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Start in Salford

An evaluation of Start-in-Salford's Mental Health Support Groups from a Service User Perspective

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Start in Salford Report: An evaluation of Start-in-Salford's Mental Health Support Groups from a Service User Perspective

A Research Report

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A qualitative study commissioned by Start in Salford to compliment their quantitative data

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1. INTRODUCTION

The aim of this project was to evaluate the experiences of service users using a number of groups organised by Start in Salford. In particular the focus was on evaluating the experiences of those using the Start in Salford Mental Health Drop-in/ support groups (MHSG) (Salford Links and Broughton Hub), The Community Engagement Recovery Team (CERT) Men's group and the Cromwell House User Group (CHUG), a service user led group, from the perspective of group members.

1.1 Objectives:

- To explore, from the perspective of members of the groups, what aspects of the groups enhance their mental health.
- To identify what issues, if any, related to the group they would like to change.
- To consider the longevity of the groups and how this might best be executed.

1.2 A brief overview of mental illness in context

Mental ill health affects 1 in 4 of the population. In the UK almost 50% of illness diagnosed among working age adults can be attributed to mental distress (London School of Economic (LSE), 2012). Depression and chronic anxiety are the two most prevalent mental illnesses in the UK, accounting for approximately £12billion a year in lost revenue (Layard, 2006). In 2013, 11.9 per 100,000 population completed suicide, equating to 6,233 deaths in those 15 years old and above. The rate of suicide for men was the highest since 2001, with the age range 45-59 being most at risk (Office of National Statistics (ONS), 2015). While targets for 2015-16 require the NHS to provide appropriate therapy for 75% of people within 6 weeks of referral and 95% of people within 18 weeks, only 24% of those experiencing anxiety and depression receive intervention (DoH, 2015). Voluntary sector mental health services often address gaps in statutory provision for those who experience psychological distress.

1.3 Start in Salford

Start in Salford is an Arts & Wellbeing Charity. Established twenty two years ago it is contracted by the Salford CCG commissioning board to deliver support to those who are, or have experienced mental health problems. Start in Salford deliver a range of mental health services which provide emotional wellbeing and recovery interventions and training opportunities through creative arts-based and horticultural activities to vulnerable individuals and their family members in Salford. The programmes aim to build resilience and are directed to improving and enhancing the quality of life, health, wellbeing and social integration of particular groups within the local community. Start in Salford works in close partnership with the statutory and voluntary sector health and social care agencies, who refer people with long term primary and secondary mental health issues. All of Start in Salford's programmes aim to increase community participation of those who, through mental health problems, maybe isolated or excluded, enabling them to contribute to the communities in which they live, leading to an increased sense of belonging and participation within society.

While Start in Salford regularly use tools that enable them to collect quantitative data regarding their attendees, for example the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), what they

believe is missing is qualitative data, specifically the perceptions of those using their services. Effective mental health care is predicated on understanding the lived experiences of those using services in order to provide sensitively attuned therapy (McAndrew & Warne, 2012; McAndrew et al., 2014). Almost 20 years ago, the Mental Health Foundation (1997) reported that people requiring mental health services need; somewhere to feel safe and accepted, a place where there is someone to talk to when distressed, help in managing feelings, and support from someone who is willing to listen. Contemporary mental health services are orientated towards improving outcomes for those who use services through ensuring they have a positive experience of care and support wherever it takes place (DoH, 2015). This evaluative study will provide Start in Salford with opportunity to gain insight into how people experience the support groups they provide and how, from the users' point of view, such groups might be best managed in the future.

2. METHODOLOGY

This is a qualitative study using focus groups as a way of collecting data. Qualitative research is grounded in a philosophical position that focuses on how people understand experience and interpret their world (Mason, 1996). Qualitative methods seek to explore the complexities of human experience by recognising the multiple realities constructed separately by each individual (Denzin & Lincoln, 2000).

2.1 Recruitment of participants

Purposive sampling was used to recruit those attending one of four established groups in Salford. The four groups include; two mixed gender facilitated groups, one male group and one service user-led group. A short letter of invitation was given out by Start in Salford staff to all those attending each of the groups (appendix 1). The letter of invitation briefly outlined the study, the date and time when the group would take place and gave the contact details of the researchers if potential participants would like to know more. Additionally, those working for Start in Salford who either facilitate or help organise the groups had access to the participant information sheet (PIS) (appendix 2) if people wanted more detailed information before they contacted the researchers. Prior to participating in the focus group the researchers took responsibility to ensure those agreeing to participate were aware of what they are being asked to do and written informed consent (appendix 3) was gained. Prior to the group starting each participant was asked to complete a short questionnaire requiring demographic information (appendix 4).

