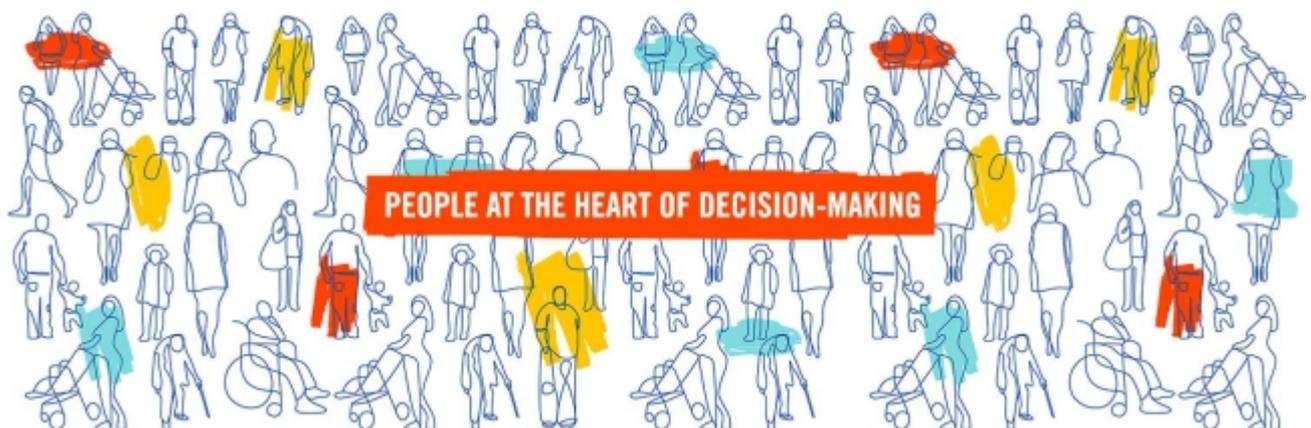


HOW CAN MENTAL HEALTH BE IMPROVED FOR EVERYONE IN OUR AREA?

REPORT FROM THE VOICE MATTERS PEOPLE'S PANEL

November 2022



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Who was involved?



Involve

The Involve Foundation, with offices in Belfast, Edinburgh and London, is the UK's leading public participation charity, with a mission to put people at the heart of decision-making. Involve delivered the People's Panel events— designing and facilitating the process through which the Panel learned, considered and came to recommendations about the topic. They also wrote this report on the outcomes of the People's Panel.



Sortition Foundation

The Sortition Foundation promotes the use of sortition (random selection) in decision-making. They were responsible for recruiting people to take part in the People's Panel. Their aim was to ensure the Panel was broadly reflective of the Creggan, Shantallow, and Galliagh areas.



Co-operation Ireland

Co-operation Ireland is a peace building organisation which works to promote and encourage interaction, dialogue, and practical collaboration between the peoples of Northern Ireland and between Northern Ireland and the Republic of Ireland. Our mission is to sustain peace by helping to build a shared and cohesive society. Co-operation Ireland does this by working in partnership with others to: develop initiatives which address emerging challenges to peace; facilitate understanding, positive relationships, and create a supportive environment by building capacity, influencing policy, and developing collaboration at a strategic level. Co-operation Ireland initiated the delivery the "Voice Matters" project, their first programme to focus on democracy and civic participation.



Saint Columbs Hall Trust

St. Columbs Hall Trust is a charitable organisation, established in 2019 to regenerate St Columbs Hall (a strategically important landmark site in central Derry/Londonderry) and contribute positively to the community. St. Columbs Hall was utilised as the venue for all of the in-person "Voice Matters" events.

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Foreword

How can mental health be improved for everyone in our area? Voice Matters People's Panel



As the Mental Health Champion for Northern Ireland and a Professor of Mental Health Sciences, I am delighted to introduce the report from the Voice Matters People's Panel which addresses how mental health can be improved for everyone within Derry/Londonderry. The key partners in this initiative, Co-operation Ireland, Saint Columb's Hall Trust, Involve UK, and the Sortition Foundation, brought together and formed the Voice Matters People's Panel in order to consider the important question: "how can mental health be improved for everyone in our area?"

