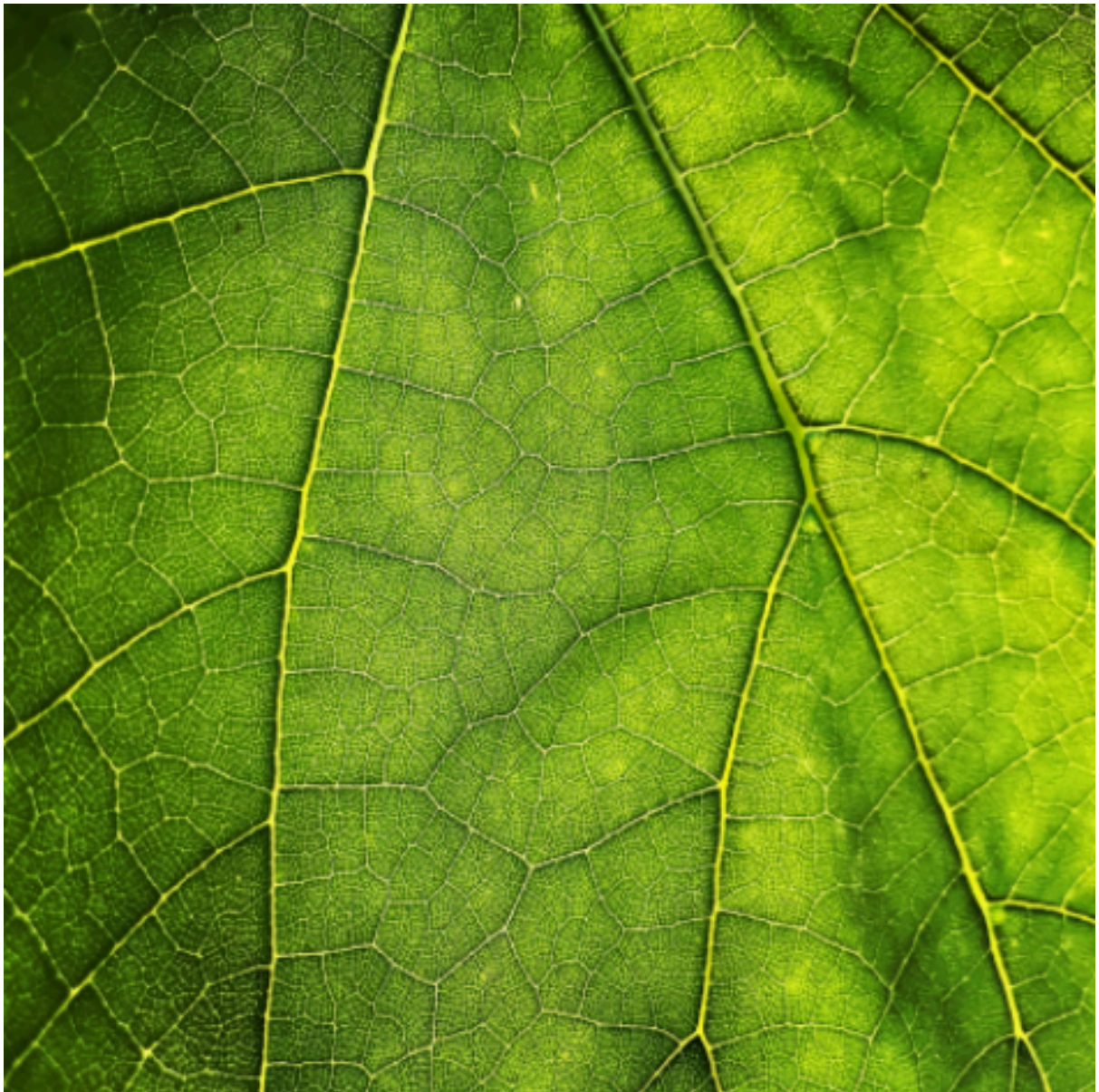




Research into the lived experiences of borough residents about mental health and wellbeing, and their use of services

February 2026

**Barking &
Dagenham**

PraxisCollab

PraxisCollab CIC

PraxisCollab CIC is a membership organisation of highly experienced practitioner/researchers who have experience across a range of health and social care disciplines, both in the VCSE and statutory sector. We are a community; providing uniquely collaborative research & evaluation, organisational development and learning, alongside offers of reflective practice/coaching support. We believe that research and evaluation must translate into action that changes policy and practice. We collaborate to put learning into action.

www.praxiscollab.com

London Borough of Barking and Dagenham (LBBD) Public Health

The Public Health team in LBBD Council are responsible for giving advice and leading action to protect and improve the health and wellbeing of residents in Barking and Dagenham. They work closely with partners in the health and VCFSE sectors. The Public Health team regularly provides intelligence on health needs of the local population to support local decisionmaking.

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Acknowledgements

We would like to thank all the Barking and Dagenham community members who participated in this study. We are very grateful to the residents who spoke frankly to us about their perspectives, understanding and experiences of mental health and related help seeking. Your views and experiences form the backbone of this report.

We would also like to extend our thanks to the organisations large and small, in both statutory and voluntary/community services, that partnered with us. Your support and interest in the research was very welcome, and enabled us to hear from diverse individuals across the community.

This research

Context

What Praxiscollab was asked to do

The London Borough of Barking and Dagenham's Public Health Team, as part of their borough health needs assessment, commissioned this community research to explore how mental health and community wellbeing services and support are viewed, understood and experienced across different community and cultural groups in Barking and Dagenham. It was recognised that life experiences, personal and cultural understandings may shape how people perceive and act to support their mental health and wellbeing.

The study aimed to involve residents from diverse communities and parts of the borough, providing a cross-section of views from people of all ages, ethnicities, and level of experience with accessing mental health support services. This qualitative research project was commissioned to complement quantitative analysis, and other qualitative research, already underway.

Focal areas for the research included:

- Residents' attitudes to mental health and wellbeing
- Views on services and sources of support
- Cultural and religious perspectives and experiences
- Any other relevant intersecting conditions or experiences, such as substance misuse
- The barriers residents face when accessing support
- Any identifiable gaps in service.

We were asked to centre research recommendations on how residents can be better supported to access mental health and wellbeing services and support, both through Public Health and wider statutory and community/voluntary partner action.

Actionable steps recommended from this research begin on page 42 .

Methods

In partnership with the Public Health team, PraxisCollab made contact with a wide variety of charities, voluntary groups, council teams and health groups working in the borough. These included large national charities with local presence, through to very small community and support groups run by a single employee or volunteer. Some services and groups were explicitly mental-health focused, and others had more general health and wellbeing aims or specific target cohorts such as people with experience of substance misuse.

To develop relationships with local services, we ran an online information session, open to all groups, to share information and answer questions about the research. Following this, we engaged in extensive video and phone calls to discuss the research in more detail with individual organisations and groups, including our safeguarding approach, with the aim of securing workshops and a pipeline for 1:1 interviews.

Organisations we worked with to secure workshops and interviews were (in alphabetical order):

- [Change Grow Live St Luke's](#) community drug and alcohol service
- Dagenham Wellbeing Hub and [Dagenham Christians Together](#)
- [Lifeline Projects](#)
- London Borough of Barking and Dagenham (LBBD) Customer Contact team, [customer community panel](#) (a large and diverse group of residents drawn from across the borough)
- LBBD staff Public Health team and Commissioning team
- [Mind](#) (Havering/Barking and Dagenham)
- North East London Foundation Trust (NELFT) [patient panel](#)
- [The Magic Stork CIC](#), a specialist, culturally sensitive mental health service for all migrants
- Women's Club at [Leftley Sports Club](#) and Community Hub.

Research with residents occurred in three ways:

- A. through workshops with community groups
- B. in 1:1 interviews with residents about resident attitudes to mental health and wellbeing
- C. 1:1 interviews about residents' experiences of accessing mental health services and support, with those who'd used a variety of services.

We sought to engage groups and organisations working across Barking and Dagenham, both with particular cohorts and with wider groups. The groups and organisations we worked with helped to ensure the following groups are represented in our research:

- Older residents (50-85 years)
- Parents of primary school aged children
- Residents with both mental health and drug and alcohol difficulties
- Bangladeshi-heritage women of all ages
- Residents of faith
- Migrants
- Mind service users.