2.2 Inclusion Criteria

Adults who have regularly attended one of the four groups included in the study. Recruitment to each group was done on a first come first serve basis. Once appropriate numbers for each groups was reached, any other person interested in taking part was offered the opportunity to complete a questionnaire (appendix 5) mirroring the topic areas for the focus groups (appendix 6).

2.3 Data Collection

Data was collected via audio-recorded focus groups. Focus groups are not simply a discussion between people, but are focused interviews exploring interactions between participants (Krueger & Casey, 2009). For the purpose of this study, four focus groups each aiming to recruit 8 - 10 participants were organised. In addition, for those who were not able to participate, either due to numbers being reached or for personal reasons, they were offered a package containing the PIS (appendix 2), and the demographic (appendix 4) and topic questionnaires (appendix 5) which they could complete and return in a stamped addressed envelope by a specified date directly to the researchers. The questionnaire regarding the service mirrored that of the areas to be covered in the focus groups (appendix 6). By returning the completed questionnaires consent was assumed.

Both researchers facilitating the focus groups have experience in conducting research in this way, and in the arena of mental health. No one from Start in Salford was present during the group. Each group lasted for approximately 90 minutes and took place at premises used by Start in Salford that participants were familiar with. At the start of each group participants were reminded about their right to withdraw from the group at any time and also about keeping confidentiality regarding what was discussed within the group.

2.4 Data Analysis

Data generated from the focus groups was fully transcribed by OUTSEC, a firm validated by the university to undertake confidential transcription. Any reflective notes captured during the focus groups formed part of the data, as did the demographic questionnaires. Thematic analysis was used on the transcripts from each group and undertaken independently by each of the researchers. Findings were then shared and a consensus, in terms of themes, was agreed. Following this, commonalities and divergencies emerging across groups were analysed.

3. FINDINGS

All those who showed an interest in participating in the research were facilitated. In total 23 people participated in the study, 21 taking part in one of 3 focus groups, and 2 people had individual interviews. The 3 groups consisted of MHSG –Salford Link (7 attendees); The CERT Men’s Group (9 attendees) and the MHSG – Broughton Hub (5 attendees). While the researchers arranged to hold a focus group with the CHUG and another service user group that takes place on a Friday at Broughton Hub, only 1 person from each group came forward to participate in the focus group and therefore each was interviewed individually, their responses contributing to the overall findings of this report.

3.1 Demographic Information

Of the 23 people who participated, 16 completed demographic data forms providing the following information:

Males – 11; Female – 2; Not completed - 3

White British – 9; British – 3; White – 1; Polish/British- 1; C of E -1; White Christian - 1

31-50 - 3

50-65 - 9

+65 - 4

Registered disabled – 8; Not register disabled – 7; Did not declare - 1

Living alone – 8; Living with family – 4; Living with partners – 2; Living with others - 2

Declared no physical illness – 8; Had physical illness - 8: these included: high BP & Cholesterol; back injury; osteoporosis; joint problems; arthritis; COPD; emphysema

Receiving treatment for mental health problems – 14; Not receiving treatment for MH problems – 2

3.2 Data from Focus Groups/Interviews

The questions used during the focus groups centred on 3 main questions: What does coming to the group offer people? What impact does attending the group have on their mental health? What more, if anything, would they like from the groups?

1. What does coming to the group offer people?

In answering this question there were several recurrent themes, these included; friendship, social interaction, motivation, peer support, opportunity to develop skills (social and others), safety, common purpose, sharing experiences to help each other, learning new things and looking after physical health. Participants also believed the groups to be non-judgemental and therefore a place where they felt safe.

Structure and opportunity

Firstly what people appear to get from attending the groups is structure and opportunity to engage in different activities. Occupying the mind is important in diverting attention away from negative thoughts which often accompany mental illness, while structure can introduce purpose and meaning to a person's life. Both of these strategies are evident in the following quotations;

"These places give people a sort of focus and it's sort of, there's a reason to get up in the morning, there's a reason to go out and it gives you like a structure."

"What this particular place here has got is a combination of different things going on. So it's got an arts and crafts stall going on that [staff name] runs, it's like a social table, a bit of chat, talk and they've got food that people can eat and a pool table that people can release some stress on."

"It's got multiple different things here. The few drop-ins that I've been to in the past tend to just have one thing going on and if you're not into that one thing, that's when you think not to go back, this place is great because it's got multiple things, it's got something for everybody."

"On a Monday I get excited, on a Monday and a Wednesday I get excited...I'm going to meet these people and I'm going to see [staff name] and I can have a chat if I need one. You know psychological support."

