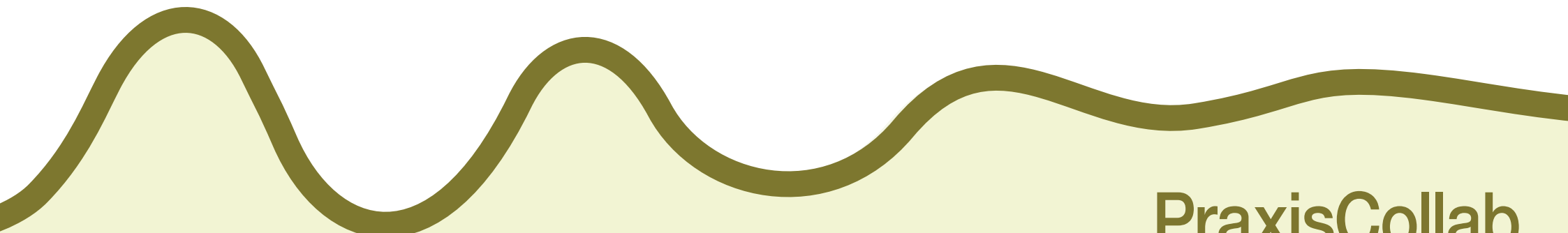


Research into the lived experiences of
borough residents about mental health
and wellbeing, and their use of services

February 2026

A decorative graphic consisting of a thick, dark olive-green wavy line that spans the width of the page. Below this line is a solid, light olive-green rectangular area.

PraxisCollab

Foreword

The Public Health team in London Borough of Barking and Dagenham (LBBD) commissioned research to further explore resident attitudes and experiences of mental health and wellbeing, and their accessing of support, to better understand the needs of residents and inform place-based strategy, system and service development.

The aim of this research was to:

- understand different communities and experiences relating to mental health, including cultural understandings and experience
- gather insights into residents' attitudes towards mental health and wellbeing services, with an emphasis on the challenges and barriers they face when accessing support;
- set out recommendations as to how residents can be supported in the future to access available mental health and wellbeing services and support.

About the research

This qualitative study was designed to engage residents from across Barking and Dagenham in conversations about mental health, asking for, and receiving help. This was done through a series of workshops and 1:1 interviews in September/October 2025. The research explored residents' attitudes to mental health, their views and experiences about services and sources of support, cultural and religious perspectives, barriers, and gaps in services. 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 levels of experience with accessing mental health support.

With the help of local organisations, borough teams and health service colleagues, we heard from a total of 75 people, aged from their 20s to 80s, from a wide variety of backgrounds. We spoke mainly to women, and found it difficult to recruit men to the study. In total 14 men took part, approximately 19% of participants.

We took great care with our research approach to make sure residents in workshops and interviews gave meaningful consent to participate. Researchers explained the project, our research questions, and what participants could expect. Participants were able to stop their participation at any time, and asked only to share what they felt comfortable with. They were also told how they could access support after the workshop if needed. The findings presented here are based on this small sample, and blend what we heard in workshops and interviews. All names are pseudonyms to provide anonymity to participants. Recommendations focus on what Barking and Dagenham can do to help residents be as mentally healthy as possible, whatever type of help they might be looking for.

Acknowledgements

We would like to thank all the Barking and Dagenham community members who spoke frankly to us about their perspectives, understanding and experiences of mental health, and looking for and receiving help. Your views and experiences form the backbone of this report.

We would also like to thank the organisations large and small from across the borough that partnered with us. Your support and interest in the research enabled us to hear from diverse individuals across the community.

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. Our team members have significant experience in leading community support services and have trained in psychology and social work. We are a community; we provide uniquely collaborative research and evaluation, organisational development and learning, alongside offers of reflective practice and 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

MESSAGES FROM THE RESEARCH

Thoughts about mental health and asking for help

Everyone makes sense of their mental health differently.

Residents participating in this research each brought a very personal understanding of their own mental health that depended on their cultural background and life experiences. Family attitudes, religious norms, and experiences of trauma and adversity were some of the factors shaping how residents understood and talked about their mental health, including the way they describe the things that have happened to them, and the way they feel. This creates a potential mismatch between the way individuals talk about and makes sense of their own mental health and wellbeing, and the language and descriptors frequently used by helping services.

A distinct commonality, however, was how residents talked about the negative associations the term 'mental health' often held for them, with varying levels of **stigma and taboo** across the diverse range of communities in Barking and Dagenham. They used words or phrases such as 'crazy', 'mad', 'paranoid', or 'not normal', to describe how they felt mental health concerns were viewed. 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.

