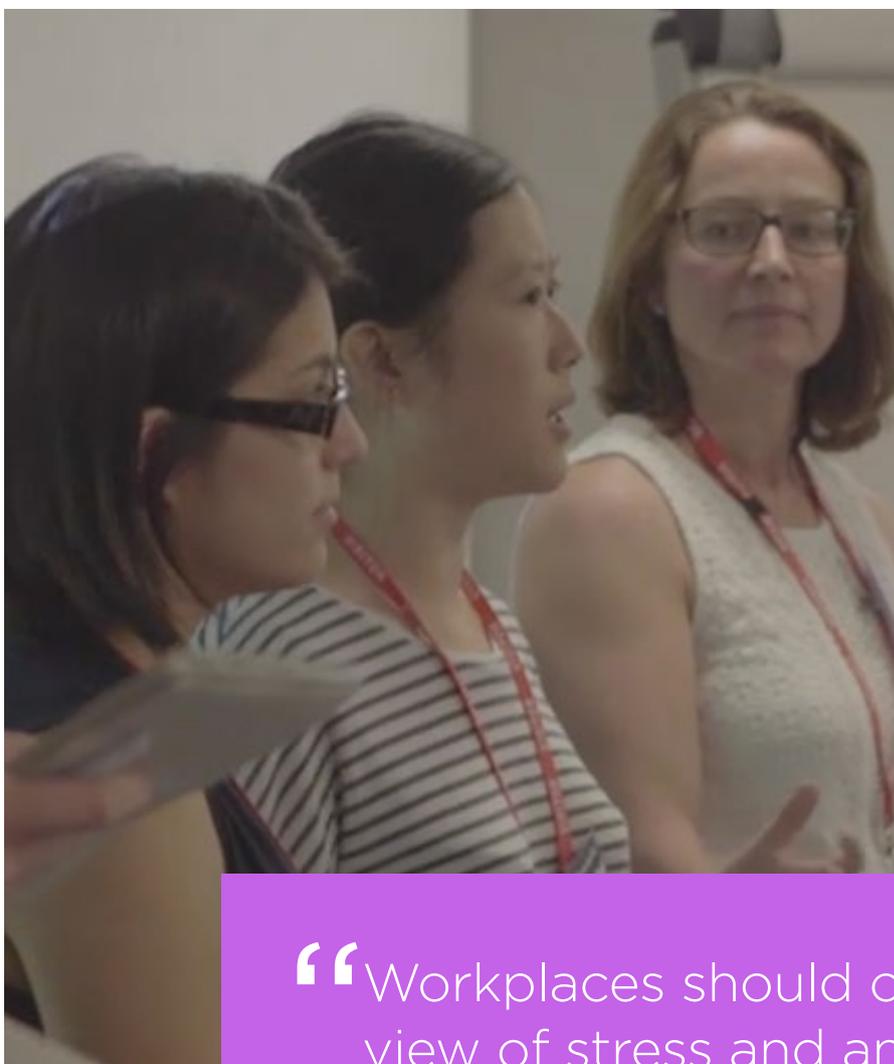
“Education about mental illness should be based on professional knowledge and research. We should teach people that you can learn that it is possible to live quite successfully even if you have mental health problems.”

In addition, respondents frequently discussed the importance of the family environment, highlighting the huge influence that parents' expectations and attitudes towards mental health can have on their children's mental health.

“People have a right to good mental health, and children and young people have a right to have parents with good mental health.”

Improve mental health in the workplace

Respondents emphasised the need to improve mental health in the workplace, given that this is the setting in which many people spend a substantial portion of their life. On a broader level, Londoners also commented that negative workplace cultures can often serve to perpetuate stigma and discrimination around mental health.



“Workplaces should challenge the view of stress and anxiety as a weakness and rather, judge based on resilience.”

Create safe spaces for everyone to talk freely and openly about mental health

This would help to foster a sense of togetherness among people in the community, thus contributing to normalising conversations around mental health. Respondents suggested a range of settings that could serve as safe spaces, such as libraries, coffee shops and wellbeing centres.

“We need to be militant in talking about mental health, make it a drive and acknowledge the problems linked with mental health. However, the right conversations need to happen at the right time, so it’s not stigmatised as an issue. We need to create the space to have these conversations.”

Offer mental health training more widely

This includes non-mental health professionals, such as the police service, paramedics, GPs, security staff, in schools, to parents and in the workplace with employers and employees. Respondents highlighted the need to effectively tailor mental health training to ensure it is culturally-relevant in order to reach different members of the community.

“Make mental health training standard, including training in suicide prevention. Make sure the mental health instructors come from cultural backgrounds to represent the culturally diverse London community.”

Generate more advertising about mental health

More publicity could be achieved through posters and communications, so that the message has a far-reaching effect beyond the group that repeatedly engages with mental health discussions. Events such as World Mental Health day or Mental Health Awareness Week can be good opportunities to foster connectedness among communities and spread mental health awareness at a wider level.

“There needs to be regular advertising about mental health and events linked with mental health (for example, a poster in the tube, the internet, press coverage), balanced with real conversations.”

Give a platform to people with lived experience to share their stories around mental health

This can serve to normalise mental health as an issue of discussion and promote open, honest conversation. This could be people in the local community with experience of mental health problems, who could serve as “champions”, to spread awareness of mental health to the community, including the more isolated groups.

“Role models talking about mental health from different genders and cultures. Seeing people speak up can help.”

As well as people within the community, Londoners spoke of the positive impact celebrities can have on spreading awareness of mental health.



“At a national level, people are speaking out like Jo Brand and Stephen Fry. This is all really positive to create public discussion.”

Engage modern media as a powerful outlet to tackle mental health stigma and discrimination

Care should be taken to ensure that the messages from the media do not perpetuate stigma.

“The language and images used in the media must also make it clear that it’s ok not to be ok, rather than demonising mental illness.”

More creative media approaches should be considered, for example, Londoners discussed the positive impact that YouTubers who talk about mental health can have in normalising discussion around mental health among younger audiences. Other suggestions included touching on mental health issues on the television or in film.

“In the media and movies, mental health should be shown but in a very real manner. It shouldn’t perpetuate wrong ideas about mental illness, for example, that mentally ill people are violent.”

In addition, many Londoners spoke specifically about social media, with some discussing its potential to exacerbate stigma and discrimination.