Currently, mental health problems cost the Northern Ireland economy £3.4 billion each year. The Department of Health has developed, in conjunction with people with lived experience, carers, campaigners, and health care providers, a new 10-year Mental Health Strategy. The Strategy is a strong plan which incorporates many of the prevention and early intervention activities needed to address mental health issues in Northern Ireland, but this requires long term and intensive funding. In addition, the Department's strategic framework; "Preventing Harm, Empowering Recovery", seeks to tackle the harm from substance use. In the meantime, statutory mental health services continue to operate under extreme pressure with vital support provided by non-statutory, community and voluntary organisations.

The importance of empowering those impacted by mental ill health, either directly or indirectly, to identify possible ways of improving their locality cannot be overstated. Citizens, by the very nature of living, working and socialising where they reside are best placed to understand the situation on the ground and recognise ongoing issues. More often than not our citizens become aware of issues before local authorities and can be best placed to intervene with the right support. Harnessing the potential from local people by engaging with them and including them in the decision making processes leads to better outcomes for those in need.

This report describes the mental health challenges faced by those within the Creggan, Shantallow, and Galliagh areas of Derry/Londonderry and makes practical recommendations based on the understanding and knowledge of the local community from these areas about how these challenges should be prioritised and assessed.

I commend Co-operation Ireland for initiating the project as part of their ongoing focus on peace building and civic participation, along with the contributions from other key partners, Saint Columb's Hall Trust, Involve UK, and the Sortition Foundation. It is uplifting to see the commitment to work together to improve the mental health outcomes for everyone within Derry/Londonderry. It is vital that the report is shared with those in positions who can act on and enable the recommendations identified to improve mental health outcomes and suicide prevention methods for this community. I would like to thank each and every person who participated in the People's Panel. Your commitment to the project along with your life experiences, expertise, and collective voice has the potential to change the lives of those who suffer from mental ill health in your area and the positive impact of advancing the recommendations that you identified will be felt through society.

A handwritten signature in black ink, appearing to read "Siobhan O'Neill".

Professor Siobhan O'Neill
Mental Health Champion

Executive Summary

The Voice Matters People's Panel brought together 30 residents of the Creggan, Galliagh, and Shantallow areas of Derry/ Londonderry. Together, they reflected the population diversity of those areas in terms of age, gender, disability, education, ethnicity, and deprivation.

The People's Panel was asked to make recommendations in response to the question:

'How can mental health be improved for everyone in our area?'

The People's Panel met in Saint Columb's Hall in the centre of Derry/ Londonderry for two full days on Saturday 28 and Sunday 29 May 2022. To help answer the above question, panel members heard evidence from a variety of speakers and discussed their own views and experiences with each other.

This report describes in detail the work of the People's Panel, including the demographics of the panel members and how they were recruited, the structure and content of the panel meetings, and what panel members thought about their experience of taking part.

Over the weekend the Panel produced 3 main outputs:

1. **A list of principles** to inform panel members in identifying the focus of their recommendations and priorities for distributing resources;
2. **Overarching recommendations** to improve mental health across the community; and
3. **Priorities for investment** to tackle the mental health crisis evident in the city

These outputs are summarised below.

Principles prioritised by panel members

1. Communication - interagency working and cohesion.
2. Wrap around services.
3. Statutory funding for charities.
4. Groups should not be competing for resources.
5. Holistic individualised approaches.
6. Work to prevent the most serious harms.
7. Valuing lived experience.
8. Honesty - not making promises (for services) that can't be kept.
9. Support for families too.
10. Consistent care for recurring service users.
11. Focus on prevention as much as cure.
12. Allocations based on needs.
13. GPs actively referring people to charities.
14. Free up waiting lists.
15. Build communities of support e.g., LGBT +.
16. Responsive services that meet people where they are.

Summary of Overarching Recommendations

Recommendations are summarised below and are presented in full later in this report. The full recommendations include:

- **What** the panel members want to happen.
- **How** they think it should happen.
- **Why** the recommendation is important.

The report includes more details about how the process of drafting, presenting, and ranking recommendations worked.

