

**Report of Tod James CF FRSA  
My Lived Experience of Mental Health in Lowestoft as  
'Lowestoft Mental Health Ambassador' 2018-2020**

First, do no harm...  
Creating a safe connected, and heard Lowestoft with the ambition of  
becoming the best place on earth for good emotional health.

29<sup>th</sup> June 2020

**TRIGGER WARNING: The lived experiences within this report may be upsetting and triggering, please be aware of this before reading any case studies and speak up if they cause you concern.**

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### **Summary introduction**

For some people this will understandably be far too big of a report to easily consume, and for many the case studies and examples will be familiar and represent the kinds of issues found in towns and cities around the country. I hope that the suggestions made over the final seven pages of this report will be useful in having conversations across the town about how we can achieve the ultimate aim of making Lowestoft the best place on earth for good mental health. It may then be that in time you can see from where I have gathered the stories and experiences described in case studies and examples.

As you read through the document you will be able to see where I have identified some areas of possible improvement but this should not take away from the fact that Lowestoft is starting from a far better place than many other towns. In the light of Coronavirus we have been able to see the extraordinary efforts to aid community resilience which were made far easier (though very challenging) to draw together because the town already has outstanding practice and good people working in and out of services within the town.

Lowestoft Rising has contributed greatly to the coherent way in which urgent and important messages can be shared and vital community projects can be supported. The achievements in reductions in homelessness, emergency admissions, coordination of free school meals in summer holidays, and urgent recovery of vital assets such as food banks are all possible because of the leadership shown by Lowestoft Rising. The Collaboration Academy of which I was part is a good example of efforts to join up and coordinate efforts around a common issue, engaging as many parts of the system as possible. The leadership, drive, and experience of Phil Aves have been essential.

Across the town are many providers of support to people with mental health issues from support group volunteers to NHS staff and projects. In all cases we have some outstanding work which has seen many people find healing in mental health. Multi agency work is common, and challenging issues and people have been identified and through collaboration there is support available far more quickly to people in need. They are of course faced with the fact that resource is stretched and unmet need is very difficult to identify.

Several providers are incredibly agile and this has enabled organisations like Access Community Trust for example to rapidly trial crisis cafes, accommodate other agencies, support food banks and other local services, and inspire people and organisations around them. Their leadership team, with Emma Ratzer MBE working to connect others across the system and encourage her teams to innovate, are able to react and adapt. Many other organisations work hard to promote community resilience but I was most exposed to the work of Access.

Many outstanding people across the town are campaigning and advocating for better support within, for, and around the services provided for people. In looking at what we may need more of it is also essential to appreciate what exists. From a terrible tragedy we have seen the birth of a campaign focussed on reducing suicides within the town, Liftloud for Danny have raised issues of advocacy and concern, worked with services to support greater understanding, and have engaged with a large number of people to raise awareness of a range of issues. They and others have created groups, charities, online activities, and have gained skills and qualifications to enable them to further support people.

I and my colleagues with lived experience have been welcomed into organisations across the town from schools, colleges, almost all councils, our local MP, and we have been able to train front line staff using lived experience. I have found that every person in the town who I speak to has a positive view about how we can make our communities stronger, although sometimes it is hard to see how

they can change the system around them, that is the hard work. We have some outstanding democratic institutions, a large district council within a strong leadership team and an experienced, compassionate, and respected Chief Executive, and a new town council who have the chance to shape the way that they represent the town. Despite this there is a lack of engagement with democracy, and I hope that is something we could change in towns like Lowestoft with confident advocacy and community engagement.

By adding far more community awareness of mental health I believe that we can reduce the reliance upon services, encourage more people to engage with their community, and support people to be more emotionally resilient and happy. We have a range of other organisations such as Sentinel Leisure, Marina Theatre, Norse, the Chamber of Commerce, Seagull Theatre and many others who want to support healthy communities and can help us engage more people.

Within the report you will be able to see some of the experiences I drew upon, I am always seeking to learn more about mental health and encourage anyone with an interest in shared learning to connect with me. I hope to build this into a network which will share best practice and help to establish a lived experience accreditation.

If any individuals or organisations find my suggestions interesting then I would be happy to provide a summary to them of ways in which I believe they can benefit from understanding mental health and community resilience and contribute to creating more healthy and resilient communities.

I believe today as I did on the day when I stated the aim, that Lowestoft can be the best place on earth for good mental health, I hope we can see that happen and I hope to help. If you would like to understand the position Lowestoft is in at the moment fully then I encourage you to visit the Lowestoft Rising website, it is an outstanding model for community engagement. I also strongly recommend visiting the website of Access Community Trust who provide a range of services which have been used to both create support opportunities and to underpin wider work, the MEAM Team is a case study in identifying and supporting vulnerable people. Lowestoft Rising and the organisations working with them have done a great deal to overcome the issues of GDPR and data sharing in working with vulnerable people.

The next step for a town such as Lowestoft is to build upon the remarkable people, services, groups, and organisations across the town to not only meet the needs of more vulnerable people but to reach even further into communities to find those people at high risk but who do not consider themselves vulnerable. People like me when I was suicidal.

What I can say about the town from lived experience is this, that I was the hardest to reach person, I spent many years not recognising the signs of my own mental health experience. But the people and the services in the town, as well as personal change, helped me immeasurably, but I only found all of these services because I was exposed to them through my various roles. Many more people are stuck where I was, unsure of why they feel like they cannot cope when they have 'no excuse', we don't need to give people excuses but more people need help to understand the reasons for their feelings.

Our conferences and the work being done across the town show there is an appetite to tackle the mental health issues we all share, and I hope we can all go on working to make more people feel safe, connected, and heard.

Tod James  
20<sup>th</sup> June 2020

### **Background – general**

In 2017 Lowestoft Rising formed a Collaboration Academy group to focus upon the issue of mental ill health as both a contributor to and a symptom of the wider social issues within the town. Previously groups had been given a looser focus but the seriousness of the problem was identified by Phil Aves, Lowestoft Rising Change Manager, I took part in this with others and our conclusions were expressed through a draft 'mental health manifesto' which made suggestions as to what could help the town respond.

It is important to note, that whilst the academy cohort were all leaders within systems, that the group was not one which could directly implement change, nor should it be, the group was selected, was not formed of people from any one agency, and the concept of the collaboration academy is that it teaches influence and systemic thinking – not that it is the 'think tank' of any one organisation.

The manifesto describes a set of ambitions based upon practice seen in other areas of the UK, approaches shared from around the world, and learning developed by the group as part of the joint learning ambition, this was lead by Simon Delf. It is clear to me that it would have been inappropriate, and it is inappropriate for a non elected group to have the autonomy to have a mandate any larger than that. I introduced the ACES study to the group as a way to understand the kinds of issues we faced, and we looked at 'trauma informed' models of support.

The issues which the group were looking at were not surprising, nor uncommon, Lowestoft shares demographic and systemic problems with many other towns in the UK, and it is well established that deprived coastal communities have endured and are enduring challenges which we recognise in Lowestoft. This report will not rely upon statistics, figures, and numbers, the role I carried was primarily to hear the stories of people in the town, and use their experiences and expertise to influence practice and policy – indeed one of the earlier observations I made was that far too often compassion is inadvertently withheld from people as they do not fit a criteria, diagnosis, label, or other 'cracks' through which they often fall when asking for help.