"I enjoy coming here and being able to talk to the staff."

While having structure and diverse activities contributes to good mental health, another important facet of the groups is having opportunity to talk to staff. Knowing staff are on hand to talk can provide security for those who experience mental health problems. Feeling comfortable, safe and secure, and not being judged, was an important priority for those attending the groups.

Comfort, safety, security and not being judged

Situations that give rise to feeling comfortable, safe and secure come from the people they come into contact with at the groups. Such feelings are based on interpersonal interactions and the subsequent relationships that develop.

"It's brilliant because through coming to these groups I've been able to access people I didn't know existed."

"Nice people, down to earth people. And that's what I like about these people, they're down to earth. No one feels that they're above anybody else."

A starting point for developing relationships within the groups appears to be the shared experiences of its members. Knowing you are not alone and you will be accepted by peers enables relationships to flourish.

"We know it might be different, we all know we're all sort of in the same situation so it makes everybody feel a bit more comfortable. There's no sense of rejection or anything like that."

“When you’ve got a group like this it’s not, people don’t treat you, it is sort of confident between us, mental illness, you can come, you can engage with people, build relationships, build social confidence, but in the outside world I don’t think people...people do tend to be a lot more judgemental and a lot harsher and if they spot a weakness. There isn’t that threat in groups like this.”

A number of participants delineated between the ‘outside world’, which they considered judgemental, and the world in which they inhabited through the groups.

“It’s non-judgemental, we don’t judge each other in any shape or form.”

“There’s no judging or anything like that, so you sort of feel part of a community.”

“Well, I like to be with the people, I mean, I feel as though I’m not being judged here or people are looking at me and being condemning.”

“It’s because you know you’re not going to get judged. You know you can go somewhere, where there’s a safe environment and even though everybody’s diagnosis might be different, everybody’s got that common thread and it makes you feel like you sort of can be a bit more social, you can be more confident, and you know you’re not going to be judged.”

Not being judged and having commonality was of primary importance to most of the participants and appeared to lead to a sense of belonging.

“What these places give you, especially people from mental health backgrounds, there’s a sort of security in the fact that everybody’s got some sort of issue..... these places have that sort of security and a sense that we all belong in a sort of a community.”

2. What impact has attending the group had on your mental health?

In answering this question there were a number of key themes that emerged within the groups. Within the groups there were two overarching themes (A) the direct impact coming to the groups had on their mental illness and (B) the impact attending the groups had for them personally. With regard to the former the groups were considered to play a central role in keeping people out of hospital and/or using NHS services, they provide respite, enable problem solving, promote physical and mental health wellbeing, and offer opportunity to reduce medication. In terms of the latter, personal impact, there was consensus within all groups of the following; preventing social isolation, building social skills, self-confidence and resilience, promotes community engagement through removing barriers and helping to 'normalise' the lives of people attending and it facilitates feelings of being in a safe environment.

A. Impacts directly affecting mental illness

Participants talked about a range of issues directly relating to their health and wellbeing. They recognised the connection between mental and physical health;

"It's (attending the group) not only for your mental health, but also for your physical health. Cos if you're isolated you don't go out, you don't exercise, you lose the motivation, you say well what's the point in eating healthily."

"My physical issues cause my mental health to be a bit sort of unstable a lot of the time. And this environment is great because there's no expectations, there's no sort of, you can just be exactly who you are."

There was also a sharing of ideas regarding mental health issues;

"If I didn't have this place I wouldn't have anything and I think my mental health would deteriorate."

"It's helped so many people... I think a lot more people would be ill if these things are not here."

A few participants talked about more specific mental illnesses;

"I started to do various things and going to various places even as far out as Manchester which I wouldn't venture as far as there at one stage. If it wasn't on my doorstep basically I wouldn't be going that far out. But now I do voluntary work and things, I'm doing courses."

The participant above raises the issue of not being able to venture out and how being part of the group has enabled them to not only address this, but also to feel confident enough to undertake voluntary work. Depression also featured strongly in the groups;

"You know I suffer with depression sometimes and motivating yourself when you feel low is really, really, really...you don't see the purpose of even having a shower and looking after yourself. But when I come here its like, there's a reason to do those things."

"If someone's got mild depression that could take them to some...it's actually.. we're sort of a preventative thingy aren't we in that case, because if you leave them and let it fester, you are going to end up in [NHS facility] and that's an expensive treatment."

"I've not been in [mental health facility] since I've been coming to this group."