	Recommendation	Level of Support
1	We recommend the opening of an addiction and detox facility In Derry, with a sober room, family support and aftercare built In. It should be a city centre site. It should be appropriately resourced with government funding and appropriately staffed.	100%
2	We need to support children and young people from early years through changes to our education systems and health services.	89%
3	Ensure that we have great staff and volunteer leaders to work In communities with the right skills to meet needs with empathy and care and a safe environment.	78%
4	We need to establish one-stop-shop community hubs to cater for community needs, which offer a variety of services, activities, and support in a safe environment.	70%
5	We recommend a mobile unit that can go into communities across the city to promote positive mental healthby providing information, advice, and informal support to people and communities (a bus full of hope).	67%
6	We strongly recommend a 24 hour central mental health crisis Intervention centre.	67%
7	Streamline and refine the receptionist triage process so that It is only used in appropriate situations. When used it must be clear why the receptionist is asking question and with a clear code of confidentiality. There should be a code word for mental health problems.	63%
8	Develop self referral pathways as a route for all mental health support services, and to raise awareness of the services where self referral is already a route.	63%
9	We need to improve awareness of all the existing services that are available.	48%
10	An SOS Derry Bus, similar to the Belfast model.	44%

Priorities for Investment

Panel members were presented with a range of suggestions from local service providers about what was needed to address the current mental health crisis within the city. After considering the suggestions, panel members were then asked to distribute hypothetical resources across the different interventions to indicate where they felt investment would be most valuable. Those interventions are listed below in the order which they were prioritised.

1. Addiction and detoxification services
2. Suicide prevention
3. Crisis counselling
4. Early intervention/general mental health support
5. Specialist mental health care for 16-24 year olds
6. Crisis intervention

This report also contains background to the project and next steps for presenting the conclusions of the People's Panel to partners and decision makers by Co-operation Ireland.

Introduction

The Voice Matters People's Panel brought together a diverse group of 30 residents from across the the Creggan, Shantallow and Galliagh areas of Derry / Londonderry to explore the question: **How can mental health be improved for everyone in our area?**

The Panel met together for a weekend in May 2022 to take part in a facilitated deliberative process which involved the members:

- Sharing what mental health means to them;
- Learning about the existing mental health services available in the city;
- Considering gaps in service provision and understanding escalating needs;
- Exploring options for improved services and community-based support;
- Developing conclusions and collective recommendations.

The project was initiated by Co-operation Ireland as part of their ongoing focus on peace building and civic participation within the area. To deliver the project they commissioned Involve, the UK's leading public participation charity, to design and facilitate the People's Panel and write this report.

Project background

By Sophia Devlin, "Voice Matters" Project Coordinator, Co-operation Ireland

Here, Co-operation Ireland describe the background to the Voice Matters People's Panel and their plans looking forward.

Co-operation Ireland conducted initial outreach and stakeholder engagement in Derry/Londonderry and the North West in 2019 and 2020. During this time, through a mix of feedback sessions, seminars, and one-to-one conversations, we built connections with communities, experts, and stakeholders within civic engagement, the community and voluntary sector to inform the focus and design of this project.

The People's Panel agenda was further refined during a participatory process that took place in October 2021. The series of workshops aimed to learn more about potential topics by enabling citizen input and giving members of the public and stakeholders an opportunity to engage with subject matter experts to learn more about certain topics and develop a more informed opinion about which topics might be suitable for further deliberation.

Building on that, our "Democracy Series" events held in January 2022 facilitated the final selection of the potential themes citizens were interested in addressing via deliberative democracy. Issues such as identity, climate action, and civic engagement were considered. However, mental health was deemed by citizens to be the area of greatest interest. This was further supported via an online poll we conducted as part of the "Voice Matters" campaign.

Based on the information we received from panel members in those earlier stages, we then consulted with stakeholders from the Western Trust, Public Health Agency, local politicians, and non-governmental organisations to discuss areas of mental health service provision which could be addressed effectively by a deliberative mini public. We also conferred with charities providing mental health services, such as HURT: Have Your Tomorrows, Foyle Search and Rescue, Extern Community Crisis Intervention Service, and Our Generation. These organisations were identified by statutory bodies as the leading voluntary sector organisations working to improve and address mental health issues; they were instrumental to the design and delivery of this process.

The recommendations outlined within this report will be shared with key stakeholders, government departments, local authorities, elected representatives, the community sector, and the voluntary sector. There will be action required because of this report; Co-operation Ireland looks forward to working with the relevant bodies and organisations to begin to implement as many of these recommendations as possible.