Workshop participants included residents who have accessed and used a variety of mental health services and supports, and those who have not. Some residents interviewed about their attitudes to mental health had also accessed services, although our interviews centred on their attitudes and thoughts about what mattered most in accessing services.

Residents opting for interviews about their experiences of accessing mental health support were asked to describe particular examples of using services, both helpful and positive, and unhelpful/negative experiences. A Critical Incident Technique¹ approach was used to help focus and contain interviews.

We took great care with our research approach to make sure residents in workshops and interviews gave meaningful consent to participate. At the beginning of each workshop and interview, researchers explained the project, our research questions, and what participants could expect. Part of the consent process included being made aware of the safeguarding mechanisms and how post-interview or workshop support could be accessed if needed. Participants were able to stop their participation at any time, and asked only to share what they felt comfortable with about their individual thoughts and experiences.

All interviews and community group conversations were transcribed. We ensured anonymity of all those involved, and also asked interview participants to suggest another name for reporting purposes, so that they could recognise themselves in the research.

¹ Goodall, T., Newton, E., & Larkin, M. (2019). [What are the critical incidents that affect how people cope with being detained under Section 136 of the Mental Health Act \(1983, 2007\)?](https://doi.org/10.1080/13651501.2019.1576906) International Journal of Psychiatry in Clinical Practice, 23(3), 194–206. <https://doi.org/10.1080/13651501.2019.1576906>.

The qualitative data from the community group conversations and interviews were analysed using the six phase reflective thematic analysis² process and NVivo. The findings of this analysis process are presented in two sections; residents' attitudes to and perspectives on mental health, and experiences of help seeking.

This was an in-depth qualitative study of the experiences of residents. The aim was to create a rich depiction of experiences and attitudes of a diverse group of residents, rather than to generalise from findings. Residents' voices have been woven through the wider research to provide context.

To reflect on our progress and iterate our research, the Praxiscollab team met twice with Public Health commissioners in action learning sessions. 'Learning so far' was shared at each of these meetings, followed by discussion and questions that supported the research progress and collective thinking.

Research in the community occurred between September and November 2025. In total, we heard from 75 people aged from their 20s - 80s from a wide variety of cultural, ethnic and religious backgrounds. All participants were thanked for their time with a £20 shopping voucher.

We heard mostly from women (n=65), finding it more difficult to recruit male participants (n=14) or 19% of total participants. The research team made repeated efforts to engage male interviewees and to secure a workshop for male residents.

Additionally, whilst we heard from some adults who experienced substance use and serious mental ill-health, they formed a smaller proportion of the overall sample of voices. Despite working with council teams and voluntary organisations over a period of months to promote workshop and interview opportunities, a low number of men chose to be involved in the study. We had more success interviewing men individually. Comments about men and their willingness to discuss their emotional wellbeing and mental health are shared in the findings.

² Braun, V. & Clarke, V. (2020) [*Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches*](#); Braun, V., & Clarke, V. (2006). [*Using thematic analysis in psychology*](#). Qualitative Research in Psychology, 3(2), 77–101.

Messages from the research

Residents' attitudes to and perspectives on mental health

For this first part of the research, the research team made no assumptions about residents' level of familiarity or experiences with mental health concerns, or help-seeking. Questions were asked neutrally, and people weren't asked to focus on their personal experiences. Nevertheless, some participants chose to share their experiences, both during group workshops and in 1:1 interviews. These were not explored in depth or detail beyond what was initially shared, as this was outside the agreed footprint of workshops and interviews for this aspect of the research.

We asked residents about what the term mental health meant to them, and whether it was a difficult subject to talk about. Where it was difficult, we ask what made it hard to talk about mental health. We asked who people chose to speak to or where they went for help when they needed it, and what kind of support or services they found helpful, and how. Finally, we asked what, if anything, they thought needed to change about current ways help is offered or delivered.

Community members talking about their perspectives on mental health included a wide mix of people, some of whom had their own experiences of poor mental health and seeking support, and others who didn't. Participants shared their own understanding of the term, and had different ways of interpreting the question. The term 'mental health' can evidently be understood in a variety of ways.

Negative associations and confusion with the term 'mental health'

Many residents told us that the term mental health held a lot of negative meaning for them. While they didn't necessarily personally agree with the negative association, they said mental health was commonly viewed in their families and communities as associated with illness or weakness. Workshop participants used words or phrases such as 'crazy', 'mad', 'paranoid', 'not normal', 'wrong or sick', 'can't be helped' to describe how they felt mental health concerns were viewed in the community. Some interviewees described mental health concerns as a marker of instability or unpredictability, such as this participant who had previously worked with men with mental health concerns:

I'm going to say danger...you're kind of walking on eggshells all the time because you don't know what...(might happen)...difficult to reason with. (Diane).

Another described good mental health as “when you're a stable person and you're thinking the right way”. (John).

While we didn't ask participants if mental health problems were on the rise, this perspective was volunteered throughout our research. One workshop participant shared her experience of this:

Now mental health itself is a problem because I used to know one or two people, I now know ten people who've got mental health problems and a lot of them who've got serious mental health problems can't get to see the doctor. (Workshop participant)

Many participants felt that a lack of understanding about mental ill-health was common in the community, as exemplified by these comments from workshop participants:

When people say, 'oh depression is just for lazy people not coming to work', it's not true.

In general, people still hesitate (to talk about it). And they still don't understand.

People judge [incorrectly], thinking [you have] learning difficulties.

Some participants described their difficulties feeling properly understood when talking with people about poor mental health:

I find it easier to talk about my mental health with my family but the talking about it and them actually really understanding what it is you're saying is, is another thing. (Workshop participant)

I think that it's becoming more normal for people to be aware of mental health but I don't think apart from my immediate, like people I've met in this [support] group, who really do understand what it is, and people [who] work with it every day, they see it, they know it, like [group facilitators]. (Workshop participant)

Participants described the emotional distress, despair and psychological strain they connected with the term mental health, using words or terms such as 'stress', 'anxiety', 'pressure', 'sadness', 'worried', 'ashamed and resigned', and 'panic attacks'. Some participants described feeling that they had to 'cope' on their own with their distress, and sometimes suppress emotions or thoughts. Some workshop participants named personally-felt barriers such as 'shyness', 'fear', 'embarrassing' and 'confidence' as preventing them from talking about their mental health concerns. This was also expressed by some interviewees:

I think, I think it's an embarrassment or you[re] shy. I mean for me it was embarrassment, because I'm a single mum. I was always on the sixth gear, doing everything, helping and everything... also kind of pride in, you know, I, I've, I'm doing all of this, so I can't kind of let on that I'm struggling mentally. (Eva)

It was clear that many participants felt that 'mental health' didn't always capture how they felt and what they struggled with. This was echoed by a participant who works within the NHS:

Mental health as a catch-all pigeonholes people—that's unfortunate for the person and for society. (Tanya)

The connotations of the term both failed to reflect complex feelings and created a fear of judgement.

Stigma and taboo

Most participants (across the diverse range of communities in the borough) who were asked about their attitudes to mental health, both in workshops and interviews, talked about the prevailing stigma (meaning negative associations) and taboo (meaning something to be avoided or banned) connected with the subject that often makes mental ill-health hard to talk about. They described the way mental health difficulties were commonly regarded as weak or abnormal, to be feared and ashamed of. Participants highlighted a number of different dimensions here, principally ethnicity, community and culture; gender; and workplace responses.