Likewise, a number of the groups discussed the role of attending the groups in relation to medication;

"I was taking anti depression tablets for my depression, but I found they didn't seem to work for me. They don't work for everybody. But coming to places like this can replace anti-depressant tablets. Do you know what I mean, because you're stimulating your mind with positiveness instead of sitting at home and being negative. So your mind's opening up and it's becoming more bright and more active. So it's replacing the anti-depressants if you see what I'm saying. So it's like a medication in itself."

"I've got something going on now that's keeping me going, keeping me thoughts away from negatives, so I can start reducing the anti-depressant tablets and then if you start adding more things, activities into your life, maybe one day you won't need the anti-depressant tablets."

"Throwing tablets at people that's great and if it has positive effects, great. But if it's just that on its own, and people don't go out anywhere, it doesn't matter what you take. Eventually you become isolated and these places help pull that isolation apart and get you kind of more social structures."

The quotations above demonstrate recognition of treatment for mental health problems is more complex than merely taking prescribed medication. Participants' acknowledged the need to have structure in their lives and the importance of not being socially isolated. Sadly, one participant was able to articulate one possible consequence of social isolation;

"Cos if you was at home in four walls and then you're getting bored.....And you start thinking what am I on this planet for? What am I alive for? Where do I go from here? You're going through the window or something stupid like that. Whereas being here, having your thoughts in a different direction...with people around you."

Suicidality remains a problem in the UK, especially among men in the age range of the majority of participants in this project (45-59). While research around suicide is always challenging, the risk of ignoring the importance of social interaction is too great a risk to take.

B. Personal impacts of attending the groups

One of the main personal impacts reported by the groups was that of building confidence.

"There are a lot of the confidence problems, it's very hard for us to do things individually, on our own, we have to have somebody to initially make you feel more confident to do certain things."

"I think you get more confidence out of these groups when you're out there on your own. I think you get more confidence about coming to these groups and although you don't make conversation with people it gives you more confidence to go into a shop on your own and buy something."

"Oh yeah definitely because without these places where, we wouldn't get out so you'd never get, you'd never be able to go anywhere where you can get some of your motivation back and get some of your confidence back and things like that. We'd just be sat at home and then when you're sat at home your confidence goes, your motivation goes, your health goes."

The last quotation above, links are made between confidence to motivation, with one promulgating the other. This is further demonstrated in the quotation below whereby the participant acknowledges how such confidence and motivation can impact on your personal life;

"I know in my experience going to groups like this it spills over to your private life. I've been given the confidence and support to access a place in [local town]. I did Tai Chi there for about a year, loved it, great. I've just recently used the internet, I was scared stiff of the internet, I didn't have an email address, I've always wanted one, but through coming here I found out about the job club on a Thursday, and I use that to use the internet. I've got an email address now. I've emailed [named voluntary organisation], I'll be going for an interview shortly cos I fancy doing a bit on the 'Knocking On Service'."

One person articulated how, through having mental health problems, she had felt disempowered;

"See I want to speak for people that haven't got a voice. Because I didn't have a voice and I kind of, when you've got a mental health problem you feel disempowered."

Experiencing disempowerment can in itself be debilitating, further compromising a person's mental wellbeing. In addressing this difficulty people initially need to feel secure and safe. For a number of participants safety and security were important facets of the groups they attended.

"The minute you walk in these places you're at ease."

"Outside, if you want to call it the real world, it's very judgemental. You have to be really, really careful about who you talk to, cos you don't know how they're going to react to you. Safety factors. The emotional, physical...personally for me anyway it's the emotional and physical safety side of things, I can talk about things and people are not going to blow up in my face and go you can't do this, you can't do that, you can't say this, you can't say that. So it's a safety factor you don't get outside of mental health if you've got mental health problems."

Safety may have particularly featured in response to ongoing stigma with regard to mental illness.

"If you mention mental health, never mind mental illness, people clam, shy. They don't want to be associated, think it's contagious."

"I mean people just walk, people if they know you've got a mental issues, people will cross the road."

As well as recognising social stigma, participants also acknowledged they also created their own barriers;

"Part of the trouble with, when you're on your own you actually put up your own barriers. When you start to engage with people you start taking down the barriers."

Overcoming both social and self stigma is not easy, but participants were able to recognise how by attending the groups they can move forward and re-engage with society;

"It leads on to another activity which opens the door to another activity and sooner or later you're almost engaged in the community again, or engaged in society again."

Knowing they can re-engage in the community and/or wider society appears to bring hope;

“There’s light at the end of that tunnel. And even if it means that you’ll come to a centre like this for support for the next however long, it doesn’t matter.”

“You’ve still got a purpose.”

Additionally, participants did not see attendance at the group as the end in itself;

“We meet together cos we’ve got a common interest, or a common need, but we’ve all got, we’ve got other elements of support that are grafted on to it. It’s not an end in itself.”