What is clear is that the issues identified by the group were well known and well established, what was less clear was whether the town had the resource, skill, understanding, and will to create change and adopt a more joined up approach. It is also worth noting that where the group, and subsequently I, had seen evidence of improvement in community mental health it was almost always the result of a system wide approach overcoming the fragility of service lead care. We saw this through presentations and also by visiting other areas.

Another challenge was in assessing how aware people in the town were of the problem, whether they thought that they could contribute to the solution, was there political will to support change, would agencies be willing to work together beyond the boundaries of their contracts and obligations through tender? It was apparent that in all cases where we had seen improvements in community emotional resilience that 'the public' were the primary drivers of changes in culture and attitude alongside joined up health and social care systems, it was less common to see successful approaches 'imposed' or models directly adapted from other areas. There was always a democratic component to any successful work.

And so the wider background to this report can probably be summarised relatively simply: Lowestoft is not sufficiently resilient to ensure that the emotional needs of the people in the town are met, not responding to this would mean further social and economic strife. The problem is potentially endemic, which risks a total collapse in both the confidence in services in the town, and

also the ability to arrest or reverse any trend. People within the town do not believe that they have the autonomy, nor in many cases even the belief that they can influence, what happens to them and how they respond.

Lowestoft is also better placed than many areas when it comes to responding to the crisis, and the context is that Lowestoft's response thus far to the coronavirus pandemic has been significantly better than other areas. This is the result of having Lowestoft Rising and other agencies connected across the town, and in having two world leading practitioners in Emma Ratzer MBE (Access Community Trust) and Phil Aves ( Lowestoft Rising), they and other determined leaders are a good reason for me to think that the ideas within this report are achievable and I would welcome working with both organisations in future in any way that I can.

I also admire greatly and have monitored some of the work of East Coast Community Healthcare, who have contributed a great deal to the area in community resilience. I would welcome working with further them in future and other leading organisations such as Norse, Sentinel, The Marina Theatre, The Seagull Theatre and many others who I have connected with.

It is the case that I and my colleagues with lived experience have been welcomed into every corner of the town, and that the will to understand and support change is present. Because of the work already done in the town there is a large amount of good work going on, but the greatest challenge is still awareness, stigma, and the reporting of mental health online and in media.

The ambitions set out in the manifesto are achievable, as is the aim of being the best place on earth for good mental health – but only when we have all people engaged in community resilience.

### **Background – GDPR**

A significant change since writing of the manifesto was the adopting and interpretation of GDPR legislation, this impacted everyone in the country and few people had an awareness of what it meant and even fewer understand the long term impact.

The concept of protecting personal data when we are in an age when data collection is driving the commercial and strategic objectives of most organisations is one which recognised a genuine concern. But it is the case, having watched this in practice, that it has added little to consumer protection (the primary goal) and has actively harmed the communication between agencies around vulnerable people.

The irony of this is that the organisations with the most sensitive data have staff who access it when they do not need to (whoever you are employed by the data you observe must be relevant to your work – and you must have good cause). The flip side of this is often seen in the frustration of people working with multiple agencies who are stunned that one has not spoken to another.

This entire area has left people in the mental health system poorly served, they have the anxiety of knowing data is collected frequently (often repeating the same story to a new agency), added anxiety that the new agency only understands them through what they see that day, it also makes compassionate people (staff) seem emotionally disinterested when the majority of an appointment can be collecting data. The confusion is that most people actually expect that data supporting their safety would be shared appropriately amongst agencies who in theory work together to support the same people.

It is surprising to me that there has not been more effort across the system to effect change, it is clear that consumers feel no safer today about commercial data collection than before, and the unintended consequences are more powerfully felt than the intended benefits. It's anathema to good practice in supporting people to heal from mental health problems to force them to repeat and relive trauma, reduce trauma to data, and to effectively have to be trained in answering questions rather than in asking for help.

This is not usually the fault of staff in services, often they have to follow a set format for questions and information gathering, and they try to adapt. But I believe more lived experience in designing questions and how data can be shared would be valuable to everyone.

In Lowestoft it has been vital in the success of working with vulnerable people that Lowestoft Rising have been able to overcome this issue and bring together multi agency meetings. This works well with those identified as in need, but it is often at the earlier stages of poor mental health that these things begin impacting people.

### **Background – Coronavirus**

It would be negligent of anyone at this time writing a report on community resilience to ignore the situation which exists at the time of writing (and which will continue to impact our lives for years). As we are likely many years away from understanding the full social and economic impact of Coronavirus it would also be impossible for anyone to predict and therefore direct the available resources. There is no such thing as 'back to normal' and in my view areas which are currently planning their futures based upon plans more than six months old have not appreciated that this is the most significant event to impact the lives of people in Lowestoft since World War Two.

I am happy for others to propose ideas which are based on a future which is impossible to predict (entire industries are ceasing and new ones emerging for example), but this will simply create hopes which cannot be fulfilled. Another rather brutal sounding point to this, but which is true, is that we do not know and cannot predict with any certainty the increased numbers of people who will need support in the coming years both as a result of stress and anxiety (which we have prepared people poorly for) and sadly we do not know the full impact on population though mortality.

For example any measure of NHS waiting lists at the moment is close to irrelevant, it is almost impossible to know exactly who is ill or who is not right now and the lag is bound to be huge. It is an impossible choice between people who have chronic conditions but who will survive, vs people with urgent issues who may die, the result is suffering. Understanding that is as vital to emotional wellbeing as it is to campaign for more services, for which we already know we do not have enough trained staff available.

This makes the rapid and coherent response across Lowestoft all the more impressive, a town which already has stretched services managed to respond to an unprecedented crisis in a way which few communities matched. This doesn't mean it felt to people like it was pleasant, but in parts of France and Italy systems collapsed, it was impossible to do everything but it did demonstrate the resilience we need for the longer term.

Schools in Lowestoft are also more prepared than many thanks to online content similar to that seen in areas I studied where resilience had been worked on. There is an opportunity for Lowestoft to respond well to the world as it emerges after coronavirus, but it will need as many people in the town as possible to understand the scale of the situation. I believe sharing lived experience will help greatly in this.



### **Background – Tod James**

Some of you will have known me better as Tod Sullivan, but I think it is important for me to give some understanding of why I took on this role, why I am writing the report, and whether you believe that I have the credibility to offer suggestions.

I have lived experience of mental health through both the common issue of anxiety and as a result three suicide attempts in my lifetime, I have not been in patient within any service (for physical or mental health) but I have made use of professional support inside and outside of the NHS. I have worked since 2012 exclusively in health and social care roles, I have been a foster carer and have worked for the fostering service in Lowestoft, worked for the NHS within acute in patient units, ran supported accommodation mental health services in the town, and have been involved with service user voice work since 2009 via the Feedback project.

Prior to that experience I had been the mayor of Lowestoft in 2011/12 where we attempted to bring attention to the issues of mental health and of the lack of opportunity for younger people. As a councillor on Waveney District Council I represented Whitton for five years, and spent two years as the Chair of Overview and Scrutiny, where we oversaw and influenced a series of challenging issues 'cross party' – Blundeston Prison, Sentinel Leisure, the Marina Theatre, Beccles Free School and others – and I believe that my efforts to be an impartial chair at that time became a benefit when dealing with people in politics..