When talking about attitudes in their communities, some participants specifically referenced ethnicity as an important factor. One workshop participant of Bangladeshi origin commented,

If you're talking about your mental issue, especially for my people, from my country, they say, 'Oh go for a walk, just to have some air and it's gone'. Yeah they don't see it's like health, you know. (Workshop participant)

Another from an African Caribbean background stated that:

No, I don't think it's an easy topic... I think amongst my community... You're not allowed to talk about mental health. You're not allowed to say when you're feeling up and down. So no, it's not an easy thing. (Marion)

However, discomfort with discussing mental health was not confined to specific ethnic groups. Participants of all ethnicities frequently felt that they, or others who were known to have mental health difficulties, would be gossiped about, excluded, and treated differently in their family or community:

I couldn't really talk to the family [about] what I was going through cause to them it's just like, 'Oh, you know, people go through it, you'll be fine'. But ... I felt like I was actually losing my mind but I didn't, I couldn't really express that to family members because then oh then, 'She's going crazy', you know. (Workshop participant)

Residents from a variety of backgrounds and communities spoke about the way particular family values or norms could discourage talking about weighty emotions or personal difficulties:

I live wi' my family and friend. It's kinda hard to talk about mental health and your feelings because some a' my family don't really listen...some do listen but just don't try to talk much and try to help me. ... (Workshop participant)

I'm quite open minded. So when I see certain things like with my nephew for example when I try to approach my mum. And same thing, 'Oh no there's nothing'. I think it's, they don't want, they don't wanna admit it and for them it's a taboo. You know, it's a, 'Oh god, nothing can be wrong with our child' and we get a lot a' that in ethnic backgrounds. I think we do, I've seen it a lot. And for them it's embarrassing. (Workshop participant)

For some participants in traditional religious communities, mental health challenges could be viewed by family members as a type of religious punishment or failure:

They easily direct it towards the religion or towards, like, yeah, this is some kind of a spell. (Workshop participant)

They think you are too happy with your life and therefore [you] create these problems. (Workshop participant)

So there is this association that, oh, you have this issue because you do this, and you accept God, ...and he's punished you with this, that's why you have this, because you didn't open to your husband, or you didn't, do this, or you're going out to work as a woman. (Workshop participant)

For numerous (female and male) participants in both workshops and interviews, men were particularly seen to struggle to overcome the stigma associated with talking about their emotional wellbeing and mental health. Two female workshop participants commented:

We are brought up separately – men separate and women separate. Feelings aren't a man's business – this holds them back as well – to fully interact with their families. (Workshop participant, female)

Men should wake up – they're not not awake to this issue. They love their families but they do not say it. (Workshop participant, female)

Further perceptions about men talking about their mental health were shared in the interviews.

Men struggle to speak about it. That's still very much an issue, borne out by the number of suicides we see, particularly in young men who maybe aren't seeking timely help and support. (Tanya)

Not wanting to let people down by saying you're unhappy. (John)

Some participants also highlighted the importance of attitudes to mental health within their workplaces. These influenced what people felt able to share about their own experiences, as well as how mental health service users might be seen and assessed.

One interviewee who works in the health service commented:

...there is still a stigma. I think there is still stigma among professionals we interact with, whether in social services or policing. If we're talking about a parent going through mental health challenges, there is still that stigma and prejudice that might mean that parent is seen as less fit than someone without the label. I still think there's some way to go. (Tanya)

One workshop participant felt that she had received a very poor response in her workplace when she had disclosed her mental health challenges, describing it as 'dismissive' and 'tokenistic'.

However, others had experienced a more positive approach. Another participant felt that her workplace was much more sympathetic:

There was a time you didn't dare ring up work and say, 'I can't come in today, I'm too anxious'. They'd go, 'whatever'. Whereas now, that is actually starting to be, 'Oh is there anything we can help with? Remember we've got, you know, [the] phone line for employees'. (Workshop participant)

Throughout interviews and workshops, participants identified a number of different, intersecting cultures and communities to which they belonged. Whilst some had found discussing mental health to be easier than others, a recurrent fear - and often an experience - was being met with judgement. Residents told us that stigma about mental ill-health can make them feel devalued or discredited for talking about mental health concerns. They told us this creates an environment that can make it harder for people to make sense of their experiences and for them to seek support.

Asking for help

Challenges experienced when residents asked for help featured strongly. Many residents talked about the importance of trust and safety when thinking about asking for help, or wanting to talk to someone about how they are feeling. They described the difficulty of 'finding the right person' to talk with about their mental health concerns. This applied to both people within their immediate circle and to professionals or community organisations.

For numerous participants, prior experiences of conversations with trusted people in their lives, such as family and friends, had not unfolded well. In particular, participants had experienced their difficulties being minimised or dismissed, and sometimes made into a joke. Such experiences could prevent further sharing, as these participants describe:

Some people don't understand how you're feeling about everything. So they take it as a joke. (Workshop participant)

It's not taken seriously. (Workshop participant)

[I'm] embarrassed not to be understood.... I feel it's private. (Workshop participant)

Across all our workshops and interviews, many participants said that they felt confused about where to go for help, and whom to go to. In one community group of mainly older residents, many commented that they didn't know 'who to go to', or 'where to go' or were 'confused' to talk with about any mental health concerns they had. In other workshops, participants concurred:

For me, it's very hard to find people or someone to actually try to help [with my] mental health, cause there's some days my brain's like, not right... [I] don't feel myself. (Workshop participant)

They don't tell you where you have to go and the people don't know because no-one takes you serious. If someone [in the community] has mental problems they're thinking, 'oh that's normal'. (Workshop participant)

For one interviewee, finding the right person to talk to about difficult feelings was a significant challenge:

They are struggling and they - they kind of sit back in their feelings, not knowing - what to do with it. And then other times it's they're saying it, but the right person isn't listening and then they feel that they're not heard, so then they shut down. Yeah, so it's knowing who to speak to about how you're feeling to get a response that your feelings warrant.
(Marion)

However, for many participants, seeking help through their own personal networks was the first step. Talking with close friends and family was described as a speedy first route to support:

I'd suggest first talk with your partners, then talk with a friend. Lastly, go to your doctor. (Workshop participant)

I find it easy to talk with friends and close relatives. I feel comfortable and easy to talk about mental health with few people. (Workshop participant)

We just do talk to close family and friends. We don't go out and talk to other people... (Workshop participant)

Talking with friends and family was described by numerous respondents as a careful exercise, however, of choosing those who will be most sympathetic and receptive: :

...some people find it easy to talk about with their friends, especially with certain friends that they have and certain families they have.
(Workshop participant)

Most residents talked about visiting a GP to ask for help, before any other type of health or community service, and told us they generally trusted their local GP practice, as exemplified here:

GPs are good people – they are helping me very well. I can talk to my GP if I am feeling stressed. (Workshop participant).

While most people spoke positively of visiting GPs, they also identified two areas for improvement. First, some participants talked with frustration about GPs seeming to over-rely on prescribing medication for mental health concerns, with this approach seen as the first, and sometimes only, solution offered. One workshop participant felt very strongly about this:

I'm on four tablets for anti-depression and I'm thinking, 'what the hell, what...'. You know I have to stop it now. I just can't take any more. 'Oh you need to take some more because it will help you' - but it wasn't helping me. (Workshop participant)

Another participant felt that there wasn't enough time to talk in enough detail to explore a wide range of support options:

I think it's a vicious circle because it starts with a doctor, you're gonna see the doctor, they don't wanna know, they haven't got the time to see you or you're on a call which you really can't tell them anything about. If you do go and see them, then the problem is well, you know, they're sitting listening, listening but without hearing and that's important and then they just issue a tablet. (Workshop participant)

Secondly, numerous participants across research workshops said that their GP hadn't been aware of the many charities and support groups in the borough who could support them with mental health and emotional wellbeing. They expressed frustration with this, and a sense of wasted time and missed opportunity, while also feeling very pleased they'd discovered these services and groups eventually:

I think Mind is becoming a little bit more - a lot more people are learning about Mind per se, like, but that, that's just one charity isn't it.... I feel like, yes, some charities are getting themselves heard and seen and recognised a bit more, but I feel like a push needs to be done for all of the different places where you can get support from. (Marion)

Research participants spoke about various community services they approach when in need of help. Workshop participants who were members of a faith group spoke about the importance of faith-related support in times of distress. Other workshop participants named different local Barking and Dagenham services as places they go for help, including 'Church Elm Hub Library', 'mental health support in community health clinic', 'CGL St Lukes' and 'Mind'.

When participants felt confident that they could approach the right person and that this person would listen to them, giving time and attention, they were keen to ask for help.