“I think it’s crucial cos I don’t want to stop here now I’m feeling a bit stronger you know, cos I’ve done the hospital bit, I’ve done, and I’ve been through some really horrible, horrific experiences, and when you get a little bit stronger it’s quite important to kind of help others that are going through the same.”

As well as not being an end, attending the groups appears to promote altruism, as suggested in the above quotation, and brings self belief;

“I’ve been doing things here for two years, at different venues, but two years, the things I do here, I do at home now. So I’m never idle. And you get a bit more belief in yourself. You do get a bit more belief. It’s not about being the best, but it does give you a sense of achievement and also satisfaction and a bit of belief in yourself. That’s the way I see it.”

It is all of the above experiences outlined in this section of the report that are important for re-establishing good mental health and believing in one’s self as ‘normal’;

“Normality is the key word for me. For us all. To feel as normal as possible. Regardless of the fact that we’ve got a mental health issue, we all need to feel that normality and not stigmatised.”

“You can go in Tesco and have a drink and I still feel like a fish out of water.... Whereas when I’m here it’s like we’re all swimming in the fishbowl. We’re all the same kind of fish in the same kind of pond. You know that’s the difference.”

3. What more, if anything would you like from the group?

Answers to this question fell into two distinct themes – (1) greater and more accessible provision of the service and (2) funding.

1. Greater and more accessible provision of the service

There was a consensus across the groups that more places providing a similar service need to be established and such services should be advertised so they are accessible to all.

“And the accessibility and the availability of more of these places, more widespread.”

“There needs to be more of these places in more accessible areas. If you live in Eccles brilliant, if you don’t, not so brilliant.”

Advertising the groups appeared to have been a challenge which participants were keen to address;

“If people don’t know about these places..... most of us didn’t until we came here with somebody else who was already coming here.”

“And I think there needs to be a lot more input with telling people where these groups are.”

Part of the enthusiasm with regard to promoting the service was due to its ‘playing down’ being a service that supports people with mental health problems;

“It was the best thing ever that they shut places like [NHS mental health] Day Centre. Because it’s a day centre it’s got stigma attached to it. If you go to a day centre you’re ill.”

“There’s no sign, nothing saying what it is, and that’s good because there is no stigma”

“What I like about, more than anything, about the place is nobody knows outside. There’s no sign outside the building saying what this place is... it’s your normality. You feel like, you want to be as normal as possible.”

In addition to the above, participants want to increase the number of groups;

“More days, three or four days a week.”

“Maybe we could have more outings, get people more involved.”

“If I could change things within the group, I would make it so that there were more things going on in the group and more group meetings, instead of just twice a week and we’ve just lost the Saturday group.”

2. Funding

Participants in all of the groups were not naïve to current funding issues and the threat of cutbacks within Health and Local Authority services.

“Funding is a big issue so... services have lost staff there’s fewer people trying to do more things..... It will make anybody anxious.”

“Money’s such an issue, obviously with the way things have been cut for mental health services, there’s always that fear that these places are going to get their funding cut completely. And then they’re going to close. So we obviously have that fear so we have to find ways of income generation.”

Whilst participants expressed their concern over funding cuts, and the fear this brought to them, they also recognised some of the complexities inherent in funding.

“I think it’s important that these groups stay open and exist for as long as they can. They need more funding, also that money’s always the main issue, people need to pay people to run it, people have to live as well.”

“The people who fund it sort of, they basically set up...in order to keep getting the funding you’ve got to prove that people are moving on, into other things, but if there are no things to move on into...You’ve got to prove what they’re worth if you like, it’s value.”

The above quotation demonstrates some understanding of what needs to happen if funding is to continue, while the quotation below indicates a willingness to help out as appropriate;

“One good thing is we started to be charged so the group will kind of be generating at some point, we’ll have some money available because now we’re all paying a pound every time we come...And hence why they’ve done the food [for them to buy] as well.”

4. Discussion

Before embarking on a brief discussion of the evidence presented above, it is worth considering some of the data offered by CHUG and CERT Men's Group, the latter also now being a user-led group. Rather than conducting a focus group with CHUG, a one to one interview was carried out with a volunteer and member of the group. The reason for this was poor attendance on the part of service users, with the participant explaining there were often more volunteers than service users attending the group.

"There's more volunteers than service users come on a Friday."

The participant suggested a couple of reasons for poor up take among service users of the group;

"Well, there's no activities on, we've got to create activities for service users. I've had a few suggestions but they don't want to do things."

"Well, the only reason they don't come is because there's no staff, that's the reason. But we're trained volunteers."