I have also been commercial manager of local radio station The Beach, worked within the town when I was a commercial manager within Archant Norfolk, and rather badly ran a business in the town. It is the latter experience which lead me to a serious suicide attempt and my change in focus to health and social care rather than business.

In 2018 I was offered a 'Churchill Fellowship' which allowed me to travel around the United States and to gather learning and connections, these have been invaluable to me in comparing the work being done in Lowestoft to the responses of world leading practitioners and organisations. This opportunity is funded entirely by The Fellowship from private funds, and anyone in this country can, and indeed I would encourage them to, apply for a Churchill Fellowship.

For the last two years I have worked within Access Community Trust, understanding their role within the town and working with their staff and clients (and those of other agencies) to better understand the issues we face. I published my fellowship report this year on the theme of community resilience based upon what I had studied in Lowestoft and in what I had seen when working alongside colleagues in the United States.

Finally the blessing of my work has been connections that I have established through my fellowship and through my previous roles – I have made every effort to ensure that the town benefits as much as it can from those connections. In future I would like to ensure that Lowestoft always benefits from these links, although my future is not especially relevant to this report.

## **Preamble**

For anyone to read this report and make use of it I think it is helpful to know that I like everyone else has personal bias in some views, although I have tried to ensure that my analysis is based on comparisons with what I have seen elsewhere and I have tried to composite the views of many people into general observations.

I am a white, 42 year old, British born man, I have never faced racial or sexual discrimination, I do not observe a religion, and I am not a member of any political party, I have never had my liberty removed through arrest, imprisonment or mental health, I have not suffered sexual or physical abuse. In other words it is crucial to know that whilst I can fully appreciate most mental health issues, I would never truly be able to understand some of the underlying societal issues which impact mental health (beyond some periods of poverty) as lived experience is the only way in which one can truly understand any issue – beyond that your role is simply to be as empathic and responsive as you can to someone experiencing an issue you do not understand.

So it is likely that in reading this report I may be ignorant of the impact of a suggestion where it could have a unique effect upon people which I would not have considered, the purpose of this section of the report is to invite people to listen to my intentions and then respond by trying to understand and improve my suggestions.

Finally, it is not my style nor my job to 'tell' anyone 'how it should be', nobody has the understanding of the mental health of 50,000 people and so any solution to any problem will cause unintended consequences for others (see GDPR). For example there could be a significant cohort in the town who feel a certain service or solution should be deployed, but what may not be known to them is that a shift in the system for 100 people with one issue could derive a negative consequence for 200 people elsewhere.

My final intrinsic bias can be seen in my Fellowship report, I simply do not believe that adding more services and more specialisms will do anything other than add confusion to understanding mental health, move more people away from the best environment for healing (a safe community) and toward silos where the common link between people is a diagnostic criteria. Before we think about adding more people with specialist knowledge, we need to ensure that most people have a general knowledge of mental health – and we are a long way from that.

So in reading this it is important to understand my approach, I very rarely 'prescribe' a solution or idea, as someone currently living outside of the town it would be wrong of me to do so. What you will see are suggestions, they are not The Answer, but they are all based on work I have understood through my experiences.

## Method

The method I have followed has been very old fashioned, I felt there was no value in my approaching the mental health problems of the town by seeking to gather data – this has been done and is available to review but, it tells me nothing new, a snapshot of demographic profiling is only one part of designing the future of any system. By adding in lived experience we are also able to better understand early intervention and prevention, as I saw in the United States it is experiential research which was most useful in understanding how to encourage resilience and good mental health.

What I felt was lacking was a coherent way of influencing those in positions of authority to allow a more nuanced understanding of mental health to prevail, whilst at the same time trying to prove that a generalised understanding of mental health would help the community overall. I'm also only one person, there was no 'team' around me employed to test things, so whilst I think it is remarkable that I have seen and spoken to so many people around the town, it is also the case that my visibility and access to a large number of audiences perhaps gave the impression that there was a larger team at work, although of course I had huge support from many people across the town.

Representations have been made to politicians at every level, and to officers at every level, within all political organisations within the town, I have been accompanied by townsfolk of lived experience to East Suffolk Council, Suffolk County Council, our local MP, Norfolk and Suffolk County Councils, the CCG, The House Of Lords (where we presented to a Select Committee), I have approached Lowestoft Town Council and seek their help in gaining a democratic mandate for responding to the potential mental health crisis within the town.

I have also worked across the town with practitioners who have shared with me their lived experience (in confidence) of working within services, and for organisations who have a role in mental health. Many people also approached me directly to share their experiences, and we held conferences and events in the town which over 8 years have reached over 1000 people directly.

I have been invited into organisations across the town to share mental health awareness training and lived experience voice, I was aided in this by a series of people who had shared with me (and now others) experiences which others could learn from. I have developed training for organisations and individuals which always gives an opportunity to hear directly from someone other than me.

Training, talks, and 121 meetings with people have seen me speak to around 1200 people in the town, I have provided 'whistleblowing' information, contributed to serious case reviews, alerted authorities to people in urgent need, and provided advocacy and support to around 60 people, including cases where I have supported people through court, through hospital; and most humbling of all I have supported as best I can a number of people who have dealt with grief and loss – from the loss of an unborn baby to the death of a parent or grandparent.

The method of my employment is also relevant, I was employed by Access Community Trust for the majority of my time as Mental Health Ambassador, I have never in my lifetime earned above the national average salary, the contract was of a fixed term (though informally extended) and was not fully funded (though some funding was available at times). Access gave me total freedom in my views on their services, but it was the case that I probably gained far more from their support than I was able to give back in value.

A final note on the method is also a nod to the problems which my approach can cause, I am a human being and so I am flawed, I also have my own health and mental health issues, personal life, and failings. In my case I believe that where I have not been effective is in communication, it has often been the case that I have not been able to update all of the informal network that I established

as frequently and as well as I can. The primary reason for this is my own time management, I felt a great pressure to be 'doing things' and I think my prior work meant that there were some assumptions that I could in some way 'impose' change. However it would be remiss if me not to note and accept that dealing with me, and trying to keep up with me can be quite difficult (I have also literally travelled across the world and around the UK), I apologise for the times I let people down and always welcome the chance to learn when I can.

### **Summary of the lived experience of mental health in Lowestoft**

As I have said above, whilst I will use some case study examples within this section, this is a composite view of the conversations that I have had before and since my time as Mental Health Ambassador. It is then for the reader to decide if the analysis feels accurate and whether that then means that some of my suggestions can be considered.

In meeting with as many people as I did there was no one person (including I) who has a full understanding of all of the formal and informal mental health 'services' available to people in the town. This is also compounded by the fact that modern technology (as both a blessing and a curse) means that there is very little ability to contain and control the creating of pages and groups which then appear to be significant. It concerns me that many people creating pages consider success to be based upon the number of people on the page rather than the quality or usefulness of content – having 2000 members on a social media page where 20 to 40 people regularly contribute is not a support group of 2000 people anymore than Lowestoft Library is used by 50,000 people.

With this in mind I tried to summarise the kind of support available by categorising it:

Unknown unknowns – groups who provide mental health support but don't know they do. These are the most effective, at risk, and potentially beneficial groups.