“Social media and ‘selfie’ culture add pressure – everyone looks like they’re having a great time in a ‘perfect image’.”

However, Londoners discussed the potential to use social media as a tool to break down stigma and discrimination. Given young people’s often prolific use of social media, this is a good outlet to educate and engage young people in positive discussions around mental health.

“Using social media in an imaginative way to discuss mental health issues, for example, The Thames Valley Police video which educated people about consent via making a cup of tea.”

Move away from the ‘diagnosis at the door’ culture

This can often be quite dehumanising to people with mental health problems, thus serving to worsen stigma and discrimination. Respondents remarked that sometimes it is medical professionals that can be stigmatising especially if they are not specifically trained in mental health.

“There are issues with assessments of mental illness. People may then be nervous of being labelled and how they will be perceived socially.”

Have more culturally-specific information and resources to reach minority groups in London boroughs

Respondents frequently remarked on the demographically diverse nature of the areas and that this should be considered when trying to reach these groups. On a practical level, Londoners suggested that quality interpreters and the availability of other language literature would be a starting point to tackle stigma in these communities. More broadly, though, more should be done to understand how to target these groups effectively.

“Do people in faith communities want to speak to their own people about their mental health struggles or someone different?”

On creating a city that maximises the potential of children and young people, Londoners said...

It is important to build support with children and young people, rather than for them. Participation of children and young people is crucial and we need to show interest in young people's ideas and views.

Respondents mentioned the urgent need to increase mental health awareness. One group identified the role of faith in mental health and how faith leaders should be brought into the discussion and potentially given training to help promote and integrate wellbeing awareness into their faith teachings. An example given was at Christchurch School in Brent. This involved getting local faith schools and leaders together for a breakfast to promote interfaith understanding and respect.

In line with raising awareness, Londoners highlighted the importance of effective signposting and how to create a balance between consistency of services across boroughs as well as responding to community specific needs.

Londoners also wanted a network of mental health champions. They emphasised the need to promote and support young mental health champions, to create a community youth forum and support peer mentoring projects. An example of good practice was presented from Northwood where one teacher is trained as a counsellor. Another example was a new counsellor service by Barnardo's which is specific to young people.



“Give young people the power to lead and have their own conversations. It is important to have more conversations about race and class. Young people are regularly undermined in the community, there is not enough time invested in them.”



Londoners said let's:

Provide mental health education in schools

More effort is needed to begin education as early as possible so that primary schools have sufficient training for identifying children at risk and strengthened referral pathways. Education to help children identify their own emotions is critical from as early as possible, and to give them the tools to self-express. Education of parents was also considered important. The idea of getting children to take information home to parents to create more mental health awareness was raised.

Provide adequate care for children and young people

A lot of children and young people's mental health support is targeted to particular groups and Londoners felt that there is nothing available for people who do not fit some of those risk factors, or they are not aware of it. Respondents also suggested that services should be taken to the places where young people already congregate such as parks or youth clubs.

“It is important to consider high-risk groups and potentially vulnerable children, but actually mental health is across a whole spectrum of social determinants and although there are certain risk factors, targeted support will miss cases.”

“Access needs to be available when needed: online, groups and in emergency situations etc. Do all these services communicate with each other? Don't let children and young people slip through the net. How do you get different services to communicate?”

Get speakers to show positive examples

Respondents frequently discussed the importance of having diverse and realistic role models for young people to come and talk in schools and youth clubs. Some mentioned an example in Ealing, where adult mental health service users are speaking in schools.

Focus more on preventative and early intervention work

Londoners felt that most services are looking at children and young people who are already in distress, instead of more effective early intervention. A good example of prevention in schools was given: the University of West London holds 'The Big Conversation' which asks every student when they start what they are most worried about and tries to act on it.

“Redbridge has a good Youth Parliament that could be engaged more fully on this issue. Co-production with young people is key to developing services. It will allow for an understanding of the issues young people are struggling with, but also how best to address them, especially in such a digital age.”

Create safe and free spaces for children and young people to meet

There are few accessible spaces that feel 'safe', both physically and emotionally. This includes the built environment and green spaces. Respondents would like to bring back community and youth centres and opportunities for young people to enjoy themselves together and play.

In addition, Londoners expressed the need to encourage intergenerational activities as a way of giving children and young people a wider support network and decreasing loneliness amongst the elderly.

“The borough feels very turbulent and disconnected, there needs to be 'togetherness projects' such as a community gardening initiative.”

Give the tools to children and young people to express themselves

Respondents identified the need to provide kids with more opportunities to try new things and develop hobbies, such as out-of-school activities linked to schools. In this respect, it is important to find the 'right' fit for each student. Londoners mentioned the fact that parents need to encourage students to get involved and they need to keep kids busy, making it less likely for children and young people to get involved in behaviour that is bad for their health. This could be done by requiring children to stay after school on certain days for extracurricular activities. This could be used as an opportunity to support better decision making and thinking styles.

Londoners discussed how to help children with less supportive or encouraging families. Students will likely find activities they like and want to stick with. Some examples were given, such as the breakfast clubs in Enfield. These improve socialising and they keep kids alert and interested rather than hungry and tired. Respondents also mentioned the school system in Sweden, where emotional development, empowerment and compassion are as important as reading and writing, starting from age four.