The Workings of the People’s Panel

This section describes how the People’s Panel operated, who the members are and how they were selected, design principles and core features, and how the deliberative process worked.

Panel members

The People’s Panel was made up of 30 residents of the Creggan, Shantallow and Galliagh areas of Derry / Londonderry.

The members of the People’s Panel were recruited by the Sortition Foundation using a method called a civic lottery.¹ The Sortition Foundation randomly selected 4,500 addresses in the Creggan, Shantallow and Galliagh areas of the city from the postal address database.

In late April 2022, these households received invitations by post explaining the People’s Panel and asking people to register their interest. The invitation highlighted that people would be supported with their accessibility needs, with the costs of taking part, and would be given a One4All card to the value of £120.

63 people who received the invitation went on to apply to join the Panel.² From those responses, a representative sample of 30 participants was created to make up the People’s Panel (a process called random stratified sampling to meet targets set by using census data). While the pool to select from was not large enough to ensure the group was truly representative, the 30 participants broadly reflect the local diversity of the targeted areas in terms of age, sex, disability, ethnicity, and socio-economic background.

Demographics of the People’s Panel

Criteria	Categories	Target (%)	Final 30 (%)
Gender ³	Female	51	60
	Male	49	40
Age	16-21	10	7
	22-29	13	7
	30-44	24	23
	45-64	34	47
	65+	20	17

¹ To find out more about civic lottery (also known as sortition) visit <https://participedia.net/method/5507>

² The response rate was relatively low at 1.4% compared to the norm for deliberative processes, which ranges from 2% to 5%. It is however within the bounds of normal for an area experiencing more deprivation. Response rates are also generally lower for projects that are not formally part of a policymaking process. A relatively low response rate like this can make it more challenging to hit all of the demographic targets. If future events are planned which focus on small geographies, we suggest experimenting with approaches designed to increase the response rate, for example offering a higher rate of financial compensation, and/or carrying out some amount of door to door recruitment in support of the postal invitations. This is also likely to increase the diversity of thinking and experience in the room.

³ We did not have a recruitment target for people with non-binary gender identities as there is no recognised baseline statistic to model from, but the recruitment process ensured that they had the same probability of selection as others.

Ethnicity ⁴	White	98	90
	Minority ethnicity	2	10
Disability	Yes	23	43
	No	77	57
Education	No formal qualifications	18	17
	Qualification below NVQ4 level	47	53
	NVQ4 level qualification or above	35	30
IMD ⁵	IMD1	55	53
	IMD2-3	27	30
	IMD7-10	18	17
Geography	Creggan	45	47
	Shantallow	28	30
	Galliagh	28	23

Approach to planning a deliberative process

Deliberative processes are a specific and valuable form of public engagement that offer participants the opportunity to make a meaningful contribution to addressing complex and contentious issues within society. This is because they are given access to balanced information about the issues, time to consider what they have heard, and the opportunity to discuss their opinions with others before being asked to draw conclusions.

Deliberative engagement processes also add value for the organisers by enabling the understanding of three levels of public perspectives:

1. **WHAT** participants say they want
2. **WHY** participants want it – *the values, principles or perspectives that inform and underpin what they say they want*
3. **HOW** participants want it to happen – *when consensus is achievable, and when it is not, alongside how they prioritise and trade-off the different values that inform what they say they want.*

Central to any successful deliberative engagement is a three phase approach:

- **The learning phase:** wherein participants are able to develop an understanding of the issue based on unbiased information and/or the clear presentation of arguments from different perspectives as well as sharing their own experiences and views. Throughout this phase information can be presented in a variety of ways including presentations from experts and advocates, written technical information, case study examples. Participants'

⁴ People were given all of the ethnicities that featured on the 2011 Northern Ireland census (which was the source of our target data) to choose from in the registration process. However, because the target area is overwhelmingly White in its composition, it would be hard to represent minority ethnicities in a group of 30, so to create the sample, we aggregated non-white categories into one 'minority ethnicity' category.