What helps

Being listened to continued to feature prominently, when participants talked about who or what helped them with their mental health. Residents told us that connecting and sharing with others, and feeling validated and heard in a community group was very important. Being part of a regular support group (whether run by a charity, faith organisation or peer-led) was a place for releasing emotions, expressing thoughts that might otherwise be seen as taboo, for feeling 'normal' amongst peers and less alone in their troubles:

For me it's very important to, to talk about this, to get it out of your system if you've got problems, troubles. I had depression, I've been there... I like to share my thoughts and I'm not scared any more, I'm not embarrassed cause I think all of us are going through something, right?
(Workshop participant)

I think those coffee mornings we've got, it's only once a month but it's a lot. You know it's, it's nice to get out of the house... (Workshop participant)

Participants described talking and learning about mental health in community groups as inherently positive and helpful for them. Information about different types of mental health concerns, learning about support services and different pathways to support, helped to make their worries and challenges feel more commonplace, and encouraged them to help themselves, which was seen as very supportive and helpful:

I would like to keep...the clubs that we're able to socialise in. So that allows us to have [an] open platform so that [people] can come in and engage us and, you know, let us be aware of what's happening and what we can do. (Workshop participant)

One workshop participant who attends a Mind group spoke about it as a helpful, supportive gateway to new developments and connections that are so important for mental health and emotional wellbeing:

MIND groups and all the positive information and outcomes and relationships it drives and encourages. (Workshop participant)

One workshop participant spoke about a drop-in service in a neighbouring borough that she'd found very supportive. For this community member, feeling an interpersonal connection in a relaxed, unstructured space was very impactful:

...they do that hub on a Wednesday in that library. And it, even if you just wanna go in there and have a chat and a cup a' tea, you ain't got to go there for anything. You can just go and see people but they understand you. So the man that would, there, he knows me and when I go in there he calls me by my name and I just sit there and have a cup a' tea. (Workshop participant)

The importance of a real sense of human connection, feeling seen and understood, was reiterated by another participant:

And I think if you've got people wi' personal experience, if you're lucky enough, especially on that level like people who are trying to help you or people you have to explain yourself to. People that have actually got a real understanding, not just read the book but a hands on, they've got a problem with, they just, it's so much easier to try and explain, you know, that you're not, not a lunatic. (Workshop participant)

Residents told us that how support is offered is very important. Participants told us that whether it be a community group or talking therapy (speaking with a trained professional about thoughts, feelings and behaviours), they find it helpful when the support offered is easy to access, has few or no barriers or requirements, and normalises mental health difficulties. Having to spend a long time on the phone or there being a 'lengthy procedure to get through' were highlighted as problems. Residents were aware of lengthy wait times for some therapeutic services, and found this discouraging.

But it's the getting into the loop [being referred to mental health support] and you almost wonder if there should be another way of being able to get the help without having to go through all the hoops. (Workshop participant)

As it can be difficult to get to appointments when you're struggling with your mental health, participants told us that leniency with missed appointments, and flexibility with timings is very helpful.

As someone who works in the NHS. I wish services were more readily available—not just how quickly, but how widely. For example, day centres for people with chronic illnesses—many of those services were shut down during austerity under the last government. My worry is that it's a false economy: people end up relapsing and going into hospital more often if they're not getting ongoing input. We've gone into a "firefighting" mode—waiting for crisis, then firefighting—rather than being proactive, teaching resilience, and providing day-to-day support for more minor conditions. (Tanya)

Practical challenges to accessing services were mentioned frequently. Several participants had experienced difficulties with using technology or in communicating when English wasn't their first language. These barriers were much harder to overcome when people felt unwell. Throughout conversations, participants repeatedly talked about how what helped them most was a sense of connection and support, provided straightforwardly and without the requirement to negotiate complex and lengthy systems.

A generational shift?

Some residents, particularly younger people, told us they felt a shift underway about attitudes to mental health, which encouraged conversation and enabled them to be more open about mental health difficulties. Examples included schools talking with children about mental health (who then wanted to discuss the subject with parents), workplace support and helplines, and women talking about sons who have emotional intelligence and are keen to support their mothers, as described by these workshop participants:

I talk to my older son - he can tell when his mother isn't feeling good.

My younger son is loving and caring. He looks after me and asks how I am.

I run to my son [when I need help].

Some younger participants felt that the negativity commonly associated with the term mental health was changing, commenting:

For the older generation, mental health is still a taboo but for my generation, it's okay to speak about mental health. As younger generations, we need to do better to normalise talking about mental health. (Workshop participant).

It's changing with the generations so but it's a lot, you know. Yeah I can talk to my friend but the community is still that generation so ...so it's changing. (Workshop participant)

One workshop participant wanted to encourage this shift through education about support options:

Educate the community about mental health because if we're noticing it within the community at home, we know what to do next before it gets to the extent. (Workshop participant)

An older workshop participant agreed:

I'd like mental health to be more of a topic for conversation...not to hide. (Workshop participant)

Experiences of helpseeking

In this second part of the research, the Praxiscollab team interviewed people who had direct experiences of accessing mental health support of different kinds. They were asked to talk directly about their own experiences; highlighting critical or important incidents as they defined them, often providing depth and detail about their individual life circumstances, and their instances of asking for and receiving help.

Six themes emerged from these interviews: exploring the context of help seeking, the experience of asking for help and waiting for support, reflections on receiving help and support, thoughts on the way support is delivered and continuity of care.

The context of help seeking: intersecting lived experiences

Whilst we didn't ask directly, many participants told us about the life experiences and traumatic events that had led them to seek help and support for their mental health. Multiple lived experiences intersect with mental ill health such as significant life changes, isolation and loneliness, deprivation, adversity and abuse in childhood and adulthood.

Some interviewees talked about having had long-term involvement in mental health services, including CAMHS as a child, and periods of adult inpatient care.

I've been a mental health service user for about, since about '94...I've had a lot of experience with the different types a' services. (Atom)

I've been through mental health since I was the age of.... even when I was younger I was under CAMHS. You know, it's been through my whole entire life. (Lily)

Some participants had migrated to the UK, with one participant leaving a war-torn country, and another moving as a result of marriage. One participant who had migrated to the UK described being in abusive and violent relationships. Anne said she had been in "an abusive relationship for twenty years".

Some female participants told us about statutory children's social care involvement and/or mental health support in relation to their children:

I fought, I got my kids back. I'm on Child In Need... I need to do what I need to do to actually say to Social Services, 'Bye, like get out a' my life'.
(Billie)

Billie talked about her referral to the perinatal team, although a lot remained unsaid in her interview about what had led her to seek support from this team. She shared her diagnosis of complex PTSD:

The perinatal team, they were amazing! I had got an appointment and they literally, I had a diagnosis within the space of two months that I was...complex PTSD I was diagnosed with, and major recurring depressive disorder... (Billie)

Participants talked about their experiences of physical violence. Beba described her experience of witnessing and experiencing violence as in her retail job:

...they punched the store manager in the face, she got a black eye. They bottled one of the other managers and then I started getting so anxious about going to work, it was unbelievable. To the point where I had, towards the end of it, I had three panic attacks. (Beba)

Chelle told us about how she was “violently assaulted” in her home when someone broke in, explaining how this led to her becoming increasingly isolated.

Other participants described experiences of loneliness and lacking family support, and the enduring impact of difficult life changes such as redundancy. Many interviewees described difficult things having happened, and the effect on their mental wellbeing, rather than talking about their mental health directly.