Have more conversations about mental health in schools

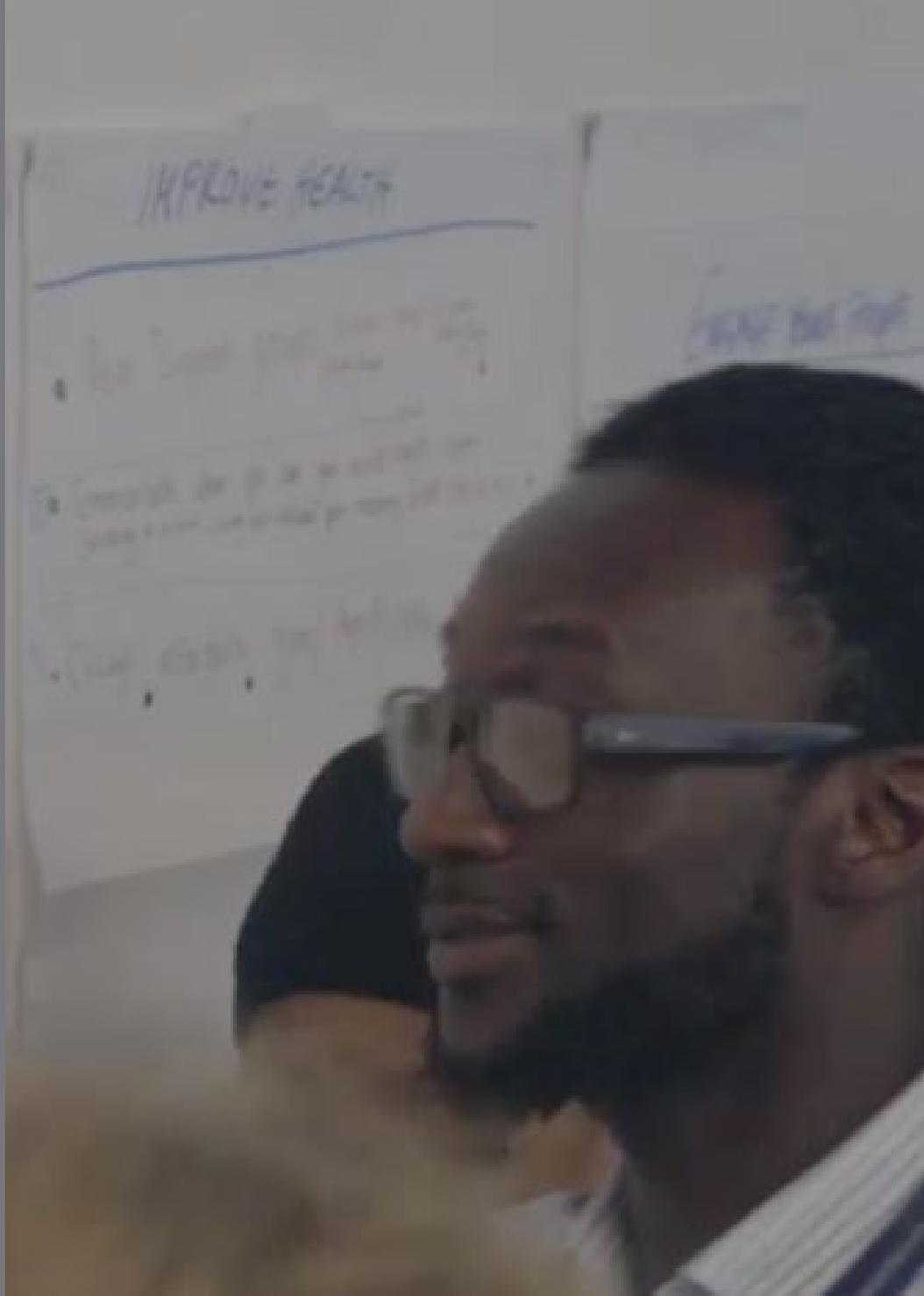
Stigma came up as a challenge that limits the potential of children and young people. There needs to be a differentiation between feeling sad and mental health problems, to help children and young people to navigate the spectrum of emotions. This can be achieved by creating a supportive, open and understanding culture within the school environment, and by building a shared language of mental health and wellbeing between children, young people, parents, teachers and practitioners/service providers.

“Children and young people are more aware of their own mental health than previous generations. Often mental health stigma is more prevalent amongst parents than it is among children and youngsters.”

Touching on the use of online resources, respondents valued a greater understanding of the benefits of social media and internet as a source of reaching out for help and reducing isolation, especially for young men.

On developing a happy, healthy and productive workforce, Londoners said...

It is important to create a safe support system within the workplace, where Londoners can feel safe and wellbeing is prioritised. Stigma should be challenged and employers should encourage employees to come forward and suggest improvements if they see opportunities for change.

A man with glasses and a beard is looking towards a whiteboard. The whiteboard has handwritten text, including the words "IMPROVE HEALTH" at the top. The man is wearing a light-colored shirt with a dark striped collar.

“Greater flexibility, including opportunities to work from home or more varied hours, helps with stress and building a greater sense of autonomy and self-worth.”



Londoners said let's:

Overcome context-related challenges

In small and medium organisations and certain sectors, some respondents highlighted a damaging culture. In particular, some traditionally male-dominated environments seem to have more barriers and ingrained stigma around mental health. Some respondents reported that:

“The retail sector seems to care little for employee welfare due to high churn, lack of technical specialism, so staff treated as resource rather than people.”

“Temporary workers or self-employed contractors are often so consumed in daily operational tasks, they forget to take a break and are more likely to risk burnout, especially as they don't feel as if they can take leave, sick days etc.”

“Stress and abuse experienced by Transport for London staff and particularly bus drivers, with the perception that perhaps this is worse in Islington than in other boroughs.”

Make it easier to overcome stigma attached to mental health and be more open

Londoners argued that persistence of stigma in the workplace often impairs disclosure of mental health conditions by employees. In addition, employees and other colleagues can wrongly associate mental health difficulties or a need for support with less effectiveness at work or that the employee is unsuitable for the work environment:

“There is a sense that mental health history follows you around and doesn't expire, even if you as an applicant/employee for a job feel it's no longer relevant (“worse than having a criminal record!”) – this doesn't help with self-identifying as ‘recovered’ and being able to move on.”

“Employers seeming offended that their employees may require mental health support (“What's wrong with working here?”) – even in larger companies that promote wellbeing incentives.”

“‘Macho cultures’ (e.g. City finance; construction sector) perpetuate idea of working under extreme pressure, making it harder to disclose without seeming unfit for the job.”

Address the challenges of gig economy and temporary employment

Respondents expressed concerns that the zero hours contract has created a sense of insecurity among employees, who may experience a lack of self-worth, competition between colleagues, and a greater acceptance of lower standards. This insecurity has wide-reaching implications for employees and can affect their social life and their ability to plan child care and time off. Londoners described a demoralising sense of not seeing a future career path. A climate of uncertainty and austerity has created a damagingly competitive mindset, due to culture of cuts and downsizing workforce.

Develop better career guidance and adequate preparation for jobs

Schools should shift their focus from passing exams to providing children with creative ways of thinking, or teaching them real life skills. Employees should also play their role and welcome children from any background, and incentivise apprentices. Respondents said:

“Austerity and its impact on the statutory sector has made certain lines of work more stressful. News coverage and speculation on further cutbacks only drives up workforce stress and general sense of uncertainty.”