While the latter may have been difficult for the participant to voice, the consequence of poor attendance must also be difficult to accept;

"We're going on a trial until March, to see if it improves. If it doesn't we have to close it and only open once, twice a week."

Being a user-led group with little or no input from statutory and/or non-statutory services can be difficult, as highlighted above (section 3.2) staff support can add safety and security to a group particularly where there is vulnerability on the part of group members. In contrast to CHUG, the men's group have been more successful in moving from a staff supported group to becoming a user-led group.

"We come under the umbrella of Mental Health Greater Manchester West. We have done for many, many years. But basically we run it ourselves. We never see them. We don't need to. She [member of staff] might pop in once every blue moon and we send her a couple of sheets about attendanceshow what we're collecting, what we paid out."

"At the start of things you always need someone to help you start things up, but when you get to a point where you become confident with the routine, confident with the building, confident with the people, confident with how things work and then they [staff] start to sort of drift away, then you drift in."

"And we've got an unofficial chair, secretary and treasurer at the moment which will be official in a few weeks because of all the cut backs we decided to constitute ourselves and become a constituted group. The constitution is done, basically ratified between us. We have our first AGM in a few weeks' time. Then we can apply for a little bit of funding so we can take other people on."

“So we’re making our own rules who can come so in the constitution we’ve put people from the doctors can be referred here, people from Start can be referred here and still people from Greater Manchester West, but we can only do so much if you’re not getting enough money. We can’t get a bigger room.”

While the men’s group have moved forward with the running of the group, they are very aware of the challenges they face with regard to the future;

“Because if somebody comes in and they kick off and we can’t control them, we don’t have anybody official to help us out. So we do have to sort of find ways of making the group safe. And that’s not easy because everybody’s got different issues.”

In the above quotation they raise one difficulty they may encounter which prompts the participants to think about other support they have had, and could need in the future;

“You realise there are sort of experienced practitioners, we’re almost like relying on them to offer a triage service aren’t we. Where, I suppose I wouldn’t have an objection, if you’ve got that triage service and they refer people I think what we’d feel is they’re sending someone appropriate, they’re not sending someone to an environment that we can’t cope with.”

“If we lost the [name of building] would we have to come here or would we have to go and get another building somewhere else. We don’t know those things will have any guarantees, but at least we know there are people [staff] here that we can talk to about it and say what’s the possibilities of this happening

It appears from the evidence presented within this report that the mental health support groups run by Start in Salford have an important role to play in supporting people with a range of mental health problems. The groups appear to provide what could be considered the foundations of mental wellbeing, namely those identified within Maslow’s hierarchy of needs; physiological needs, safety, a sense of belonging, and esteem (Maslow, 1954). Whilst some of the groups appear to be thriving, one of the groups, namely CHUG, is struggling. The main difference between these groups appears to be the level of input from staff at Start in Salford, either in terms of providing activities and/or psychological support. That said, the men’s group have successfully made the transition from supported group to one of user-led, this has necessarily been a long drawn out process and there remains some future unknowns that the men will need support with.

Voluntary sector mental health services play an important role in addressing the gaps in statutory provision for those who experience mental distress. With a 4% increase in suicide in 2012/13 (ONS, 2015), extended waiting lists for therapy and more work days lost to mental health problems, the support offered to those experiencing mental illness through such groups as those reported on here cannot be underestimated. Attending one or more of the groups offered people friendship, social interaction, safety, motivation and the opportunity to develop new or relearn old skills. The non-judgmental nature of the group enabled confidence and self belief to be regained. Start in Salford are helping to meet the DoH’s (2015) contemporary agenda of ‘Achieving better access to mental health by 2020, by providing the very things that people requiring mental health services were reported to need; to feel safe and accepted, a place where there is someone to talk to when

distressed, help in managing feelings, and support from someone who is willing to listen (Mental Health Foundation, 1997).

5. Conclusion & Recommendations

Effective mental health care is predicated on understanding the lived experiences of those using services in order to provide appropriate and sensitively attuned care (McAndrew et al., 2014). The qualitative evidence presented in this report needs to be considered in line with quantitative data collected by Start in Salford. The quantitative data, Start in Salford collect regularly regarding their attendees will be enhanced by the qualitative data, specifically the perceptions of those using their services, presented in this report.

5.1 Recommendations

In light of the evidence presented above the following recommendations are made:

1. Start in Salford are continued to be supported through commissioning in order that the mental health support groups can continue.
2. Due to cutbacks and reduced budgets a plan needs to be developed whereby the costs of running such groups are realised, in terms of both the immediate and wider economics of mental illness, and the minimalisation effect on service provision.
3. Engage all members of the groups in developing and negotiating the implementation of a plan for the future of the groups.
4. To follow the men's group through the process of becoming a constituted group and their first year of functioning, noting where support is needed and best practice occurs, to provide an effective model for groups wishing to take similar action in the future.