Asking for help

As with the previous participants, the process of asking for help was central. Seeking help and support requires courage. In this research, we frequently heard participants talking about ‘the courage it takes’ to seek help and support for their mental wellbeing:

....and I know how difficult it is to ask for help or to get out [of] the house. To go to the A&E or, or to walk into that hub, it takes a lot of courage. (Adam)

Individuals described having to find the courage to overcome a sense of stigma around mental ill health. Kiran spoke about his family's culture, and the way mental ill health is discussed,

...the way it's portrayed is that if you've got a mental health problem you can't think for yourself. You can't do anything for yourself (Kiran)

Many interviewees talked about their confusion, or lack of awareness, of the mental health (and associated) support available to them in their local community:

I think initially just navigating the healthcare system...was a bit difficult... I was very confused... It was very difficult for me to access mental health services. I didn't know where to ask for help and so my overall experience was very difficult, very confusing. I was just going around in circles. (Anne)

But if you actually knew where to look, you would probably try and be a little bit more autonomous and try and find help yourself. (Chelle)

Geography also provided a challenge for some participants. Participants found it difficult accessing help and support as a result of moving London boroughs, and/or accessing support deemed 'out of the borough'. In one instance, a participant described the serious consequences of feeling unable to attend a particular support service, having previously felt very unsafe in that area:

I'd moved out of area but I was still under the Dagenham mental health team...and because I couldn't get back to Dagenham, because it was in my, at the time it was in my, in my danger zone...I couldn't go back to get my medication and so no doctor out of area would prescribe me my mental health medication. (Annie)

Whilst there was confusion expressed about the available support, many participants told us that their first point of contact when seeking help and support in relation to their mental health was their GP:

So, I phoned the doctors first. I spoke to a doctor and got the medication. They were the ones that signposted me towards self-referral—and it all went smoothly. (Harry)

...and obviously my first point of contact is the GP. (Umm-Adam)

...cause most a' the times I go to my doctors...(Chelle)

...the doctor listen[s] to what I have to say....(Peter)

However, individuals with both substance use and mental health difficulties reported mixed experiences of feeling that they were able to access support that was helpful to them. For example, Beba, who was drinking and experiencing mental ill health, named a preference for being connected with other support services, rather than being given medication. She was disappointed to only have been referred to CGL, when she would have appreciated referrals to mental health support services.

Other interview participants talked about how they were able to refer themselves to talking therapies. Phoenix said she appreciated being able to refer herself to talking therapies, as a previous service user, she felt it was faster to do it herself rather than navigating the challenge of getting a GP appointment:

I don't think it took that long actually. I think that well I referred myself and then, I referred myself in December...and then by January my therapy sessions started, I believe. (Phoenix)

Waiting for support, and holding on to help

Participants described the numerous difficulties they experienced after taking the step to ask for help. Whilst many had very positive things to say about their GP's response, it was the follow-on process, or lack thereof, from their GP appointment they found challenging.

Difficulties included significant waiting times when accessing talking therapies (and for some, not being aware of how long the wait would be), and leaving the GP appointment without information on other support such as local charities and support services:

When I went for my initial appointments with me and my children...and I brought this up and I asked for help, I was referred to Talking Therapies but... it wasn't made clear that it's gonna take months or maybe years.
(Umm-Adam)

Some participants talked about having to chase for the support they had been offered. Lily detailed how she had repeatedly phoned to follow up on the support offer, but kept being told to call other people or different teams. She said "... they would just brush you off until something [serious] would happen".

Numerous participants said they didn't know when support would be offered, or how long they would be waiting. One participant, Anne, felt that once someone has taken the step to seek help through a GP, they can then be left unclear when support would be offered, and what type of support it would be. She described this as particularly problematic for people at significant risk, such as domestic abuse survivors. Anne described how important it is that information about support is shared promptly, particularly if this is the first time a person has sought help.³ Anne felt it was very important that GPs have the right information to hand, at the first appointment, and can explain processes and waiting times:

It could be a domestic abuse survivor, it could be,... a sixty year old woman who's not spoken to anyone about what she's been through all her life. It could be anyone... Does the GP have enough resources and on their hand in the system that they can pull up and print and hand it to them and say, 'Here you go, think about it. Whenever you are ready you can ask for help from all of these places while you're waiting to be seen by someone in the NHS, which is going to be a year or more'. And it has to be made clear, it shouldn't be vague in saying, 'Oh you, you'll be seen in a couple of months'. No you will not be seen in a couple of months. Yes you might be assessed in six months' time but yes you will be seen over a year or maybe more depending on what you're going through. (Anne)

Those who described a history of receiving support from mental health services talked about feeling they could only access support they found helpful when in crisis, and that crisis usually meant feeling suicidal.

³ Neale, Jo & Hodges, Kathryn. (2020). "My head was like a washing machine on spin": (Improving) women's experiences accessing support. *Dignity: A Journal of Sexual Exploitation and Violence*. Vol. 5, Issue 3, Article 3. <https://doi.org/10.23860/dignity.2020.05.03.03> Available at <http://digitalcommons.uri.edu/dignity/vol5/iss3/3>

I've tried to go through my GP and apparently they, they've sent letters, they've sent this, they've sent that.. so it just feels like... I'm left to my own devices until I, till I top myself basically. (Lily)

Two individuals spoke positively about the mental health support they were receiving, but were worried this support would be lost if they said they felt better. This concern stemmed from a lack of clarity about how they would be able to access this support again in a timely way in the future, or concern about another waiting period:

...with the NHS you have to be very ill...And as soon as you're not very ill it's, 'Well you're finished now'. ..And there may be, there may be more things that, it's an idea that you get fixed but it, but mental health is an ongoing issue. (Atom)

I'm - I'm - very scared of being discharged and not being able to get back into it. (Bill)

I've waited fifteen to sixteen months and that's the reason why when they say to me, 'We're gonna discharge you', I said to them, 'please don't discharge me because I don't want to wait another fifteen, sixteen months'. (Kiran)

Billie explained how she had received excellent support via the perinatal team, and was then waiting for EMDR. However, due to a borough move following the birth of her baby, she was left chasing for ongoing support once she returned to the area. She talked about how she 'self-medicates' to manage her mental health in the interim. She reflected on the support she was able to access when pregnant, noting that after she had her baby getting help seemed so much harder. The move away had left Billie finding it difficult to access the help and support she would have received had not her home address briefly changed.

...it's so hard to get on to the mental health team. It's like, 'Right do I just, again, do I just deal with it myself?' Because over them four years I dealt with it myself and it weren't the right way for me to deal with me, cause I started self-medicating. So when I started self-medicating it just affects that, it's a ripple effect..." (Billie)

Other participants talked about the ways support came to an end. Anne said that after waiting some time for talking therapies, her therapist was moved to another borough. Anne's sessions came abruptly to an end, and at the time of interview, she was still

waiting for further support: '...and she had to discontinue...right in the middle of our sessions, which wasn't her fault'. (Anne)

Beba talked about the 'amazing' support she received from mental health charity Mind. However, whilst the support was helpful, it only lasted for 12 weeks. Beba suggested that a step-down approach would be helpful:

...but I don't understand how [laughs] they can help us for like twelve weeks and then at the end of the twelve weeks there's nothing...They should be like a stepping bit after the twelve weeks to say, 'Right, well come 'ere and then it's down to you to come'... summat off your own back you gotta do but still you're going to speak to someone. (Beba)

Receiving help and support

Participants talked about how they developed supportive working relationships with mental health practitioners. Phoenix and Bill described the positive experience of working with practitioners who had really listened:

I think just like she was very, just like how attentive she was, sorta thing, about like, even though it was a professional setting, she made it feel very comfortable for me to talk about literally anything and everything. So even if I didn't wanna just, even if I, for whatever reason, ended up discussing other stuff that was going on that was unrelated to what had brought me there, she was always still happy to listen. (Phoenix)

There are people in services that are genuinely there for the right reasons and that - that support the people that really need it, and I've got a care co-ordinator who is lovely. She's absolutely lovely, you know, and she will sit with me, and she will say, how's it going? you know. And she'll remember. (Bill)

Harry also described the powerful impact of his practitioners' support:

I started CBT phone calls with a therapist, and a couple of days before that I started employment therapy with another lady —both within the CBT group. Both were absolutely fantastic with me; they were dealing with me through some really tough times. (Harry)

Phoenix also underlined how she appreciated the way they listened and talked to her when she called to refer herself for support.

So I called them in tears crying saying like I really need help, I can't go into work today...And they was, like, very sympathetic over the phone and that... Like they really take time. Even though they can't give you a phone session straight away, you're still able to kind of delve into why you're even referring yourself, depending what state you're in. (Phoenix)

However, there were times when participants talked about feeling that they were not heard. Bill talked about a time when they contacted mental health 111 in a crisis, and was left not feeling believed and no one followed up on the call.