⁵ The IMD (Index of Multiple Deprivation) measures relative levels of deprivation across Northern Ireland, broken down into 890 spatial areas known as Super Output Areas (SOAs), with an average population of around 2,100 people. 1 = the most deprived areas, 10 = the least deprived.

learning also takes place through discussions with their peers as they are exposed to different perspectives, values and understandings of the topic in question.

- **Discussion focused on developing dialogue:** This, typically undertaken in small facilitated groups, allows time for people to develop and test opinions on issues that are new to them (and on which they may not have a pre-existing opinion), explore any pre-existing opinions in light of what they have heard and encourages a wider understanding of the opinions of others. In seeking to build this dialogue participants are asked to become part of a collaborative process of shared inquiry, exchange, listening and reflecting. This requires skilful facilitation to support participants to move beyond the presentation of surface level views. It is important however that the participants themselves are able to drive the focus of these conversations as a process of collective ‘meaning making’.
- **The deliberation phase:** This involves participants coming to some conclusions based on what they have learnt and shared through a process of public reasoning, which asks participants to weigh options and make choices together. While consensus based decision-making processes are the ideal, at this stage voting systems are often used once areas of ‘common ground’ have been established to ensure clear, widely endorsed outputs are attained.

The meetings of the People’s Panel

The People’s Panel met for 2 full days on Saturday 28 and Sunday 29 May. The meetings took place in person, in Saint Columb’s Hall in the centre of Derry/Londonderry. The participants spent most of their time in small, facilitated discussion groups (6 people per table, plus a facilitator) where they considered the information that they were presented with, explored priorities and options and formed collective conclusions.

The weekend was broken down into four sessions, each of which is outlined below.

SESSION 1: WELCOME & SCENE SETTING; WHAT IS MENTAL HEALTH?

Saturday 28 May, 10am-12:30pm

Session purpose: to welcome the participants, build their comfort and confidence with the process, set the context for the panel, and link with decision-making processes.

An introduction to the People’s Panel by the lead facilitator, Kaela Scott (Involve) - How the assembly will work, icebreaker exercise; conversation guidelines.	
Group discussion: An opportunity for participants to introduce themselves, say what had motivated them to take part, and agree the conversation guidelines they wanted to establish their ways of working together.	
ITEM	SPEAKER
Welcome from Co-operation Ireland from the Chief Executive; how did the Voice Matters project begin and what does democracy mean for peace building?	Peter Sheridan- Chief Executive, Co-operation Ireland
Welcome and scene-setting from key statutory decision-makers; what are the issues and challenges and what difference can the People’s Panel make?	Neil Guckian - Chief Executive, Western Trust
What is Mental Health? High level overview - what does mental health include? What are the determinants of mental health?	Pauline Flanagan, Action Mental Health

Group discussion: After hearing from the speaker, participants had an opportunity to reflect in their small groups on what they had heard, and agree together what questions they would like to put to the speakers.

Q&A session with the speakers: the lead facilitator chaired the Q&A session with speakers, asking them the questions that had been prioritised by the participants.

Group reflections: Supported by their facilitators, small groups had an open discussion about what good mental health means to them, and what does a community need to be able to support the mental health of its residents.

SESSION 2: CURRENT NEEDS AND MENTAL HEALTH SERVICES; WHAT INTERVENTIONS MIGHT HELP?

Saturday 28 May, 1:30-4:30pm

Session purpose: To understand how communities' and individuals' needs are currently being met, where there are gaps in services, and what plans or possibilities are there for improvement.

Introduction The Lead Facilitator, Kaela Scott, welcomed the group back from lunch and introduced the lightning talk format, where each speaker had 8-10 minutes to talk about their topic, covering what is currently offered, where there are gaps in services, and what they believed the focus for improvement should be.

LIGHTENING TALKS ⁶	SPEAKER
Early intervention / General mental health support	Nicola McCrea, GP Mental Health Practitioner Liaison
Crisis Counselling services	Thomas Bradley - Extern
Specialist mental health care for 16-24 year olds	Katrina McIlmail - Our Generation, Co-operation Ireland
Addiction and detoxification services	Dessie Kyle and John Devine - HURT
Crisis intervention	Sophia Devlin - Co-operation Ireland
Suicide prevention	Stephen Twells - Foyle Search and Rescue

Group discussion: facilitated reflections in small groups on what participants had heard in the lightning talks, and an opportunity for small groups to organise themselves to make the most of the discussion carousel with speakers.