Known Unknowns – groups who say they provide mental health support but do not hold themselves to any common standards. These have the potential to provide triage support and to gather service user voice.

Unknown knowns – Organisations funded to work in mental health but who are not widely known or recognised, or do not engage more widely with the mental health system. They have the chance to make a great impact.

Known knowns – Organisations funded for mental health work, known within the town, and working in partnership with others. These organisations currently make the largest impact.

These groups are made up of a range of organisations and individuals such as:

Local and national government providers (DWP, ESDC etc)

NHS settings

Education settings

Third sector provision commissioned by state agencies (Access Community Trust, Home Group, Anglia Care Trust etc)

Private providers (from BUPA to individual therapists, and landlords)

Faith organisations, businesses and political parties

Generalised groups (Lowestoft Players, Knit and natter etc)

Support groups (Liftloud, The Original Better Together etc)

Public spaces and venues (community cafes, parks, cycle paths, libraries etc)

Connectors (Lowestoft Rising, Community Action Suffolk etc)

In all cases there is exceptionally good practice, and exceptionally poor, but crucially we have to look at all of these providers 'in the round', to look at any one part in isolation is to ignore the impact they have on one another. What follows is a set of composite views and case studies to inform the suggestions at the end of this report, they are written in a way which may feel confrontational – this is not the aim but writing difficult experiences down can make them feel more harsh. Every person who engaged with me left me with an emotional connection that I valued.

**The mental health story that should never have happened but still will**

My first case study is my saddest, it is a familiar story and an example of the fact that we focus far too much on people with a diagnosis as being those with the worst mental health problems, and far too little on how so many people live or fail to live with equally complex issues.

This is the study of a man who died of alcoholism related illness when he was around 40, he had drunk for many years and died alone in his flat in the centre of town. He left behind two young children and an ex wife, who would find bottles hidden in hedges years later from the time before he left the family home. In the last year of his life he made two good friendships, with people who shared his life and his illness until the end. He was found dead by his two friends, it took six hours before those two friends were allowed to go home. He had spent several thousand pounds on private rehabilitation services earlier that year, and had multiple a&e admissions, as well as contact with his GP.

The man was raped as a child by a family member, this lasted for years.

Most people can now probably imagine the man that the two friends were supporting at the end of his life, and understand why he used alcohol to forget what had happened, you may also understand why he was so afraid of letting down his own children that he protected them by leaving them. If you cannot then you may not ever understand mental health. Every doctor swears an oath to 'first do no harm', I will give you one example of how service rules actively force doctors to break their oath and make people unwell.

Some months before his death he was taken to a&e, he needed some treatment but aside from being terribly drunk he was not deemed to be medically unfit for discharge. The two friends were with the doctor in the room, they had supported their friend through multiple admissions, if he were to be sent home they would be looking after him. You may imagine how exhausted someone in this position may feel, certainly the doctor could see and commented on how stressful it must be for them. But. According to the rules of the service he would have to be discharged, even though the doctor now knows for a fact that he will be making two people more unwell, that is the impact that a focus on services over systems has – we teach doctors that they only have to avoid harm to people who are called a patient. Either the oath needs changing or the systems do.

Parts and all of this story will go on happening in Lowestoft and other towns unless people have a strong enough mandate to ask for things to change. This cannot be adopted simply by the person with the loudest voice, nor achieved by a person like me who is more interested in learning from things than running them, but for people in the town to be safe I would suggest it needs more advocacy and less campaigning if this story isn't to be repeated Ad infinitum. I would prefer that it didn't, and the suggestions and observations that I make throughout this report would, I believe, reduce the chances of it happening so often.

The challenge here is that most of the people like the gentleman in this case study are incredibly hard to reach until they reach crisis, and even then many of their behaviours do not initially seem extreme or to have cause. We are reaching more people like this, but lived experience voice has always helped us find more, this is familiar to other areas where we saw people building emotional resilience within their communities.

### **Case study – online support group**

In the case of an online support group, which was published and promoted (widely) as a space for local people to share their lived experience. As the group rapidly grew there were some efforts to ensure that people were 'local' when they joined the page, and the numbers alone appeared to suggest that a need was being met. However in watching the group develop it was clear that it actually served a very small number of people, and that its core mission was to bring people together at venues for a physical support group.

All of this is both welcome, laudable, and in the context of Facebook is encouraged by the platform itself, the rules for groups are often based broadly on generalised group rules proposed by Facebook and optional settings to manage the membership and content posting. They of course need have no literal geographical, emotional, or physical link to the town and do not need to adhere to any commonly agreed practice in supporting local people.

In this case the group rapidly overwhelmed the facilitators who were attempting to run it, the original page owner (faultlessly) had to focus upon his own work and wellbeing, and this led to others being unable to become autonomous (the person who creates a page can maintain overall control even when absent). The group had become a large online presence, but this was a terrible distraction for several reasons 1) facilitators were overly interested in the membership number rising or falling 2) the vast majority of people did not engage with the page (dormant members are an irrelevance unless you reach out to them) 3) it gave the group a larger voice than would be expected for the small number of people accessing the physical group 4) the page consistently featured images of vulnerable, young (below 18 in some cases) people who were readily identifiable and with their locations and movements known when influenced by alcohol.

There is no criticism of the people who created the page intended, in the end another case study will show the value of having simple shared values in making these types of environment more safe. The onus should be on those responsible for community safety to support local people to stay safe in any environment, online or offline. This is possible with the right kind of political engagement.

### **Case study – faith groups**

Lowestoft has a range of faith groups, some churches are well attended and engage with the community around them regardless of commitment to the church. There are several significant interventions which have been made, when the local food bank was faced with closure it was Lowestoft Community Church who mobilised staff and volunteers and took financial risk in working with Lowestoft Rising to ensure continuity. This was then further developed by a relationship between Lowestoft Community Church and Access Community Trust which saw advice, support, and storage space provided so that the project could continue to this day.

There are two other helpful activities within the town which are driven by local faith groups working together, London Road Baptist Church host the town chaplain and working with other groups have provided a town pastor 'service', supporting people in need and making the nighttime economy safer – I had several examples told to me of police finding their input useful in avoiding escalating or criminalising common incidents, which have the potential to develop into something more serious. The Whitton Life project is also run by LRBC and has been a source of community resilience for many years.

There are many other outstanding examples of faith groups positively impacting communities, and in all places where I saw resilience growing they had played a part.

**Case study – the language of compassion and the power of presumed expertise**

Many people, including those elected to represent the area, have a poor knowledge of the kind of support on offer to those with enduring mental health diagnosis, this is because the system relies upon tenders driven by commissioners (who are expert at what they do and committed to good services) but with little opportunity for direct input from the most local democratic body (Lowestoft Town Council). The other issue with this is that in some cases the staff working in specialist mental health services are given training and objectives which fit the corporate objectives of their employer, match some strategic objectives of the tender; but do not always prioritise responding to the unique needs of the surrounding area.

Few local people will know the purpose of, the relevance of, or the impact of large amounts of resource, it also hinders effort for local people to have a strong voice in the commissioning of services which keep them well. It is also the case that people with mental health issues do not reside solely in services commissioned as mental health services, the kind of problems faced in homeless accommodation; move on services, and indeed many households are common to those found within specialist services, occasionally more severe, often equally as challenging or more so.