..all I want is someone to - to, but I mean in a crisis...I required somebody to be compassionate and to listen to me, and then to ask their questions. I don't wanna have to be fighting to try and get support. (Bill)

Some participants described the importance of one's culture being better understood. Anne told us that whilst she thought the therapist she saw was very helpful, she found herself having to provide contextual cultural information:

But as I started taking the sessions and then I started realising...how much explaining that I had to do...For the other person to understand why I went through what I went through. Why I'm feeling the way I'm feeling as well. And so I think that takes up a lot of time...If I would have gotten, maybe, someone who understands the culture better and the background better. And it would have been even better, an even better experience for me. (Anne)

Phoenix compared two experiences of therapeutic support, reflecting the importance of cultural competence when she highlighted the difference in understanding.

...the first time I thought, like it went well, but then doing it the second time last year I was like, 'Oh actually this time was a lot better than the first time'. ...there's that connection there but in a sense of race wise, I'd find I probably want a black therapist again if I ever need to go to therapy, just cause I feel like there's that difference of understanding. (Phoenix)

The way support is delivered

There was mixed commentary about experiences of both formal and informal mental health support groups. Some had positive feedback, others noted where they wanted more support, or support that went beyond the allotted weeks of formal group support.

However, there was some evidence that informal peer support was found to be helpful filling gaps of helping services support and/or respond to feelings of isolation. Beba talked about finding a place to go and be with people who understand her, after receiving support from helping services for some time.

...do you know what I mean, the routine is what you need...That you've got somewhere to go. Even if it's not to talk. If I don't wanna talk I don't have to talk but you can go there and be within people that understand where you're coming from. (Beba)

Atom was keen to see support groups available, he commented;

...at times like that I needed somewhere to go...Talk to like-minded people. People who are interested in recovery and, and have got similar issues. But there isn't anywhere like that that I'm aware of. (Atom)

Chelle noted that a lot of the support groups seem to be set up in working hours, meaning that they are less accessible for those who are working:

I think the only thing I would say is about a lot a' this kinda stuff that you get referred to like group stuff, a lot of it is oriented for people who don't work. (Chelle)

Participants reported feeling uncomfortable with online sessions where many people had cameras off, leaving participants unsure who else was present or listening in.

...in the group therapy there was very little engagement from people. But that's something we've addressed....I'm also an involvement representative.... So the lack of engagement in the group therapy—we've managed to get something done now where they insist that the cameras are on, because in the group session there were ten people and only two had their cameras on... If you're in a group call and only two of you have your cameras on, are the other eight even paying attention? Are they getting involved? When you're dealing with mental health, seeing all these cameras turned off—you're thinking, "I'm talking now; how are they reacting?" I struggled with that.. (Harry)

Continuity of care across services

Participants also talked about the challenges they experienced when accessing help across systems and services.

There was some discussion about experiences accessing and/or trying to access help and support. A repeating theme has been the sense of not knowing when support will be offered. Billie referred to the feeling of “being in limbo” while waiting to be referred to mental health support. Billie explains this feeling of being between support:

From personal experience not being in control can exacerbate ill mental health.. it kind of creates a bit of a...cycle doesn't it? (Billie)

Additionally the impact of negative experiences of support provision can have a far reaching impact beyond the time of an individual's involvement. For some, choosing to leave services because they feel it is unsafe or unhelpful will interrupt their continuity of care and can negatively impact their recovery. Atom talked about two previous inpatient stays at a now-closed therapeutic community and how this negative experience led him not seeking help when in crisis:

“...I cut myself off from services completely. I got very psychotic and I lived alone like that for about four years, five years.” (Atom)

However, there was positive commentary where people felt that they had formed good working relationships with practitioners, and about the impact of good communication amongst a supportive team.

I was referred to the mental health team...I was actually able to work with a support worker I worked [with] when I'd been homeless...So there was some continuity there in my care in a way...speaking with her was a really positive experience. She was very supportive, non-judgemental and able, able to help. (Atom)

Well the Home Team coming round...And every time, it's always somebody new, they knew, they'd obviously taken notes, the previous person's taken notes, they'd been fed through to the team. And like when they come they said, 'Oh I understand from my colleague who visited yesterday that you're still having trouble sleeping'. So you didn't feel like you had to kinda trawl all the way through what the issues were again because they obviously are a joined up team and they communicate to one another which is pretty amazing really when you think how busy they must be....[it] really felt like they, they kinda knew who you were. (Chelle)

Interviewees highlighted the importance of genuine human connection when accessing mental health support, both in formal medical settings, and in community hubs. Participants talked about a variety of people they'd met when seeking help and support. Everyone has the potential to make a positive impact, whether that's by showing someone around a community hub or delivering care in someone's home.

...we went to the Library and they didn't seem to know that we were coming. They didn't seem to really wanna show anyone 'round. They gave us this bloke and he obviously didn't know what he was talking about cause Helen corrected him a couple of times and then he just showed us round the bottom floor in the library and sort of like well said, 'that's it'. Well that don't tell you what's in the community to help us with our mental health. (Beba)

Summary of findings

The graphic overleaf 'What residents think...' synthesises and summarises findings from both parts of the research. Findings are presented in two sections; as barriers and enablers to seeking and receiving helpful support for one's mental health difficulties.

Both barriers and enabling factors are presented as part of a process for individuals. Reading from left to right, each begins with barriers and enabling factors from the 'starting point' of dominant community attitudes and knowledge about mental health, moving through stages of considering asking for help, and the latter stages of receiving help of different kinds

What residents think about mental health & asking for help

Everyone makes sense of their mental health differently

Our views are shaped by our life experiences, culture, religion and life hardships such as trauma and loss. There is still lots of **stigma and taboo** about mental health, making it hard to talk about for many people.

It takes courage to ask for help

Often, it's not easy asking for help. People want help from those they know and trust, whether they be family and friends, or from health or community services. People are often confused about where to go, and who to talk to, for help.

It's hard looking for & waiting for support

GPs are the first place most people go for help. That's often very useful, but next steps can be unclear. People can feel in limbo, not knowing how long they'll wait (and sometimes, what help they'll receive). People want information about community-based support that can often help more quickly.

The help available doesn't always fit what people need

Support through the health system can be inflexible. Residents want to hear about all the options available, particularly community-based support which can help more quickly. People often have to chase for help, and once they get it, can worry about it ending too quickly. Using services based in other boroughs can be tricky.

Information & awareness

Talking about mental health, and being given good information (including about local groups and community support), is very helpful. To help counter stigma and taboo, people want clear information and conversations about all the types of support available.

Connecting with known & trusted people

Residents talk about their mental health with people they know and trust, who work in a wide range of services such as a library, school or hub. Connecting, feeling heard, and being given time matter the most.

Easy to access support

Residents want mental health help that is easy to access, with as few steps and barriers as possible. They want their options to be explained clearly and with sensitivity to individual and cultural differences, using language they understand.

Flexible ongoing help & support

Residents want meaningful ongoing supportive relationships, and good communication between services. More flexibility is needed, to allow for rescheduling appointments or attending services in other boroughs. Step-down options should be available, and reconnecting with support should be easy.

What helps residents with their mental health

Conclusions

The framing of mental health concerns

Mental ill health intersects with other lived experiences, past and present. Experiences of mental ill health can not be isolated from the impact of the other things that are happening in people's lives. In this study, participants told us about their experiences of significant life challenges and trauma such as domestic abuse and violence, drug and alcohol use, redundancy, loneliness, and migration. When participants talked about their mental wellbeing, they interwove their wider adverse life experiences to explain their journey to accessing helping services, and what was most important to them.