Adopting flexible conditions by redefining the idea of success and productivity

Londoners said that there needs to be more scope to minimise challenges in the workplace. Wellbeing in the workplace should be implemented in different ways. The concept of work should be reframed.

“Employers do the calculation the wrong way around: looking at staff numbers and pushing how much work you can get out of them, as opposed to setting a workload or target and then equipping a team to do it to the best of their abilities.”

“There isn't enough flexibility put into career guidance for children, or any guidance at all. The workforce has changed, and people no longer stay in the same role or career forever, and young people need to know that changing their mind and trying new things is okay and part of growing.”



Prioritise better communication

This can be achieved at different levels by creating more equal relationships between the employer and employee. A further step to improve communication at work would be to create stronger social connections with colleagues. Finally, a culture shift to encourage change is warranted, and this should come from the top as it is important that senior staff lead by example. For example, senior managers should be open about their mental health as this could encourage employees to be open about their own mental health. Respondents said:

“We need a “culture of negotiation”, where there’s a relationship of equality between employer and employee, with understanding that it’s mutually beneficial. Together, we review skills, ambitions, and how we will work. Also, leaders should set a healthy precedent.”

“Getting along with the people you work with is imperative. A good talk at the water cooler, or during lunch, can do wonders for people’s wellbeing and sense of belonging – your network doesn’t end with family and friends. For those lacking in family or friends, friendly colleagues can be a huge comfort.”

Tackle stigma at the recruitment phase

This can be achieved by promoting equality and diversity from the application stage onwards. Respondents made several suggestions, like for example, that employers need to ensure standards or quotas and appropriate resource to support employees with mental health conditions/challenges and then make reasonable adjustments.

Introduce mental health champions inside organisations

Londoners advocated giving a voice to employees with lived experience or develop mental health champions as a way to normalise mental health within the workplace and encourage people to talk about mental health more openly. Employers could promote good news stories from employees with mental health problems to demonstrate that they can lead equally fulfilling, confident, and productive work lives.

“Promote benefits of more regular breaks including time away from screens.”



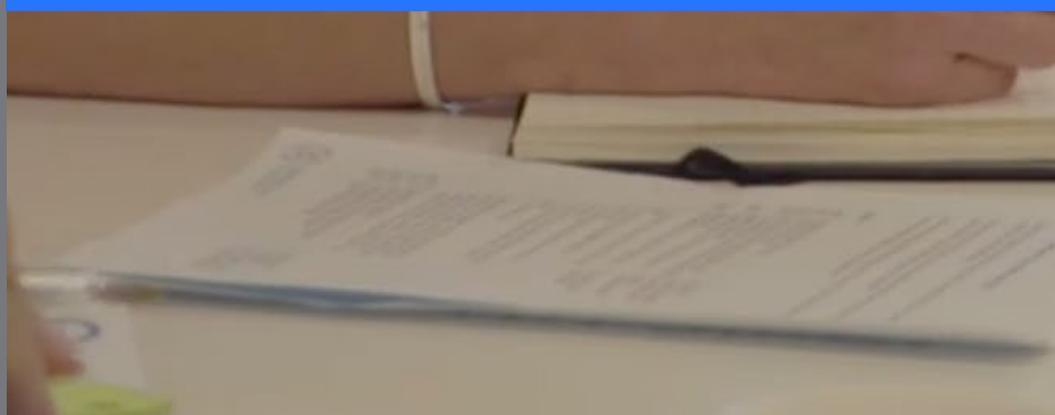
“Employers should be confident that greater mental health awareness means that clients and partners will not discriminate against any prospective employees.”

On developing a city with services that are there when, and where needed, Londoners said...

health services should be closer to the community and should represent their needs. Services are perceived as disjointed and information is not always available. More flexibility around time and location is required, with a greater priority on preventative and educational approaches.



“Communities are fluid and vibrant not static, we have a transient population so the demographics change. Communities are where people connect.”



Londoners said let's:

Move services to be closer to people

Moving mental health services into the community would help to ensure services reach the people who need them. Respondents criticised the settings in which care is often delivered, saying that these are not always conducive to improving people's mental health.

“Care needs to be moved out of big buildings and clinical settings – to places where people actually want to go (into communities). People's mental health often worsens when in a traditional clinical setting.”

Respondents suggested a variety of different community settings for mental health services and education where people might be more comfortable to attend. Services having a more central presence within the community could also serve to increase awareness and understanding of mental health.

“This can help to activate the community – help them understand how to deal with people with mental ill health – the community is more likely to reach people than services.”

Create more holistic, joined-up services

This was a common theme raised by Londoners, many of whom identified inefficiencies that prevented people from accessing services. These barriers included people within services not knowing where to signpost people to due to a lack of effective communication between services.

“We need to bring more professionals together more often – and not just health professionals but also people who work in education, business, debt/finance, the community etc.”

Respondents identified that a negative consequence of silo-ed services was that people accessing services can end up seeing multiple healthcare professionals, which can be unsettling. More holistic, joined-up services can enable professionals to have the relevant information about a service-user on hand.

“No common records shared across the health and care system so that healthcare professionals have a full picture when providing services for individuals.”

Provide a 24/7, consistent, flexible service

Londoners discussed the limited hours of most services, many of which operate on weekdays between 9am to 5pm. Given that mental health crises can occur at any time, respondents identified an urgent need for support available at all hours to ensure that the people in need of support are able to receive it. They stated that flexible and creative solutions to deliver a service out of hours should be considered.

“There should be more access to services by offering more time slots. Too often, talking therapies only offer appointments during work time when people cannot take time off work and therefore do not get the help they need. There needs to be more evening and weekend appointments and ideally a 24/7 service.”

Respondents discussed that services should be more flexible and centred around people to ensure they encourage people to seek services when they need it, with specific consideration for certain at-risk groups, such as young parents and carers.