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)

"...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)

Younger residents, however, spoke about what they saw as a shift in attitudes to mental health by their generation, which encouraged more openness and conversation, and held less stigma. They told us how in places like schools and at work,

...It's okay to speak about mental health. As younger generations, we need to do better to normalise talking about mental health.' (Workshop participant)

MESSAGES FROM THE RESEARCH

It takes courage to ask for help

We heard that seeking help is a complex individual process that takes courage. Factors such as stigma, how individuals are feeling and the impact of their experiences can contribute to making it difficult to ask for help. The reasons people may seek mental health support are varied; residents told us about life experiences or adversity such as loneliness, trauma, loss, abusive relationships, and witnessing or experiencing violence as contributing to their need for support. Alongside needing to find the courage to seek help, residents also talked about being faced with additional challenges in the confusing process of accessing support.

When people had found the courage to ask for help, they felt that sometimes minimal support was offered, or they were left on waiting lists for long periods. Often, residents told us they were unclear on how to ask for help, with many turning first to friends or family, who are not always able to help. While there are lots of different types of services, it can be confusing to know what to do and who to talk to.

...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)

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)

It's hard looking for and waiting for support

Looking for and waiting for support can be difficult. The GP surgery was frequently the first place people went to. While many residents found talking with their GP helpful, they were often unclear about the next steps, the type of appointment or service, or how long they would have to wait, all of which could leave them feeling in limbo. Some residents told us that at this stage, they would have appreciated their GP telling them about the full range of options available to them, especially community-based services that could offer support more quickly. Residents were left to find this out for themselves.

Access to help was further complicated when individuals were accessing support from services that crossed borough boundaries. The bureaucratic barriers residents described increase the complexity of accessing help, and can make seeking support feel burdensome.

MESSAGES FROM THE RESEARCH

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)

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

The help available doesn't always fit what people need

Accessing support often happens through structured, clinic-based routes, but participants wanted to hear more about the full range of options available, particularly community-based support. Residents described practical challenges such as digital processes or language barriers, and the need to follow up on referrals or chase information about their care. Some worried about support ending and how difficult it might be to access

help again if needed, while previous negative experiences could make it harder to trust services and feel safe asking for help in the future.

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)

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

MESSAGES FROM THE RESEARCH

What helps residents with their mental health

Information and awareness

Residents were keen to talk about mental health and wellbeing in a supportive and non-judgemental environment, finding it positive and helpful to explore their own thoughts and hear those of others in their peer group. To help counter stigma and taboo, they wanted clear information and conversations about the types of support available, both through the health system and in the community.

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

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

Connecting with known and trusted people

People want to talk about their life difficulties and mental health with people they know and trust, in environments that

accept concerns about mental health as commonplace. Consistent, supportive relationships with caregivers help residents feel safe and cared for, as do peer relationships and community support groups. They provide important connections, especially for those without strong family or personal networks. Many of these connections are found through groups run by voluntary, community, and faith sector organisations.

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)

...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)

MESSAGES FROM THE RESEARCH

Easy to access support

Residents want mental health help that is easy to access, with as few steps and barriers as possible. They want services to explain the support available clearly, and with sensitivity to individual and cultural differences, using language that is understandable and makes sense to them. Ease of access also includes support with digital processes or English language where needed. Feeling heard, seen and understood were important aspects of accessible help.

..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)

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)

Flexible ongoing help and support

The best types of help are flexible, and offer meaningful opportunities to connect and feel heard. Residents highlighted

the importance of consistent, supportive relationships with caregivers, which help people feel safe and understood. Good communication within teams provided reassurance and reduced the need for individuals to retell their story. Peer relationships and community support groups were also valued, helping to reduce loneliness and provide support when formal services ended. Participants suggested that step-down or ongoing community-based options could prevent people from losing support too abruptly.

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)

...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)

On the next page is an infographic that summarises these findings.

What residents think about mental health & asking for help

Everyone makes sense of their mental health differently

Residents' views are shaped by their 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 support. 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-access support

Residents want mental health help that is easy to access, with as few steps and barriers as possible. They want their options (including 'while waiting' support), to be explained 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

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

What would a system that supports all Barking and Dagenham residents' mental health look like?

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 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 person 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
- 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. Time 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
- 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.** Train those helping residents on the impact of trauma, loss, deprivation and other adverse life experiences on individuals and communities
- C.** Train those helping residents on cultural competence and how to offer therapeutic conversations that sensitively explore and account for cultural differences
- D.** 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
- E.** 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 next page is an infographic that summarises these findings.

Actions to strengthen mental health in Barking and Dagenham