The most common issue that I have come across when discussing the impact of services is that often there are staff working within a project who do not engage with therapeutic plans for clients. This is either because they are not considered to be part of the care plan (cleaners, cooks, admin staff) or have not been part of a conversation laying out a clear plan, or do not understand the importance of providing consistent responses when people ask for support.

It is of course the case that the way in which some people draw support to themselves is incredibly hard to understand if you're not aware of the wider circumstances, and indeed sometimes plans can appear to go against what 'common sense' tells a staff member. The crucial thing is not whether everyone is happy with the plan, but that everyone has a role in delivering it. There are services who in my opinion could do more work in supporting all staff who may engage with a person they are supporting to understand the importance of it. In all of the training and discussions I had with staff across Lowestoft we found that people rapidly found many areas of mental health more easy to understand, and more confidence in thinking about their own responses when we exposed them to lived experience training.

I also feel that there is an issue within the sector in terms of the expectations sometimes placed on people who are often low waged, and in my experience the skillset within specialist services is often no stronger amongst the core support staff than in non specialist environments. Indeed within the town some non specialist services have far more support to staff in understanding mental health within their organisations than those offering specialist support. Staff in many services are lone working (which isn't an issue depending on the needs of tenants) at times, and can form strong views on clients with whom they are working. This is understandable, but the reality is that we have to be as close to 'unshockable' as possible when working with mental health, we cannot accept that people are not in full control of their thoughts and then take their actions overly personally if we are to stay well ourselves. It is hard, especially in small teams without qualified staff on site, it can lead to personality clashes and to a breakdown in following care plans.

An example of this was given to me, where a person within a specialist mental health service, with a long history of mental ill health, dual diagnosis, and with a long history of making decisions which could be physically harmful to herself. When discussing her mental health and self harm she was told 'nobody wants to hear that, why would you ruin your arms like that', in another conversation about a client who has a long history of dangerous behaviour a staff member when discussing possible risks said 'well what will be will be...' the first is of course unacceptable language, it is quite literally



the last kind of comment a person healing from years of mental ill health should hear, the second is the opposite of the role of a support worker – your job is to help create change – it is the job of services to help people understand that their past need not stop them from having a future.

I believe that all housing, mental health, and social care settings in Lowestoft would benefit from having regular training sessions with people of lived experience, clients in services can be encouraged to engage more with sharing their views, and staff themselves can (like those who have already had this kind of learning) feel more supported.

In this section I imply no criticism of commissioners, organisations tendered to run services in the town, or any individuals or organisation who may recognise any of the actions. The intention is to use case studies to illustrate the wider narrative, which is that staff in the sector are hard working, compassionate, intelligent, and keen to learn – this should be taken advantage of. It is also the case that there is no significant difference in the skills, knowledge, behaviour or expectations of staff whether they are in a 'specialist' setting or not, indeed the supported mental health services (for example) do not require waking night shifts, whereas general homeless provision does – this is a small indication that the pressures and expectations in specialist mental health services, and indeed the response to mental health issues is at best on par with non specialist homeless services, and generally (having worked in both environments) less challenging.

There has been a view in specialist mental health services that their client group has become more challenging, this is possibly true but ignores the fact that every client group for every agency (including NHS) is more challenging – and so although they perceive themselves as dealing with the most difficult mental health issues in the town they do not always do so.

- For example the physical risk of attack in an acute mental health setting is (from my experience working as a support worker in both) incomparable to that of working in supported accommodation. In a setting like a PICU ward you simply have to be aware of your surroundings at all time because of the potential for any one of the clients to do something potentially harmful to themselves or someone else. In supported housing there are many days when you are at physical risk and sometimes that endures, but there are almost always some times of the day when you can walk around a building and not be on 'full alert'. I would also say that homeless provisions are far more challenging overnight and far more risky to work in from the point of view of risk to the practitioners, and of exposure to trauma and emergency.

I believe that it is essential to the wellbeing of the community in Lowestoft that all agencies working across the town with vulnerable people share good practice, have common learning, are linked to a common system, and have common goals and objectives. At the moment corporate objectives sometimes take priority and that makes it more difficult for the town to be successful. All organisations have the right to exist, and to meet their objectives, but there is also the right for an area to decide upon how they act and what priorities they should agree to. To win a tender you can be asked to agree to reasonable and legal expectations, agencies not submitting to those expectations will show a lack of commitment, from my experience areas which are able to use contracts and tenders to encourage greater engagement with the community at the public level and aid overall community resilience.

### **Spreading compassion sustainably – case study**

One of the things that I was asked to get involved with early in my time as mental health ambassador was a support group which met physically and online, there had been considerable risk to people making use of the group, but it was well intentioned, supported by committed admins, and being used as a useful support to many people. I had little to do with the changes made to rules and membership, I was able to call upon an experienced colleague for this, and I was away in the US for a good period of time, we were also able to secure a free venue for the group.

Over time the group found new facilitators who stabilised the group and created and enforced a far more safe set of rules and guidelines, I was distant from this as it was not something I was experienced in and advised the group that I was not good at running support groups, and didn't feel that I was useful in the environment (I genuinely find rooms of people extremely difficult, but more so when it is in 'down time'). The group also had four volunteer facilitators, and I was eventually able to offer the option of monthly supervision for the facilitators, with the ambition that they would become more skilled and feel more able to continue volunteering, and that they could then develop others to be similarly skilled.

Ultimately support groups should have the aim of people progressing through them and then either having the safety and security to make use of all of the support around them, or they may become involved as a volunteer or facilitator instead. They may also create smaller groups of their own, or hopefully avoid creating more specialist environments (unless it meets a specific need) and instead help to improve the overall understanding of mental health in the town. For example they may be involved in football and feel that the support group experience would allow them to bring a greater understanding of mental health to a football team they coach, I believe this would have far more benefit and is familiar to other successful approaches.

Over time the group moved premises and is part of a successful fund raising charity which is contributing to supporting mental health across the town; taking this on was not only the right thing for someone to do, it was also a good way to make use of a growing charity with ambition to reduce suicide. In terms of a corporate investment it is wise, there is little need for excessive cost and the attachment to the charity now means that they can apply for funding for the group and appear to be in a stable position. For them to influence more people in the town they will need to further develop the members of the group and find more hard to reach people. I think this aligns remarkably with the aims of the charity, this is a group which has made itself independently successful and for which I could only give credit to the members and facilitators.

For these types of groups to grow and far more importantly for more generalised groups to feel confident in managing the emotional needs of their members, needs someone with the skills to bring people together and share and develop formalised rules and safeguarding. I have personally avoided getting involved in this as my skills just simply are not in this area, but I do believe the framework of an accreditation would help us to support this work.

Where groups have become sustainable or begin to become successful they could begin to extend their offer as The Walnut Project has done for those from the armed services. If it were possible to explore a pilot scheme where from perhaps 9pm until 6am one or two days per week volunteers could either on foot or with a vehicle patrol the likely suicide hotspots and speak to people who are struggling I believe that it would become a highly effective suicide prevention service, provided the people volunteering had some supervision support. The town pastors may provide support or resource for this. I have seen similar work in other areas where the issue of suicide deaths is being worked upon and it always involved work around the 'hotspots' and lived experience. I believe we could work very quickly to improve support around areas of high risk.