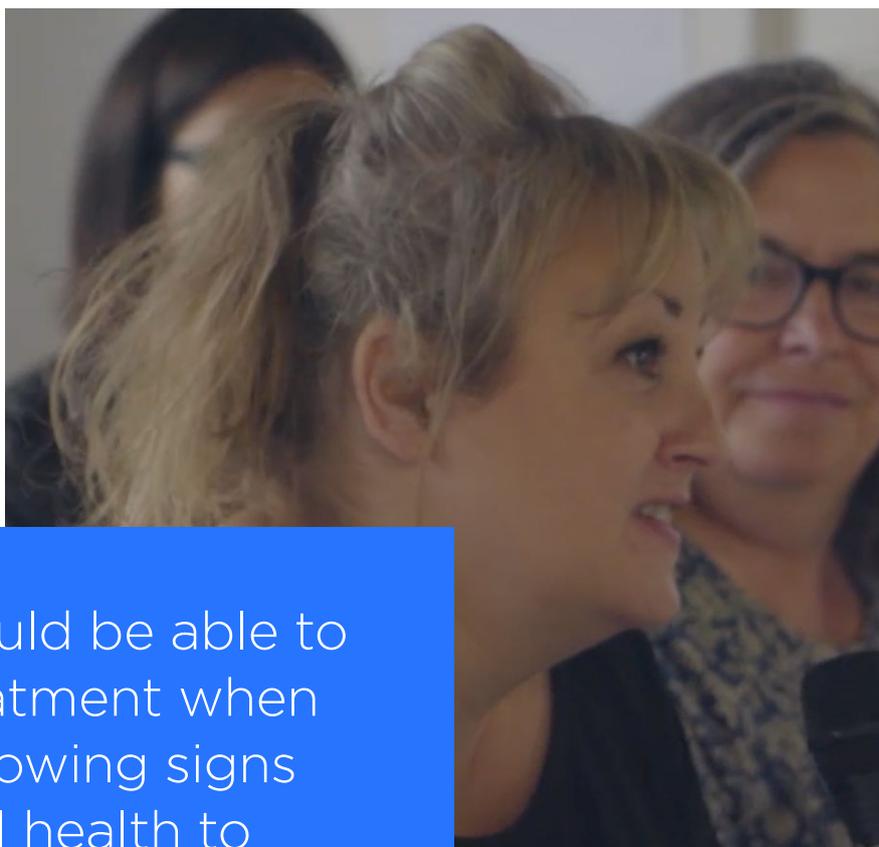
“We need to put the onus on services to engage with service users rather than the onus being on service users to navigate the system. Services should be more flexible to respond to the needs of people.”

Prioritise prevention and public health approaches

Londoners felt that given the great expectations and demands often placed on limited services, a prudent response would be to take a public health approach, prioritising prevention to prevent cases escalating further down the line.

“Services are not always available, so we need to fill gaps before a crisis occurs, by focusing on prevention when first symptoms appear.”

A greater focus on prevention would require a shift in attitudes to illness. A theme discussed among Londoners was that treatment is often only available to people in crisis, creating a perverse set of incentives for people not to seek help until they are already quite ill.



“People should be able to receive treatment when they are showing signs of mental ill health to ensure they don't get to crisis stage.”

Develop social prescribing

Given respondents' discussions around bringing services to the people who need them, social prescribing was a theme that cropped up frequently. Londoners gave a number of examples where they felt social prescribing was being done effectively, including:

“Statutory services are covered but other interventions are not accessible. The Bromley-By-Bow centre in another borough is a good example of social prescribing.”

However, social prescribing would not be effective by itself to create services when and where needed. Several respondents stated that though there is social prescribing in their borough, it is limited by a general lack of awareness that it exists among the community.



“Social prescribing exists in Hackney, but not everyone knows about it.”

Set up more crisis cafés

Respondents pointed out that crisis cafés serve an important purpose, as people need to feel empowered through conversation and supported when in crisis.

“The availability of a one-stop shop is lacking.”

Make more activities available for children and young people

Londoners highlighted the importance of clubs that have been planned but not implemented yet. Currently children have to be between 16 and 18 years old to join clubs or sports, unless they are private. They mentioned that some boroughs are trying to privatise parks, but they urged to keep them open for children to play.

“Ball games aren’t allowed in parks, we need to change this...”

Prioritise after-care

Respondents tended to define the system as hard to get into and hard to leave.

“The right support needs to be in place for people after they leave the system rather than just stamping them as ‘better’ and being left alone.”

Encourage volunteering and peer-support to promote mental health awareness

Londoners suggested that once a month, people from different organisations could volunteer at other organisations to spread awareness by promoting partnerships and collaboration. They believe that the community is more likely to reach people than services. Activating the community could help people better understand how to deal with people with mental ill health. In addition, they emphasised the requirement for more funding for the voluntary sector, including social housing and sexual assault services.

“Sometimes it is a struggle to find people to support in social housing through local agencies. A supporting community is very important.”

Utilise online technologies to increase mental health awareness

Respondents highlighted the importance of more online services and internet apps to ease pressure on face to face interventions. They mentioned that tested mental health smartphone apps should be available to young people.

“At the minute, services are at a minimum outside of Monday to Friday 9-5 hours. People can have a mental health crisis at any time and this should be recognised by service operating hours. Technological solutions should also be developed to help address this.”

Educate people about mental health and services

Londoners identified the importance of education to support the understanding of mental health. They also felt that people should improve their understanding of how services work, which could be achieved through talking to schools about services and improving the access link from schools.

“There should be sessions in schools around transitions and wellbeing as well as drop-in services and general health. Besides that, they should provide more information around LGBT work, hate crime and homophobia.”

“People need to be educated about talking therapies. They don't know that they're available or how good they are.”

“Hearts & Minds and other similar organisations are good, but they don't have the money or the capacity to grow their services. We should work with them to understand their needs.”

On aspiring to a zero suicide city, Londoners said...

the main challenges facing the city are related to the fact more discussion should happen around mental health; support is usually perceived as limited and services need to be reorganised to reflect peoples' needs. Participants also suggested that a more positive term than "zero" should be used.



“Reach out to men through traditional sports such as football, cricket to encourage conversations about suicide. This could be online where it feels safe to have this conversation.”





Londoners said let's:

Develop suicide awareness

Support is available only at crisis point, and more interventions need to be developed. Waiting lists are too long, and services are not integrated.

“We need to be aware of the warning signs before a suicide attempt; going to check out potential sites, self-isolation, changes in personality/mood, job loss, relationship breakdown, bank holidays, spring time, high achievers, perfectionism.”

Increase services for children and young people

Londoners discussed the lack of services for children and young people, and identified widening and improving access to support and services for people at risk of mental ill health or suicide as a big challenge. Primary and specialist services are disconnected and access to services is not always straightforward. Families sometimes feel they need more support to navigate the referral pathway. Furthermore, most respondents felt that too often problems cluster.