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Dear ,

Invitation to participate in research study

My name is Sue McAndrew and I am a researcher at the University of Salford, School of Nursing, Midwifery Social Work and Social Sciences (NMSW&SS). I have been asked by Start in Salford to carry out an evaluation of peoples' experiences of using their groups; Mental Health Drop-in/ support groups, Community Engagement Recovery Team)Men's group and the Cromwell House User Group from the perspective of group members.

The study will be conducted in January 2017, with those wishing to participate being asked to take part in a focus group. As someone who attends at least one of these groups I would like to invite you to take part in this project, asking about your experience of attending the support group. We are hoping to set up a group of 8-10 people to find out what has been helpful in coming to the group and what, if anything you would change. The group should last between 60-90 minutes during which time refreshments will be available.

Enclosed with this letter of invitation is an information sheet that tells you more about the study and what you will be asked to do if you want to take part. Please carefully read the information sheet, and if you feel that you would like to participate in the research, please phone or e-mail me at the number and e-mail address above at the top of this letter. When you make contact, please ask as many questions as you want and I will attempt to answer them before you decide to participate.

Yours sincerely

Sue McAndrew

Appendix 2 PARTICIPANT INFORMATION SHEET

Title of study: Evaluating the experiences of using the Start in Salford support groups from the perspective of group members.

Name of Researchers: XXXX XXXX

Invitation paragraph

I would like to invite you to take part in this project, asking about your experience of attending the support group at XXXXXX. We are hoping to set up a group of 8-10 people to find out what has been helpful in coming to the group and what, if anything you would change. Before deciding if you would like to take part of the project, please take time to read the rest of the information in this leaflet carefully. If you would like any further information, or if what you read is not very clear, please do not hesitate to contact us. Our phone number and email address are at the end of this information leaflet.

What is the purpose of the study?

- To find out what aspects of the group you attend does most to enhance people's mental health.
- To identify what issues related to the group would people would like to see change.
- To consider the future of the group and how this might best be managed.

Why have I been invited to take part?

You have been invited to take part because you are attending one of the groups run by Start in Salford. They have asked us to collect the views of people who regularly attend their groups to find out what they think of them and how they might contribute to peoples' mental wellbeing.

Do I have to take part?

No you do not have to take part it is entirely up to you to decide. Once you have read all the information in this leaflet if you are still interested you can contact us to ask further questions. If you decide that you would like to take part, you will be asked to sign a consent form, confirming that you have agreed to participate in the project. Even if you consent to take part you can still withdraw from the study at any time, without this affecting your right to access any health, social care and/or other services.

What will happen to me if I take part?

If you decide to take part you will be asked to attend a focus group, with other people from you own support group. There will be 8-10 people in the group and it will last approximately 90 minutes. The group will be held where your regular group is held or at another Start in Salford venue that you are familiar with. During the group we will have a discussion about your experience of being in the group, how it might have helped you and what you think could be done in the future to improve the group. In addition to the group you will ask to complete a short questionnaire regarding your age, relationship status, ethnicity, any physical health problems and whether or not you are still in receipt of mental health services. This is a confidential questionnaire and will not be seen or shared with other members of the group. If there are too many people wanting to take part in the group, we will ask you to complete a questionnaire asking the same questions as those that will be asked in the group. This can be completed anonymously and returned directly to the researchers in the stamped addressed envelope you will be given with the questionnaire. We will need the questionnaire to be returned by 26th Jan 2017.

Expenses and payments?

While we are not able to reimburse you for your time we will offer light refreshments (tea/coffee, biscuits, juice) prior to the focus groups starting.

What are the possible disadvantages and risks of taking part?

I do not expect that there would be any disadvantages or risks to you during the project. However, we do recognise that discussing experiences can be upsetting, as you might recollect some unpleasant memories. At the end of the discussion the tape recorder will be turned off and there will be opportunity to talk about any aspects of the interview that you found uncomfortable. This will not form part of the project as it will be your own time to talk about how you are feeling. We will also make sure that adequate support services are in place in case you need further support.

What are the possible benefits of taking part?

I cannot promise that this project will have a direct benefit to you. However, you will play a major role in providing valuable information which will be collected during focus groups. The information you give could be used to improve the service Start in Salford already provide Findings will be disseminated through a report, conferences, seminars and papers published in health and social care journal.

What if there is a problem?