### **The role of democracy in emotional wellbeing**

Many people struggle to understand which agencies are responsible for the things in the environment around them, they experience many logos and lanyards as they navigate health and social care systems, even within a school there are changing uniforms, lanyards, and staff as different organisations are recruited to deliver services. There is no in built problem with this, indeed competitive tendering clearly has a role in ensuring best value, it is unfortunate however that more organisations do not always use the tender process to also enforce ethos and priorities. Local staff recruited to work within a school (for example) should always have more commitment to the wellbeing of the children in the school than to corporate objectives, if this cannot be expressed through tender then the service should perhaps not be up for tender.

In Lowestoft there are multiple democratic bodies with responsibility for safety and wellbeing, national government (best represented by the MP), the county council (best represented by county councillors), district council (best represented by district councillors), and town and parish councillors (best represented by their relevant councillors). It is not quite a pyramid system as many areas of national government are overseen by local democratic institutions (for example police and crime commissioners), or none (the NHS), or some areas of public safety are held by one council and some by another. What this means is that all of the services represented by agencies within the town (with the exception of the NHS) can be held to direct democratic account (up to and including the suspension or changing of a service) in some way locally. The only part of the pyramid which does not have direct responsibility for services of this kind (parks and recreation are part of wellbeing but are not a wellbeing service) is the town and parish council, and it is a gift of democracy that they do not in my view.

One of the recognised measures of poor emotional resilience within a community is that it has low voter turn out, and Lowestoft has for many years seen poor turnouts at elections, this isn't uncommon but that is no reason for complacency. In communities like Walla Walla they have made strenuous efforts to recruit councillors from minority backgrounds, and in the meantime they engaged the voice of lived experience at their council meetings by inviting experts to share their experiences. It should be the case that the highest turnouts ought to be for the most local form of government, that the most accessible and engaged politicians should be the most local, and that the benefit of not having services to run is that you have more space for discussions and debate, more time to invite people across the town to directly share their stories, and the constant drive to recruit someone to replace you as a more representative person.

In Lowestoft the town has a relatively new town council, it came about after the Lowestoft Rising project had been created and was already having impact across the town. At the time of the democratic review which resulted in the creation of the town council there were many suggestions upon how this would work, but many people like myself assumed that it would be best placed to become the democratic home of Lowestoft Rising as the platform for influencing change in the town was already in place. The role that the new town council plays in the town is still emerging, but for communities to be emotionally resilient the most local form of government usually needs to have most focus on being an advocate for the town, being a troubadour for issues and concerns, and a safe place for people to express themselves. I personally consider that parks are best run by the most local person who knows how to run a park; finding the right people to help is a key to community resilience..

In all cases where I have seen communities who have felt more connected and more resilient there has been an increase in access to democracy and understanding of how to influence it, and this is almost always created by the most local form of government making a virtue of its freedom from service management, and credibility in influencing what happens in the town. There are many ways

to advocate for people and to make them more safe, a credible local democracy with the power of strong turnout can be more influential than any other.

The key in my mind to being an effective democratic body is down to one crucial thing, are you operating with a mandate and is that mandate real? For example the rules of national elections are clear, and whilst they do not aid community resilience, when you vote you generally end up with a prime minister who can point to a manifesto and say 'lots of people agree with this'. The more local we get the less clear it becomes, but it should not be so, the first and most important step is to ask in the first place 'why do you want us to exist?'. If you lack mandate in a specific area (ie the makeup of your council isn't representative) then you may need to acquire it.

I believe that a tremendous opportunity exists for Lowestoft to promote the kind of engaged town democracy I have seen in other areas of the world, especially Walla Walla with whom I would still like to try and connect Lowestoft more closely with.

### **Protecting people and promoting champions / ambassadors**

The concept of champions and ambassadors is a good one, I think that language is important and so that when someone is appointed it should make sense to people. For example in my understanding an ambassador is outward looking and aims to work to build relationships on behalf of those they represent, and to share widely the best that those they represent have to offer others and brings back what they can to help. A champion fights for people, leads the charge, and sometimes stands against others for you. Both are vital, but language matters, and people shouldn't expect someone to be both, nor can they be in my view.

These kind of roles are important because they enable people to hear lived experience and set an example for others, it was very hard for me to share some of my lived experience but I am not a hypocrite and so if I ask others to do it then I will do it myself. In the areas where I saw resilience had grown they had almost always promoted people from the hardest to reach communities to have some prominent advocacy role as part of spreading good practice and engaging more people.

In my experience of doing this I was able to find and work with many people who wanted to share their experience but had been unable until now. Sometimes in person and sometimes sharing it with their permission, but always the hope is to find more people of more diverse experience who can share their unique view of the world.

It is also worth noting that it is not just people who have a title who should act as champions and ambassadors, I saw countless people who would advocate for people, support them, champion a cause, or campaign for improvement. Whether it is the local National Autistic Society working locally for better understanding, or local people such as Nick Webb using his various roles to support people with grief and loss. I believe that it isn't always necessary to label a lot of people, but that for various sectors it would be a good idea to consider appointing someone to coalesce around. An example may be:

- An ambassador or champion who I think could make a significant difference to a town like Lowestoft would be one for the licensing trade, we know that alcohol is one of the primary drivers of and exacerbators of poor mental health. Whenever we are given medication there is often a note on the bottle which says 'do not mix with alcohol', we know that when we have a problem the best solution is not always to drink alcohol. But we know that there are places who will go on serving someone who they may know takes medication or who talks about finding life difficult, without offering them support or alternatives.

There are many good venues too, but if a venue owner put up posters advising people 'don't mix alcohol with your medication', set clear limits on how drunk they would let someone be (beyond those of the law), offered those people expressing concern a non alcoholic option and had some point of sale leaflets from organisations who could help – that would be an ambassador for the licensing trade who I think others could follow and be inspired by.

### **Suggestions**

It is not my style to tell people what they should do, my suggestions here are just that it is for others to decide whether they are helpful or not, at worst they can perhaps be used to debate what not to do. They are informed by my experiences described earlier in the report, it is for the reader to decide if that adds weight. I have met with and worked within some of the best organisations in the world in recent years, I believe these suggestions are consistent with what I saw as best practice, but adapted to my knowledge of Lowestoft as unique. I never recommend that one person or place simply adopts the practice or activities of elsewhere as it often falls short.

In all suggestions I am able to provide further details and information on how a piece of work could be done or where there may be a similar piece of work to connect with and learn from. Please contact me if you would like me to provide you with any connections.

If you see an idea or suggestion that you have interest in, or if you would like a summary for you or an organisation I would welcome the opportunity to prepare one.

### **Lowestoft Town Council**

These are the specific actions I would recommend to Lowestoft Town Council:

Aim to connect more closely with Lowestoft Rising and work toward becoming the 'democratic arm' of the work being done. Any progress in Lowestoft which has been made recently is indivisible from the impact of Lowestoft Rising. This would mean that there was a sustainable long term way it ensuring that what Lowestoft Rising has done can go on being done, and that key organisations in the town are connected to the town council.