“Young adults do not seek help; referral services are very patchy and the person at risk needs to be open about being suicidal.”

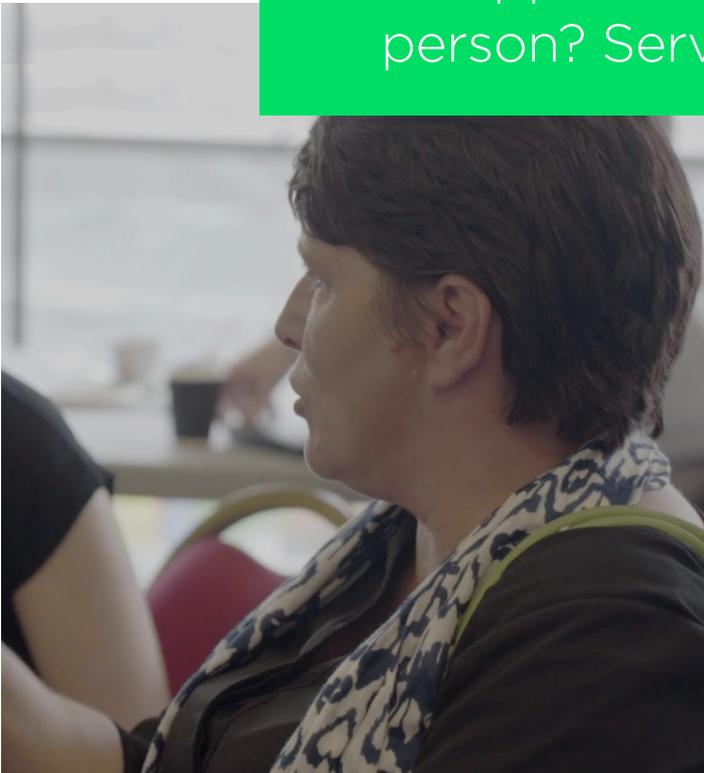
“There should be greater support for young people at a time of crisis, e.g. for out-of-hours, people are referred to A&E or police. Then they might be sent home because they don't meet the necessary threshold.”

Adapt our terminology

Some respondents questioned whether the 'zero suicide' terminology is realistic and appropriate, especially for those that are affected by complex and multiple conditions. People noted how suicide can be a sudden event, not necessarily the result of an ongoing mental health difficulty. Everyone was in agreement that an appropriately positive language is needed, and comments on the terminology 'zero suicide' included:

"We prefer the term 'reduction'; 'zero suicide city' would make individuals feel they failed if the zero figure was never reached."

“If we try to achieve zero suicide, it means someone is to blame when it happened. Who is to blame, the person? Services?”



Move prevention activities to the core of the community

Respondents advocated for a holistic mental health approach. This approach would require everyone to be involved and educating children, families and professionals on the use of the right language and skills. A range of preventative actions could be taken, adopting a holistic approach to mental health.

“Prevention is key in this area to treat mental health problems at an earlier point and reduce the risk of suicide and it would be better for the individuals and more cost effective if support was provided earlier.”

Londoners said that suicide prevention can be taken out into local communities. This could happen in various forms and could target specific high-risk groups. Reaching out to people in the local communities could help prevent social isolation and increase connections in society.

Promote psycho-education as a key factor to reduce stigma

Education can improve communication about mental health, and psycho-education should take place at different levels: in the family, in the schools and in the community. This could help people in the community better understand how to effectively deal and talk with people who may be potentially suicidal. They would learn what language is appropriate to use and improved education would create an open environment for people to discuss their feelings, thus normalising conversations around mental health.

“Train those in the community to discuss mental health (e.g. Mental Health training for hairdressers/barbers, bartenders, receptionists, those within public bodies or faith groups): don't give advice, just listen, sign-post and ask questions.”

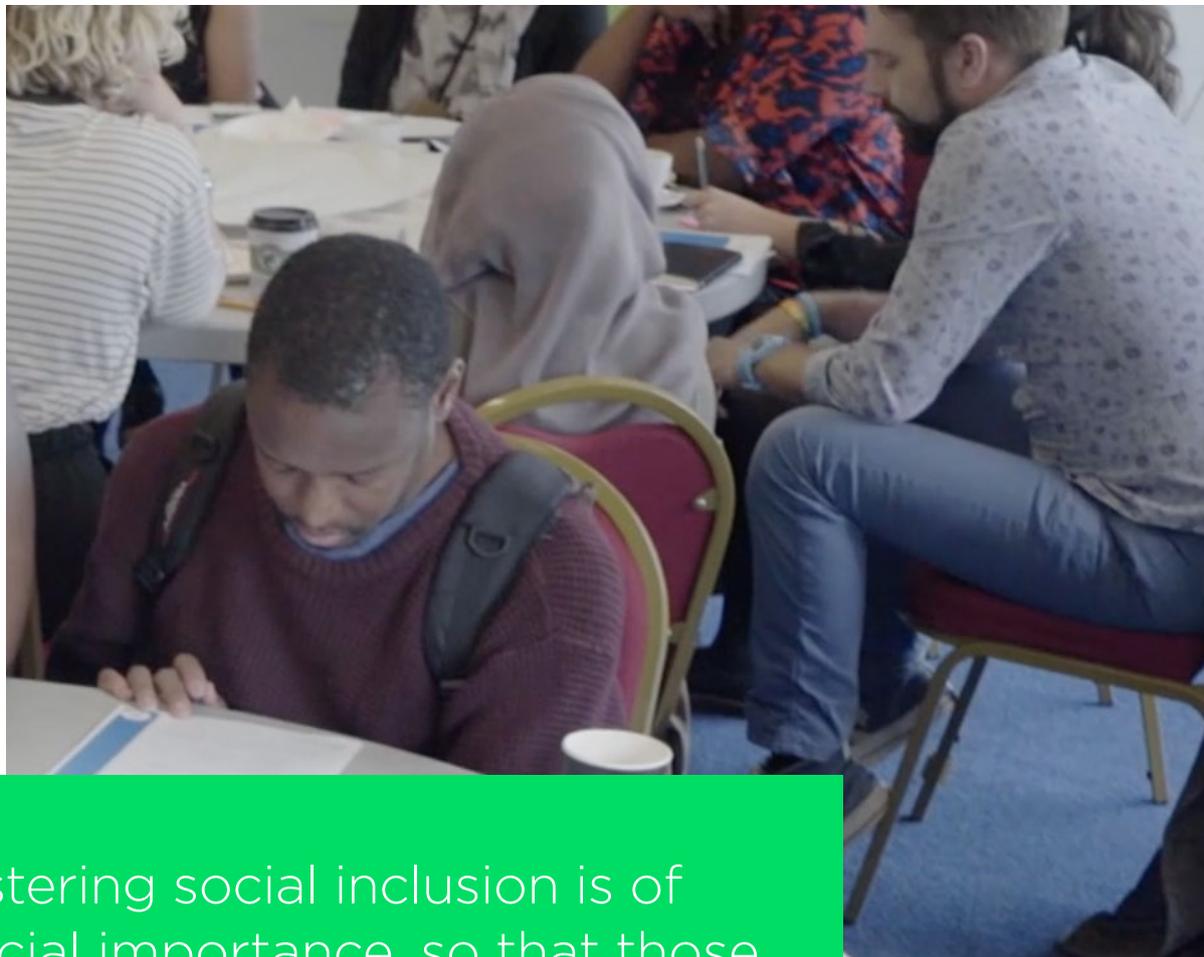
Understanding what language is helpful when discussing mental health can also facilitate the dialogue between professionals, parents, and their children to avoid perpetuating the stigma.