We do not hope that there will be any major problem during the project. However, if you have a complaint about any aspect of taking part in the project, you should ask to speak to one of the researchers (contact details below) and we will do our best to answer your questions.

Sue McAndre or Frank Cusack University of Salford, s.mcandrew@salford.ac.uk
F.P.B.Cusack@salford.ac.uk t: +44 (0) 0161 295 2778/2503

If you remain dissatisfied you can use the University Complaints Procedure by contacting:

Anish Kurien, Research Centres Manager, G.08 Joule House Acton Square, University of Salford, M5 4WT a.kurien@salford.ac.uk 0161 295 5276

Withdrawal

You are free to withdraw from project anytime without it affecting your rights or access to health and/or social care. However, we will need to use your anonymised contribution to the focus group data collected up to your withdrawal.

What will happen to the results of the research study?

The results of the study are intended to be reported and disseminated through:

- A report to Start in Salford
- The report will be available to the public through the University library and website
- Conference presentations
- Articles in Health and Social Care journals

Who is organising or sponsoring the research?

Start in Salford

Further information and contact details:

- Please read carefully the content of this information sheet, which will help you to make a decision about participating or not.
- We are the primary point of contact for this study, and our contact details are written at the bottom of this leaflet if you want more information.
- If you are unsure about making your decision, we would advise that you talk to someone you trust and / or who you feel will be able to help you make a decision as to whether or not you should participate.
- Our contact details:

Name: Sue McAndrew
Phone number: 0161 295 2778
E-mail: s.mcandrew@salford.ac.uk

Name: Frank Cusack
Phone number: 0161 295 2503
E-mail: F.P.B.Cusack@salford.ac.uk

CONSENT FORM – FOCUS GROUP

Title of study: Evaluating the experiences of using the Start in Salford support groups from the perspective of group members.

Name of Researchers: Sue McAndrew/Frank Cusack

Please tick the appropriate boxes

Yes No

Taking Part

- | | | |
|---|--------------------------|--------------------------|
| 1. I have read and I understand the information sheet (v2 19.12.16) about the research and I know and understand what is expected of me | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have been given the opportunity to ask questions about the project, and all questions have been satisfactorily answered. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I agree to participate in a focus group and that this will be audio recorded. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I agree to keep the information shared in the focus group confidential. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I understand that I can withdraw from the group at any time and I do not have to give a reason for why I no longer want to take part, and that my withdrawal will not affect any aspect of mine or my family's care. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If I do decide to withdraw I understand that the information I have already given in the focus group will be used in the research. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I agree to take part in the above research. | <input type="checkbox"/> | <input type="checkbox"/> |

Use of the information I provide for this project

I understand that my personal details will be kept confidential and not be revealed to people outside the research team.

I understand that my words may be anonymously quoted verbatim in reports, web pages, and other research outputs, but my identity will be anonymised at all times.

Initial of participant

Date

Signature

Name of Researcher

Date

Signature

Appendix 4 Demographic Questionnaire

Please tick the boxes that apply to you and where applicable write your answer

Gender Male Female

Age 18 – 30

31 – 50

50 – 65

Over 65

Ethnicity

Are you registered disabled Yes No

Living Arrangements Living with partner

Living alone

Living with family

Living with others

Have you any physical illness? Yes No

If 'Yes' please state

Are you receiving treatment for mental health problems? Yes No

Before answering the questions below please read the participant information sheet (version 1 20.10.16 attached) and get in touch with the researcher if you have any questions about the project. If you would like to participate please answer the questions below and return, together with the questionnaire giving personal details, in the stamped addressed envelope provided. You do **not** have to put your name on the questionnaire, but by returning it you will be consenting to participate in the project.

Appendix 5: Questionnaire

What is it like coming to the group each week?

What is it about the group that motivates you to keep coming back?

Are there specific things that you particularly like about the group – what are these?

How has your mental health improved since attending the group? And how do you measure this?

How would you describe the best bits of being a member of this group

What are the things you would like to change within the group?

How would you go about changing things?

Is there anything further you would like to say about the group?

Thank you for taking the time to complete this questionnaire, it is appreciated. Please return the questionnaire by 26th January 2017.

Appendix 6: Topic Guide for Focus Groups

What is it like coming to the group each week?

What is it about the group that motivates you to keep coming back?

Are there specific things that you particularly like about the group – what are these?

How has your mental health improved since attending the group? And how do you measure this?

How would you describe the best bits of being a member of this group

What are the things you would like to change within the group?

How would you go about changing things?

Is there anything further you would like to say about the group?

(The above are only a rough guide – the focus group will be flexible in terms of pursuing what is raised within the group).

A qualitative study commissioned by Start in Salford

For further information regarding this report please contact:

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