It is clear that there is a high variability in the way each person understands and describes the things that have happened to them, and the way they are feeling. There is a need to prioritise cultural humility when meeting people who are seeking help and support.⁴ Variations in cultural lived experiences will impact the way people frame their mental health and the way they explain it to others. There is an inter-connectedness of individuals' needs, and that individual difficulties are linked to the wider systems, communities and structures within which people live.⁵ However, the way that services are delivered frequently focus on 'problems', not the whole person and their inter-connected lived experiences.⁶ This leaves people having to seek support from a variety of helping services. We frequently hear that people's needs are complex, but it is arguable that there is complexity in the way that support is offered, with individuals left to access multiple helping services and continually retell their story. For many who have personal histories of experiencing trauma, there is a priority to ensure that services are considering these experiences in the way that individuals are met in helping

⁴ Cultural competence refers to practitioners and organisations being able to work effectively and respectfully with people from different cultural backgrounds. In relation to experiences of mental ill health, this means understanding how culture can influence people's experiences of distress, communication, help-seeking and use of services, and adjusting practice and processes to improve access and use of help and support, alongside equity of care. Cultural humility emphasises an ongoing process of self-reflection and learning, in which practitioners recognise their own assumptions and the power imbalances inherent in professional-service user relationships. It prioritises partnership, mutual respect, and organisational accountability, positioning people who use services as experts in their own lived experience rather than viewing culture as something to be "mastered". Further information can be found for example, in Delfish, M. & Chandha, P. (2025) [From competence to Humility: Advancing Culturally Responsive Mental Health Care](#), Lekas, H., Pahl, K., & Lewis, C. (2020) [Rethinking Cultural Competence: Shifting to Cultural Humility](#), Tervalon, M., & Murray-García, J. (1998). [Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education](#)

⁵ Hodges, K. & Burch, S. (2019) ["Multiple and Intersecting Experiences of Women in Prostitution: Improving Access to Helping Services."](#) Dignity: A Journal of Analysis of Exploitation and Violence:

⁶ Ibid

services, as well argued in the concepts of trauma informed care and concepts of avoidable harm.⁷

The medical language and labels used by helping services can seem at odds with the way individuals describe the things that have happened to them and how they feel. There is a mismatch in language and this may create a mismatch in the ways people understand the support available and the ways to access help and support, when aligning language with their understanding of what they are feeling and experiencing.

With a high level of stigma about mental ill health remaining within communities, there are significant barriers to people exploring and understanding what is happening to them and what they are feeling. Whilst much work has taken place over the last 20 years to get people talking about mental health and wellbeing,⁸ there remains underlying stigma and mixed ideas about what mental ill health looks like, what people should do about it, and what support should be available/accessed. This variation in the way individuals frame mental health and wellbeing suggests that a range of messages and terminologies may be needed to communicate amongst a diversity of culture, experience and understanding within the local community.

People seek connection and meaningful relationships

The importance of consistent supportive relationships with practitioners was again underlined in this research. Consistent supportive relationships are well established as a way for service users to feel safe and cared for, with the evidence underlining how absence of consistency in support is a harm that needs to be avoided.⁹ For some, consistency was found in good communication amongst a team, providing a confidence that they were being heard and understood, and not having to retell their story. Whilst we know there are multiple challenges ensuring consistency of support and continuity

⁷ For example, Sweeney A, Filson B, Kennedy A, et al..(2018) [A paradigm shift: relationships in trauma-informed mental health services](#). Scheuner L, Mark I. (2025) [Trauma-Informed Care in the UK: A Systematic Review and Thematic Synthesis of Qualitative Studies](#). BJPsych Open; BJPsych

⁸ For example; the ongoing [Time to Change](#) campaign which begun in 2007, the NHS [Every Mind Matters](#) platform established in 2019

⁹ Carr, S et al (2022) <https://www.avoidableharm.org/>. Carr, S., Hudson, G., & Amazon, N., et al. (2025) [‘A broken system’? Service user definitions of avoidable social and psychological harm in mental health social care and recommendations for its minimization in England](#), The British Journal of Social Work.

of care amongst fragmented services and stretched budgets,¹⁰ there are local good practice examples demonstrating methods to manage these limitations.

We heard a lot about the importance of peer relationships and community support groups. They seemed to be vital and provide support for many. With loneliness and isolation well established as intersecting with mental wellbeing,¹¹ it is evident why groups can be helpful to many. Informal support groups filled in the gaps, and provided a network of support when formal groups came to an end, for example after a 12 week programme.

There was a suggestion by one of the participants to provide a step down option in terms of support, preventing people from falling off 'the cliff' of support. She referred to attending a 12 week group support programme and feeling left without anything in terms of ongoing help and connection. There were also examples of those who were nervous about telling practitioners they were feeling better, for fear of support being removed. Whilst there is mixed discussion about the efficacy of facilitated peer support networks and recovery groups, there is clear space for networks of support to be developed in the gaps of helping provision.

The community groups we heard from were often run in partnership with other agencies such as the local authority, schools, and community centres. When attending these groups, residents were exposed to, and engaged with, other initiatives offered in the same location such as adult classes, information points, or support with other needs through a family hub. There are many examples of 'hubs' and 'one-stop-shops' where support services come together under one roof, and the NHS ten year plan is focusing on neighbourhood health as a priority - although different interpretations of this concept remain.¹²

The link between friendships and other positive relationships (such as family members or a partner) and mental health and wellbeing is well-established in research.¹³ For many of those we spoke with for this study, they'd found important connections in groups set up and facilitated through voluntary, community and faith sector

¹⁰ For example:

<https://www.kingsfund.org.uk/insight-and-analysis/long-reads/tight-budgets-tough-choices>, and <https://www.adass.org.uk/governments-aim-to-shift-health-and-care-from-hospital-to-community-thr-own-into-doubt-by-new-social-care-report/>

¹¹ Nesta (2024) [Investigating the impact of loneliness and social isolation on health](#); Mental Health Foundation (2022) [Loneliness and Mental Health report - UK](#)

¹² The King's Fund (2025) [What is neighbourhood health?](#)

¹³ For example, Mental health Foundation (2016) [Relationships in the 21st century: the forgotten foundation of mental health and well-being](#)

organisations. For some, these connections were in addition to positive family and other relationships but for others who lacked these, the space, support and connection offered via the group was very important.

These experiences connect with the growing application of the concept of social health, where social relationships and connectedness are not just seen as correlated, but key determinants of mental health.¹⁴ Social health is "an umbrella concept encompassing individual connection, community cohesion, and systemic supports for relationship building"¹⁵ It refers to the extent to which individuals and groups are able to, form and maintain meaningful social relationships, participate in social, economic, and civic life, access social resources and support, experiencing belonging, recognition and mutual responsibility within their communities. In the UK, these concepts have been operationalised through community-based interventions including social activities, befriending services, peer support, and area-based empowerment initiatives that are delivered in partnerships between local authorities, NHS services, and VCSE organisations.¹⁶

Accessing help and support: the structured 'clinical' routes to service access

Everyone understands and frames their experiences differently, and there is a need for services to frame their support offer in a way that individuals can both understand what is available and is something that they would benefit from. In enabling individuals to access help and support it is imperative they can understand the things that are happening to them are considered a need by helping services, and that support is available. In addition, we heard that many individuals are affected by stigma and taboos that are operating in families and communities. There is a continual need for criticality and cultural humility to understand the nature of how people explain (or don't explain) the things that are happening and the complexities found in the way individuals frame their experiences.

In this study, few referred to the names of the different support offers available. The language of practitioners and services does not seem to translate to be heard and understood by those accessing help and support. The first port of call for help

¹⁴ Pearce, E., Birken, M., Pais, S. et al (2023). [Associations between constructs related to social relationships and mental health conditions and symptoms: an umbrella review](#). BMC Psychiatry

¹⁵ Bower, m., Fila, K., Lawrence, L. et al (2025) [Climate change and social health: A narrative review and call to action](#). (P6)

¹⁶ Duncane, F., Baskin, C., McGrath, J., et al (2021) [Community interventions for improving adult mental health: Mapping local policy and practice in England](#).

repeatedly seemed to be the GP, but there were inconsistencies in what would happen in the space after this appointment. One participant talked about the limbo and feelings of lack of control when they were unsure what was happening in terms of their care. Barriers and burdens created by systems and bureaucracy are established as an avoidable harm,¹⁷ which need to be addressed.

The process of help seeking is complex. We heard people talk about the courage it takes to seek help and support, alongside reports of minimal help being offered or being left on a waiting list for support. Alongside this we know that frequently people can be unclear when asking for help and support for many reasons,¹⁸ and GP's are limited in time to navigate this complexity in presentation. When people talked about the things that had happened to them, there were arguably experiences of trauma embedded in their experiences.