“Provide support for parents on how to talk to teenagers about mental health to avoid any possible crises later; a strong parents' network is very useful.”

Ensure schools play a fundamental role in providing adequate and timely support to children

The role of the school in tackling suicide was emphasised by Londoners, who felt schools have a responsibility to invest in preventative initiatives and signpost children and their carers to the correct services when needed.

“Schools should develop potential for anonymous reporting for individuals concerned about, or a safe space for children and young people to confidentially discuss any issues.”



“Fostering social inclusion is of crucial importance, so that those suffering from a mental health condition or crisis do not feel disconnected or as if they have nowhere to turn.”

Conclusion

London is a great global city with incredible education, employment and leisure opportunities but it is also a place of major challenges including high levels of poor mental and physical health, poverty and inequality. If we can support more people experiencing the challenges to make the best of the opportunities, we can go a long way in improving our city and the lives of those who live here.

Our greatest asset is the people, Londoners themselves, who have shown through the ideas presented in this report their wisdom, decency and willingness to tackle the challenges that face us. In our series of community conversations with over 1,000 Londoners in half of all the city's boroughs we have heard how people and communities want to play a more central role in helping themselves and their neighbours.

We also heard that more needs to be done to support them to fulfil that role. Londoners said that a network of community health champions, trained and linked to each other and local services, would make a great difference in educating, supporting and sign-posting people in their neighbourhoods. And over 300 of them raised their hands to volunteer.



They told us that a purely medical diagnosis and treatment focused system can neglect the social factors of what causes or worsens mental health problems in the first place. There is limited value in treating someone's symptoms only to send them back to the poverty-stricken, dangerous and unstable conditions that made them ill. And they told us that it was society's responsibility to make opportunities as available as possible to everyone regardless of mental or physical impairment.

To maximise the potential of children and young people they said that there should be safe and free spaces for them to meet. Every secondary school should have free after-school provision which develops young people's ability to make healthy choices.

On creating a happy, healthy and productive workplace Londoners said that a toolkit and training for employers would be valuable in ensuring everyone knows what the best practice is in looking after themselves, colleagues and workers. They also said trade union membership should be encouraged and that more needs to be done to tackle 'macho' work cultures and the abuse and stress suffered by transport workers in particular.

When people do need mental health services, Londoners said they want those services moved out of big buildings and into clinical settings, to places where people actually want to go, like evening sanctuaries and crisis centres.

One of the most striking observations that came across at every community conversation was that people were surprised to hear of all the services and activities that were available locally. Our conversations had the power to spread that local knowledge and

help people make connections. However, technology should be developed to let more people know what activities, support and services are available.

In addition, the themes and ideas were consistent across boroughs and with little variation between 'lower risk' and 'higher risk' boroughs.

Londoners said all these things and more about what we can do collectively to support them to deliver a happier and healthier city.

Appendix

By presenting the methods and processes used, this Appendix represents a framework on how to set up and run Community Conversations, as well as to analyse the insight gathered by participants.

Where community conversations were held

At the beginning of this process the Mental Health Foundation conducted research for Thrive LDN mapping mental health inequalities in each of the 32 London boroughs. In the first phase of the Thrive LDN Community Conversations we prioritised the 'red' boroughs – those with the greatest mental health inequalities. Finding these to be a success with excellent feedback from attendees, we extended the programme to other "higher risk" boroughs as well as ones which expressed an interest so that we ensured a diverse representation. These boroughs covered areas in east, west, north and south, those with the highest, lowest and intermediate levels of mental health inequality and deprivation and in inner and outer London – in other words a very large and representative sample. Community conversations were conducted in the following boroughs:

- Barking and Dagenham
- Brent
- Croydon
- Ealing
- Enfield
- Hackney
- Harrow
- Islington
- Lambeth
- Lewisham
- Newham
- Redbridge

- Southwark (included an additional separate event with social care workers at their annual conference)
- Sutton
- Tower Hamlets
- Waltham Forest

Some boroughs requested to have a particular focus in their community conversation, Sutton for example wanted an emphasis on young people, Lewisham on their Black African and Caribbean residents and Brent wanted to explore tackling stigma in-depth, but all areas held discussions and fed back on all six aspirations.

Arranging the Community Conversations

For each community conversation we:

- Contacted and gained agreement of local public health team who acted as local leads.
- Identified a suitable date, venue, speakers and invitees.
- Invited local residents, political representatives (Councillors, MPs, Assembly Members), service-users, carers, Healthwatch, NHS commissioners and providers, voluntary sector, housing, education, social care, businesses, faith communities through multiple advertising routes.
- To attract people we used email contacts, partner news outlets and Twitter, and, in a number of cases, Facebook adverts targeted at relevant postcodes which reached about 100,000 Londoners.
- RSVPs were collected using Eventbrite.