I think appointing lay members to the town council based on areas of experience and diversity which are lacking at present would assist greatly in engagement. They should be people with lived experience of an issue, given full speaking rights at meetings, and be people who will inform others. I would recommend the first lay member be a member for mental health and that the Lowestoft based creator of the livingwithmentalhealth website would be the kind of person who I would appoint quickly, he is a modern day town crier for mental health in the town. There are many other people but I recommend seeking lived experience over councillor experience.

Consider a directly elected mayor for the town, I would not use a referendum as if 50% turnout is achieved at the election they could be elected and if not then the existing councillors could then choose an appropriate and representative mayor or chair using cooption if necessary and making use of the views of lay members. The aim of 50% turnout also places emphasis on candidates to engage as many people as possible in the core reason for the role, which otherwise may be unclear.

Offer all councillors mental health and community resilience awareness training involving lived experience, and councillors to work to deliver community based sessions within their communities alongside people of lived experience.

Conduct an emotional resilience review of the town to explore these recommendations and to establish the best ways in which to achieve 50% turnout at elections. This would make use of the lay member for mental health and draw together people and organisations in a common aim.

Have all customer facing conversations begin with 'what do you need today'.

Support the ongoing hosting of the annual Lowestoft Conference as a way to go on sharing the best work being done in the town and the lived experiences of people, with the aim of establishing it as a world leading event.

Look to create an emotional wellbeing charter for the town based upon creating an accreditation for organisations and individuals to sign up to if they are to live and work in the town and contribute to community wellbeing. This can cover anything including support groups, by establishing a standard people in the town know who they can trust, as long as they trust the charter. It also means that the world leading individuals and organisations across the town have recognition for their work, and that Lowestoft can support them to learn and engage more widely for the benefit of the town.

If anyone from Lowestoft Town Council wishes me to contribute to explaining these ideas I would be pleased to support in any way I can or to explain further.

### **Lowestoft Rising**

If there were a formal connection between the work of Lowestoft Rising and the town council it could open a plethora of opportunities for better community engagement and for the town to not only receive learning but also to be a place of best practice. We always had the ambition of making Lowestoft the best place in the world for good emotional health.

Now that Lowestoft Rising has established a huge network, has connected organisations together, has direct contact with all key organisations, and has engaged the public in mass activity it makes little sense for anyone to reinvent a network or create a new one. Lowestoft Rising is the answer to a question people need to stop asking 'who will connect Lowestoft', it's being done.

I believe that there are some actions that could be supported or encouraged by Lowestoft Rising:.

I think it would be innovative to establish a best practice accreditation across the town which identifies organisations as meeting a set of standards around lived experience and being responsible. If the town council endorses this it cannot be a legal standard but would mean that locally we can ask for better, with a strong enough mandate it would be possible to ask councils that any tender in the town has to have a commitment to this best practice..

Work to create an offer of a standard of lived experience training and basic support to be available to people across the town working and volunteering with vulnerable people. It is possible to create a sustainable way of developing people who will support others and to support those giving support. But this needs to be bespoke to the town and the people.

Conduct a further year long series of conversations across the town, in various online and offline settings to discuss the mental health and emotional health of the town and encourage the people of the town to understand and contribute to the issue. With the express aim of finding and sharing more lived experience and engaging more people in mental health.

Encourage more sectors to appoint champions and ambassadors and appoint a Lowestoft Mental Ambassador to either replace me or establish the role. A new mental health ambassador should be free to establish their own personality and objectives and will hopefully be able to understand and challenge the kind of issues which I either did not have expertise in or did not have the time to explore fully.

Continue to work with the education institutions in the town to ensure that the ongoing commitment to young people and the development of more healthy and happy children can continue. The work in Hillsboro and Walla Walla would be extremely useful to make a formal connection with in my view.

Support the ongoing hosting of the annual Lowestoft Conference as a way to go on sharing the best work being done in the town and the lived experiences of people, with the aim of establishing it as a world leading event.

Support even more groups and organisations to engage with understanding mental health and emotional needs so that fewer specialised services are needed.

Have all customer facing conversations begin with 'what do you need today'.

I would be happy to support Lowestoft Rising in understanding any of these ideas better.



### **District and County Councils**

I think that Flattening out the support structure for homelessness could help more people in need. I have not seen residual value in having specialist separate mental health provision when they do not usually deal with issues significantly different to those in general homelessness. Staff would benefit from a broader understanding of mental health across the system, you could have a larger pool of people who consider themselves as part of the same goal, you can share the experience of specialist NHS staff, and you have more choice for the client. Finally, in doing this you would not reduce any support to people, indeed many people in specialist supported accommodation miss out on the basic offers made to other homeless people..

Balancing your councillors with lay members or similar contributors who have diversity of thought and background I believe helps to represent people far better.

Have all customer facing conversations begin with 'what do you need today'.

Support front line staff to have localised lived experience training in emotional and mental health, continue to encourage staff to develop specialisms and interest that support their work, and support local aims and expectations on community engagement within tenders and contracts.

Encourage all of your tendered services to agree to report formally to all levels of democracy on their impact against that bodies aims and support those local institutions to provide challenge. The most senior person in an organisation should be reachable to them at times (reasonably) if you are to be sure they share common objectives.

Offer all councillors mental health and community resilience awareness training involving lived experience, and councillors to work to deliver community based sessions within their communities.

Support the ongoing hosting of the annual Lowestoft Conference as a way to go on sharing the best work being done in the town and the lived experiences of people, with the aim of establishing it as a world leading event.

Offer to support town and parish councils to radically review their approach to democracy if they would like to do so. The experience of forming the largest district council in England is one that all local councils can learn from.

I would welcome an opportunity to speak with anyone from Suffolk County and East Suffolk District Councils.

### **The NHS**

Introducing lived experienced awareness training for staff who operate within a mental health setting, including basic handover for cooks, cleaners and other ancillary staff; would help to provide more consistent responses to people in need.

Provide front line staff local lived experience training to better understand mental health, including GP's and people in all settings. In general health I had many conversations with compassionate staff who had all the skills but not enough confidence around mental health issues.

Have all customer facing conversations begin with 'what do you need today'.

Nationally I believe that more effort should be made to ensure that any doctor prescribing medication linked to mental health has to schedule regular reviews, especially within the first weeks. More effort to be made to explain the full impact of a medication on a person.

I still believe that the first thing asked on a 999 call ought to be 'what do you need?', this could transform and expedite emergency calls and support more people to get what they need.

Support the flattening of supported services so that choice , value, and relevance to the client are prioritised over oversight of a specific project or projects. Successful recovery and healing are usually person focussed rather than project focussed.

Support the ongoing hosting of the annual Lowestoft Conference as a way to go on sharing the best work being done in the town and the lived experiences of people, with the aim of establishing it as a world leading event.

Use the Coronavirus crisis to support radically changing approaches to mental health in our communities by engaging with lived experience at all levels.

I am happy to speak with anyone within the NHS who would like to understand more about this.

### **The Media**

There is an important role played in any community, for people to feel safe and supported they also need to have information that they trust. It is the responsibility of publishers (whether you become one yourself online or whether you are a large newspaper or radio or television organisation) to ensure that the information they have is balanced, balanced in hearing both sides, balanced in understanding a whole issue, balanced in the expression of views.