Improvements to individuals' access to support can be made by understanding the decisions and choices individuals make when seeking help. There is evidence¹⁹ to support relationship-based practice approaches of trauma-informed care, alongside evidence which directs practitioners to consider the impact of previous trauma on help-seeking and responding accordingly.²⁰

There are risks stemming from framing of experiences, understanding the things that happen as needs, stigma and taboos, all intertwined with previous help seeking experiences that can impede both helpseeker and caregiver in being heard and hearing what is happening/needed. Additionally, caregivers such as GP's are unlikely to hold detail on the multiplicity of community support that may be helpful to support an individual. The result is that risks to individual wellbeing may be missed, personal information not shared, questions not asked, and opportunities for helpful referrals and connections missed.

Experiences of mental ill health intersect with, and run concurrently to, other things that happen in people's lives. Whilst waiting for one service, others could be accessed.

¹⁷ Carr, S et al (2022) [Avoidable Harm in Mental Health Social Care - Bureaucracy](#).

¹⁸ McCluskey, U. (2005) [To be met as a Person: The dynamics of attachment in professional encounters](#) (Karnac Books, London).

¹⁹ For example, Sweeney, A., & Taggart, D. (2018). [\(Mis\)understanding trauma-informed approaches in mental health](#); Sweeney A, Filson B, Kennedy A, Collinson L, Gillard S. (2018) [A paradigm shift: relationships in trauma-informed mental health services](#); Elliott, D.E., Bjelajac, P., Fallot, R.D., et al. (2005), [Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women](#).

²⁰ McCluskey, U. (2005) [To be met as a person: the dynamics of attachment in professional encounters](#) Karnac:London and New York.

Recommendations

A better future: what can Barking and Dagenham do to help residents be as mentally healthy as possible?

The Barking and Dagenham residents participating in this study saw mental health worries as part of life, even when their families, cultural or religious communities viewed them negatively or avoided discussing them. While each individual's needs are different, residents told us enough about what helps them to form a vision for a Barking and Dagenham community that is as mentally healthy as possible. Below are the four cornerstones of this vision, and the actions to help everyone in the borough get there.

1. Information that connects: communities have information they can relate to, and that connects them with people and varied sources of support

- Information about mental health uses language that communities can connect with, that reflects their concerns and perspectives, and accounts for their culture and religion
- The way the information is delivered encourages connection and open conversation that breaks down the stigma and taboo that can prevent people talking about their worries
- Information explains the variety of support available in simple terms, and transparently, explaining the benefits and waiting times for different options
- Information encourages people to explore a range of activities and types of support to better connect with others, build their own self-care skills and consider what helps them feel mentally well.

Recommended actions:

- a. Produce information about mental health that uses simple and straightforward wording to explain common conditions and their symptoms, and all the types of help available with clarity on waiting times. Information should be co-produced with community members and patient representatives where possible, and be available in a variety of community languages
- b. Encourage community groups to use the information to have conversations about mental health and wellbeing
- c. Information should encourage readers to explore how they can proactively support their own mental health and wellbeing, by exploring peer groups, activities and volunteering programmes in the community.

2. Any trusted person²¹ can help: residents can talk with anyone they trust about their mental health, and receive a supportive and informative response
- Everyone working in a community-facing service is open, approachable and compassionate, and aware that people from different backgrounds may find it difficult to talk about mental health
 - Trusted people have strong listening skills to encourage conversation, and are comfortable talking about mental health. They understand that residents may have had difficult and traumatic experiences, and can use a variety of language to connect with people from different communities
 - Trusted people know all about the different types of support available, and can talk with residents about the wide variety of services offered through charities and community groups, alongside those offered through the health service and borough council. Where needed, they can help connect residents to these opportunities
 - Trusted people encourage residents to explore how they can help themselves, and can talk about the benefits of a variety of peer groups, volunteering, and social opportunities
 - Trusted people have the training and ongoing supervision they need to enable them to have open, flexible and helpful conversations about mental health with residents, in their day to day work.

Recommended actions:

- a. Those working in community-facing services should be given wide networking opportunities, so they can learn about the variety of services and groups available to residents, and can facilitate connections for residents as needed
- b. Invite community representatives to talk with staff about different cultures and religious backgrounds, and explore how mental health can be discussed sensitively and respectfully
- c. Explore co-location of services and groups wherever possible, to increase staff and resident awareness of what is available, and to smooth resident access to a variety of services and groups

²¹ At time of writing, there is no widely used or accepted definition of the term 'trusted person'. We use this phrase because research participants' repeatedly referenced the importance of receiving help from people they trust and can talk with, who are usually working or volunteering in an organisation or service they access. Trusted people were able to listen well, give their time, and share information with residents (and in some instances, support a referral to other services). [Young Minds' research](#) and [Cambridgeshire Insight](#) have developed useful definitions of this term for their own purposes that incorporate similar ideas.

- d. Commission specialist training for all community-facing staff, to strengthen their engagement, listening and helping skills, and to build their understanding of different cultures and religious perspectives on mental health
3. Easy-access support: help with mental health concerns is easy to access and navigate, and offers a supportive relationship with time for residents to feel heard and understood
- When a resident asks for help with their mental health, no matter who they ask, nor in which service or building, they can expect to be given enough time to talk about how they are feeling and what they're thinking, and help is offered with patience, compassion and cultural sensitivity
 - The wide range of options available (including those offered by charities and community groups) are explained clearly, along with typical wait times and information about the way support is usually given. Residents can ask questions to make sure they understand their choices, to help them determine what is best for them
 - When wait times are significant, and/or the resident wants more immediate support, 'while waiting' support options are explained and connections made with relevant organisations or agencies at that time
 - Help is simple and easy to access, and doesn't require lots of steps or stages to navigate
 - Everyone offering help to residents has training and ongoing supervision to enable them to offer compassionate conversations, to listen openly, and to convey non-judgemental acceptance and understanding
 - Those in specialist roles have training on working therapeutically with people from diverse backgrounds, that explores the impact of trauma, personal bias and how common mental health concerns can be viewed and seen in different cultural or religious communities.

Recommended actions:

- a. Every door is the right one: this approach requires a cross-sector partnership commitment at its foundation, with aligned leadership and shared goals
- b. 'While waiting' offers are developed and readily offered to residents whenever there is a wait for a particular mental health support option
- c. Train those helping residents on the impact of trauma, loss, deprivation and other adverse life experiences on individuals and communities
- d. Train those helping residents on cultural competence and how to offer therapeutic conversations that sensitively explore and account for cultural differences

- e. Provide ongoing supervision to helpers, offering facilitated space to explore their work and questions they have, including time to explore their own bias, assumptions and privilege, so they can adjust their approach to better connect with the community members they are supporting
 - f. Build information about the range of services and supports available; in the health system, via the local authority and through charities and community groups into current networking opportunities
4. Flexible ongoing mental health support: residents can access services when and how they need to, without fear of losing the support they need
- Support is offered flexibly, and able to accommodate resident needs such as rescheduling appointments or attending a service in another borough or care system area
 - When residents need ongoing help, they are supported to think about their ongoing needs and offered 'step down' and/or community-based support before their current help ends
 - Should residents need to access help that they've previously used, reconnecting with that previous support is straightforward and involves few steps

Recommended actions:

- a. Services should review their processes and systems to enable residents to reconnect with the service again as needed, to continue attending should they need to reschedule an appointment, and to enable their access to services in different care system areas
- b. Services should build-in a step-down stage for each individual, to ensure there is no 'cliff edge' when their current help ends. This should include exploring the role of community groups, peer support, and volunteering
- c. A route for reconnection is developed in each service, to prevent residents having to 'start again' asking for help.

On the following page, the four action areas are depicted together in an infographic. The graphic emphasises the interconnectedness of the recommendation areas, and the centrality of numerous types of 'connection', as described in recommendation one. No single recommendation area can be enacted alone; each agency, organisation or group will benefit from considering how they can take part in all four action areas.

Actions to strengthen mental health in Barking and Dagenham