We set up the conversations as events using the following methods:

- We booked a room in an accessible and easily reached building with a capacity of up to 100 people.
- We arranged audio visual equipment including roving microphones and laptop and screen for PowerPoint presentations.
- We provided tea, coffee, water, fruit and biscuits.
- We set up the room with six tables seating about a dozen people on each.
- We placed flipchart paper, post-it notes and pens on each table.
- Each place at the table would have a copy of the agenda/ feedback form, a one page explanation of Thrive LDN, and a leaflet of top tips on how to look after your mental health by the Mental Health Foundation.
- People were welcomed and given the opportunity to network over light refreshments.
- A local representative (often the Director of Public Health), would talk about relevant local challenges and initiatives (10 mins).
- Six 10-minute table workshops would then ask all participants for their ideas on implementing the six Thrive LDN aspirations in their borough. Each of six facilitators (Thrive LDN and Mental Health Foundation employees) would be assigned an aspiration and move table after each 10-minute workshop so that all attendees got the opportunity to contribute their ideas on all six aspirations. The facilitators would use the post-its, flip chart and notebook to record all ideas.
- Each of the facilitators would briefly feedback to the whole room what the main themes were of each discussion.
- A local political leader, often the council cabinet member for health or mental health champion, would then thank everyone for coming and promise to incorporate their ideas in future local work.

We run the agenda of the conversations in the following order:

- The Chair (often Ed Davie, Programme Lead for Communities at the Mental Health Foundation) would bring the meeting to order and explain the agenda.
- A Mental Health Foundation representative (often Dr Antonis Kousoulis, Associate Director of Research & Development at the Mental Health Foundation) would explain the evidence for what supports communities to thrive (10 minutes).
- A Thrive LDN representative (often Jacqui Dyer MBE, co-chair of the Thrive LDN Steering Group) would explain their aspirations and plans (10 mins).

Following the event, the facilitators wrote up the notes which were collated with action points and sent back to all attendees within two or three weeks. The notes were then collated with all the other workshop notes and analysed for this report.

Londoners' impressions of the community conversations

A total of 1,016 Londoners from 16 boroughs participated in our community conversations. At the end of each conversation, participants completed a feedback form further adding their reflections and intentions to stay involved. We received a total of 513 responses from all the conversations.

When asked how they rated the organisation of the conversation, 93% of people felt the organisation was good, very good or excellent. This is definitely something that improved as we became more practiced delivering the conversations, with the registration process in particular becoming more efficient. There will always be an element of unpredictability with the events as numbers on the day are difficult to confirm and people often arrived late. By increasing the suggested length of the event as the process developed, we managed to ensure it ran to time more successfully. With Thrive LDN attempting to engage people in the citywide movement, the vast majority (83%) agreed or strongly agreed that they understood the Thrive LDN initiative after attending the conversation.

There was a great diverse mixture of people participating, with 57% working in London in a range of services, and the remaining 43% having lived experience of mental health problems or caring for loved ones. During the conversation element of the conversations, 86% of people felt they were able to take part and share their thoughts during the conversations. Participants were further encouraged to note their thoughts on post-it notes if they didn't feel they wished to participate vocally.

Over 300 of our participants felt they were able to make useful contacts at the event. This will have been particularly influenced by the added time for networking that a slightly longer event allowed us to provide. It was also encouraging to see local charities and other groups networking at the events and making future plans to work together. There were several comments about the need for a local network of those who are passionate about mental health and it is encouraging that this could stem from the conversations.

It is particularly exciting that 76% of respondents – that is 363 Londoners – expressed a motivation to be contacted about follow up activities and raised their hands to champion good mental health for all in their city. There is a clear appetite for continued activity in all of the boroughs in which we ran conversations. No borough had fewer than 10 volunteers and over half of the boroughs had over 20. This signals the start of a citizen movement empowered to deliver initiatives that address inequality and improve mental health across London.

Research methods

The transcripts from all 17 conversations were given to researchers at the Mental Health Foundation. The data consisted of approximately 180 pages of focus groups transcripts from the conversations. The analysis was led by an experienced qualitative researcher (Chiara Lombardo, Senior Research Officer at the Mental Health Foundation), who also contributed to the data analysis along with two other researchers (Jade Yap and Dorien Eising) at the Mental Health Foundation.

We conducted a thematic analysis that included: the steps of familiarisation and reading of each of the six Thrive LDN aspirations; initial coding; searching for themes based on initial coding; review of themes; theme definition and labelling (Braun & Clarke, 2006). The data was coded and categorised independently into themes by the three researchers who read and reread an initial 20% of the transcripts to identify themes. The researchers then met to discuss and to come to an agreement on the final themes and to ensure trustworthiness of the analysis. Further confirmation of themes took place through wider team discussion (with Ed Davie and Antonis Kousoulis), with themes validated and cross-checked by Ed Davie who read a sample of the analysis conducted. Following this validation procedure, each researcher took the responsibility to lead on one of the Thrive LDN aspirations. Data conversations with the three researchers continued to take place, and verification within the wider team also occurred to discuss implication of findings. Antonis Kousoulis then edited the report.

The data is presented in the form of a summary outlining the views of Londoners for each of the six aspirations. For each aspiration, we have mapped the range of diversity of the opinions and experiences of Londoners. Each chapter is divided into sections focusing on the challenges and current needs and experiences as reported by Londoners and their suggestions and ideas for improvement. Ample space has been given to Londoners' voice by reporting original quotations.

The collected feedback forms from all participants who filled out a form were used to create a spreadsheet database by Ollie Steadman which was analysed quantitatively to produce summary results.

Thrive LDN

Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners. It is supported by the Mayor of London and led by the London Health Board partners.

Two million Londoners experience some form of poor mental health every year and Londoners' life satisfaction and feelings of self-worth are lower than the national average. Thrive LDN was established in response to this, with the aim of reducing the number of Londoners affected by poor mental health.

Mental Health Foundation

Good mental health is fundamental to thriving in life. It is the essence of who we are and how we experience the world. Yet, compared to physical health, so little is commonly known about mental ill health and how to prevent it. That must change. The Mental Health Foundation is the UK's charity for everyone's mental health. With prevention at the heart of what we do, we aim to find and address the sources of mental health problems. We must make the same progress for the health of our minds that we have achieved for the health of our bodies. And when we do, we will look back and think that this was our time's greatest contribution to human flourishing. The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.



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towards happier,
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