In mental health the most damaging issue has been the reporting of feelings as being illnesses, within a local newspaper I saw a headline which read '1 in 4 people in the area suffer from loneliness' this is of course untrue, 100% of people feel loneliness, it is a normal and life protecting emotion as is anxiety. Hunger is unpleasant but we need to feel it in order to eat and stay alive, when we teach people that being healthy is the avoidance of any anxiety we teach them to be unhealthy.

- I genuinely believe a more effective and interesting headline would have been 'WE ARE ALL LONELY' with information on how all of us have found ways throughout our lives to manage it and of course specialist advise.

Understanding our emotions and feelings is almost always more useful in healing and recovery than suppression or avoidance. But if you feel in crisis you should ask for urgent help.

Support the ongoing hosting of the annual Lowestoft Conference as a way to go on sharing the best work being done in the town and the lived experiences of people, with the aim of establishing it as a world leading event.

I encourage local media to understand a great deal more about the impact of mental health, and a great deal less about the appeal of mental health. This is in the context of local media in Lowestoft who have been exceptionally supportive and who I believe can play an ever greater role.

I welcome a conversation with anyone from local media who thinks they would like to understand this more.

## **The Public**

The biggest responsibility of all for community mental health of course falls upon the community,

There are many people who have made enormous contributions and who are active in the town and committed to seeing Lowestoft thrive, there are many ways to make better use of all of the talents but the first is to give responsibility back to them. By making local democracy relevant to their lives, and by bringing people together (safely) to learn about resilience and emotional wellbeing it could give more autonomy to people over their lives. Here are my suggestions for how people in the town can feel more responsible for the way that they support themselves and others, it is a simple fact that it is impossible for any person or agency to 'fix' problems, the key issue in Lowestoft is that far too few people understand the role we all play in the emotional wellbeing of others.

Make sure that the emotional wellbeing of yourself, your family, and your community the biggest priority in your life. For the long term happiness, success, and wellbeing of your family it is the biggest change that you could make. When losing weight people who use diets on average are the most likely to gain weight over the long term, those who take one step further today than they did yesterday often manage to sustain a healthier lifestyle for longer. I'm afraid that this is the best analogy I have.

Please stop thinking of people as either having or not having mental health problems, it is very rare that people are completely out of control of their minds to the point where they would need to be sectioned. Up to that point the response to your mental health is entirely your own even if your judgement is flawed. If you are able to understand more about how mental health works you can feel less afraid of it and more prepared to ask for support and to offer it. But if you feel in crisis please ask for urgent help.

Remember that mental health problems don't just mean people who have a diagnosis from a doctor, the majority of people with mental health problems may never need to access a service to deal with it, often people with major mental health issues have managed it successfully for a long time without ever having a diagnosis or input from services. Also remember that all recovery and healing is completed in your community, nobody ever leaves a doctor with everything as they would like it – it is the things around you in the community which dictate the success (this includes practitioners and medication of course). A diagnosis is a vital part in the healing and recovery of many people, as is an understanding of the whole person. If you are in any way concerned about your mental health you should ask for help and make contact with your doctor.

If you own a business or run any kind of organisation prioritise the emotional wellbeing of your customers and staff above anything else. This is the biggest change that any organisation can make to ensure the long term success of their organisation. If you are struggling with the pressure of running an organisation please ask for help, I wish that I had.

Support the ongoing hosting of the annual Lowestoft Conference as a way to go on sharing the best work being done in the town and the lived experiences of people, with the aim of establishing it as a world leading event.

Make use of social prescribing, for the vast majority of people this can be a more effective appointment than one with a GP. Also I think we need stop believing that GP's always being very close to specific families is a good thing, they are as prone to labelling as anyone else, and the input you need from a doctor needs to be fact based, we have right to a second opinion for a reason. The role of GP's is ever changing and incredibly challenging, but we have some outstanding Social Prescribing work in Lowestoft and Waveney.

Get to know your neighbours, if you want dramatic improvements in your mental health then make sure you know your community and the people who live around you. This simple step increases the chances your children will be safe and successful, makes you safer and healthier, and is free. Nothing you demand from the government will make as much long term impact as this. It isn't as simple as this of course, but we need to begin to understand how to encourage more people to build on the connections made locally through coronavirus.

Take advantage of Lowestoft, the town has many cycle paths, a wide pedestrianised high street, beaches, the sea, the broads, fields, local shops, it is blessed with good community assets like theatres and leisure centres, if you do not make good use of these then you and your family will be less healthy and happy. Nothing you can demand from the government will make as much long term impact on your long term mental and physical health as this. Some days it is hard for us to make use of the things around us, but if we encourage ourselves and each other then it is possible. But if you feel in crisis please ask for urgent help.

Understand your local democracy and encourage fewer campaigners and more advocates, Lowestoft will not benefit from energy being spent angry at services about ways to fix them when the reality is that the NHS needs support to completely rethink its approach to mental healthcare especially in the light of coronavirus. By advocating for people you know, understanding how to influence the right people and by demanding a local democracy that represents you it will make more difference to both services and communities than any amount of campaigning. We are blessed with some exceptional campaigners already, allow them the room to work and support those they aim to reach, anyone with an urgent concern over services or safety should raise it quickly and appropriately..

Realise the power of your voice, it is the sharing of lived experience that has allowed this report to come so far, the voices of people in the town have opened the doors of every level of government to hear more. If you realise that the best way to ensure the good mental health of those around you is for you to take responsibility personally and recognise what you have the time and energy to contribute to the wider community then you will not need anywhere near as many services to campaign for or about. In the meantime it's vital that we have people who are protecting those things that we value, but more community engagement in future systems is essential.

Try not to get drawn into overly prescriptive or specific campaigns or solutions, remember the bias that we all hold, if you decide that a specific project is needed in the town the first thing you must do is try and prove yourself wrong. If you cannot then next you need to influence people, but to do that you need to understand them. Also this can cause you to assume that if a new service or more staff were employed that the problem is fixed, and you know it won't be possible to fix any issue for everyone, it is helpful for any new systems, groups, or services to fully connect with and integrate with what is already available so that fewer people are left behind.

If you are in a position to act now, please act, if you have resources that can help then there has been no time since World War Two when they are more needed.

Finally please understand each other better, do not bracket people as 'ok' (those in positions of power or perceived authority) and speaking to them in a way that you would find unacceptable if it were reversed. When you remember that everyone experiences anxiety and loneliness at various times then you know that the way we treat each other is the primary reason for any mental ill health. Services surely need to be better at the way they speak to people, but so do the people who speak to services. We all need to try and hear more of the voices of people most affected by the most challenging issues, this isn't easy to do but can be achieved.

**Final note**

I have been a mental health ambassador in the way that I have known how to do it, it's now for others to decide whether I have in fact been a mental health ambassador. If I have then I am pleased, if I have not then I hope that my work has still been useful, if I have done neither then I hope it will inform others what to avoid in future.

I hope that someone will fulfil this role in future, whether they will be considered the first or the second depends on whether I established the role or not.

It has been the greatest of privileges to have occupied several roles in Lowestoft from which I have learned a great deal and met a large number of people. I hope the connections and learning I have shared have helped some people, I will always make time to do this for any of the people or organisations in Lowestoft who I can support.

I would also like to find a home for my learning, and a place where best practice can be exhibited and understood, I welcome opportunities to do this. I welcome contact from organisations inside and outside Lowestoft with whom we can work to imagine better mental health in our communities.

Thank you.