Speaker carousel: Each speaker spent 10 minutes with each small group, responding to their questions and entering into a discussion with them.

Group discussion: For the last session of the day, small groups were facilitated to step back and reflect on what they had heard, and to begin considering trade-offs and the value added by different services and interventions. They were asked to think about the values, principles, and considerations that they would take into account if they were prioritising where resources should be dedicated.

⁶ It is important to note that these Lightning talk speakers had been invited to present from an advocacy point of view, making the argument to members about the importance of these services within the community and what they believed was needed to serve community needs better.

SESSION 3: MENTAL HEALTH IN THE COMMUNITY - LOCAL RESPONSES AND LEARNING FROM ELSEWHERE

Sunday 29 May, 10am-12:30pm

Session purpose: start thinking about solutions

Welcome back: the agenda for the day; group warm-up; revisiting conversation guidelines; reflecting on interventions and principles identified yesterday (Kaela Scott, Lead Facilitator).

Group exercise: station carousel: Looking at each of the six different types of interventions presented during session two to consider more deeply why each one is important and what would investment could achieve or change. Participants rotated between the three intervention types they were most interested in discussing.

Prioritising interventions: Each participant was given 10 'resource units' (sticky dots) and asked to divide them across the different crisis interventions in response to the question: *From what you have heard, and what you know of your communities, where does it feel that investment is most needed to tackle the mental health crisis?*

Participants then anonymously allocated their resources to indicate proportionally where they believe it was most important to invest to support positive mental health and tackle the existing mental health crisis across the community. There was no limit on the proportion of their available 'resources' that participants could allocate to a specific intervention type.

Plenary presentations: Turning the focus away from crisis response to thinking about alternative answers to the overarching question 'How can mental health be improved for everyone in our area?' - including consideration of the social and economic determinants and innovative ways in which communities can support the mental health of their residents.

TOPIC

SPEAKER

Mental health and social inequity - the socio-economic determinants of mental health.

Goretti Horgan, Senior Lecturer in Social Policy, Ulster University

Case study in **community-based mental health support:** the North Belfast Care Zone

Seán Devlin, Manager, Youth Education Health Advice (YEHA)

Open Q&A: participants had the opportunity to ask questions of the speakers, to improve their understanding of the context and examples given.

Group discussion: What can we learn from what we just heard to help us answer the questions:

- How do these ideas relate to the needs in our own communities?
- How can mental health be improved for everyone in our area?

SESSION 4: LOOKING FORWARD TOWARDS A 'MENTALLY HEALTHY' COMMUNITY

Sunday 29 May, 1:30pm-4:30pm

Session purpose: develop forward looking recommendations to answer the question - 'How can mental health be improved for everyone in our area?'

Welcome back: Kaela Scott, Lead Facilitator, setting the task for the afternoon

Developing recommendations

Full afternoon activity alternating between work in breakout groups and work in plenary, to facilitate the collectively proposing and and prioritising of areas for focus, and open space models that allowed individuals to choose, from among these, the ideas they were most interested in to work on to develop and refine recommendations.

Closing remarks Thanks and next steps

Co-operation Ireland

Conclusions from the Voice Matters Peoples' Panel

Over the weekend the Panel produced 3 main outputs:

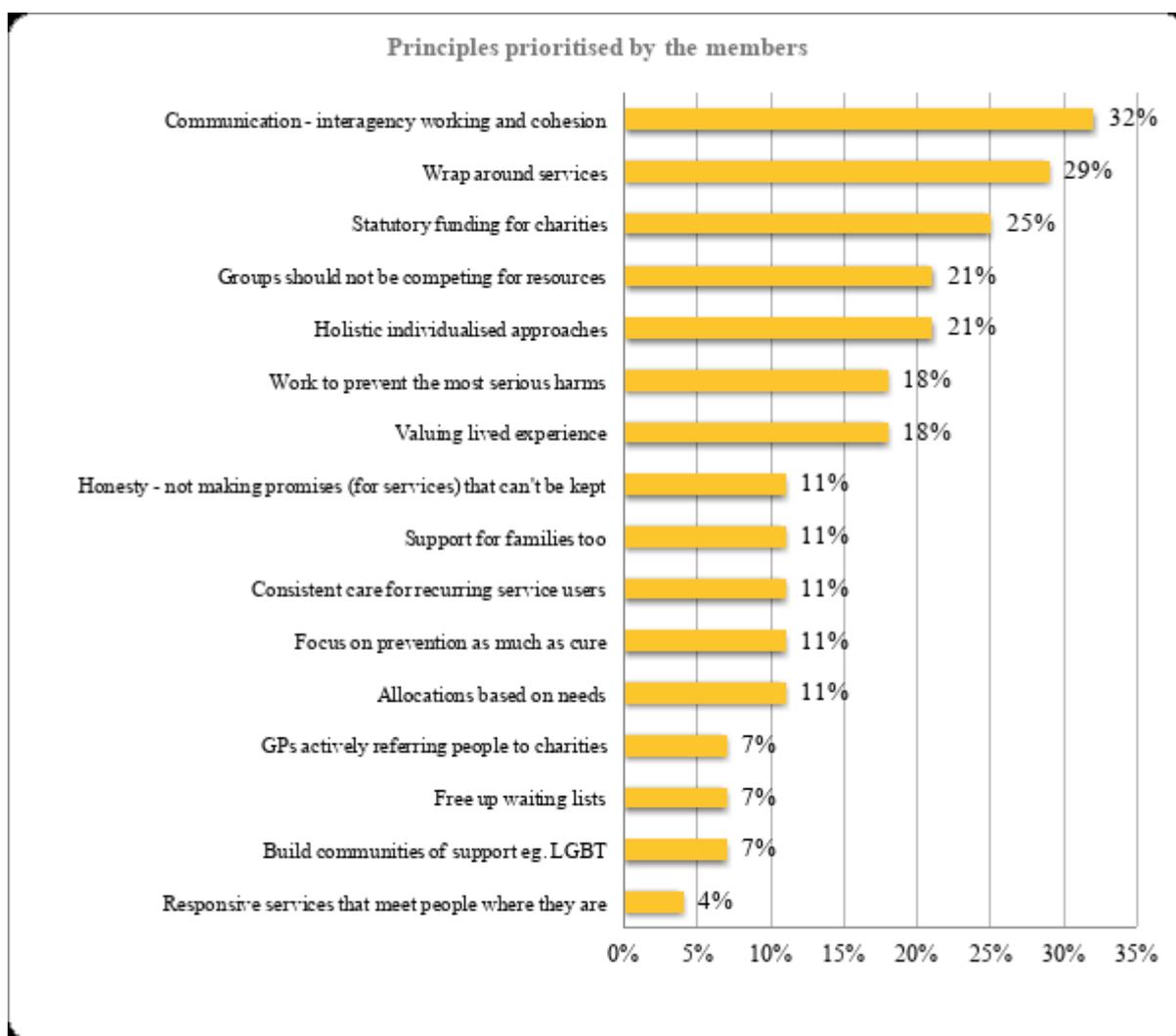
1. **A list of principles** to inform participants in identifying the focus of their recommendations and priorities for distributing resources;
2. **Overarching recommendations** to improve mental health across the community; and
3. **Priorities for investment** to tackle the mental health crisis evident in the city.

These are presented below as the conclusions of the Voice Matters Peoples' Panel.

Principles

The members identified 16 principles that they felt should underpin approaches to improving mental health across the area and addressing the mental health crisis. These principles were referred back to by the members in developing recommendations and considering resource priorities.

The principles are presented in the graph below, alongside the percentage of members who prioritised each.⁷



⁷ In a group of this size percentages are not statistically significant and are presented for illustrative and comparative purposes only.

Process for developing Principles

Having explored the context of the escalating mental health crisis in the city, and the existing challenges, needs and gaps in the services able to be provided, the members were asked to 'step back' and reflect on the principles, values and criteria that they believed SHOULD inform their own recommendations (as a Panel), and wider decision making, about how to support mentally healthy communities across the city.

Working in small groups they identified the various principles, factors and values that were important considerations for allocating resources and developing creative solutions to address the problem. Within their groups the members were then asked to vote individually to prioritise those they considered most important (3 votes each). Every consideration that received at least one vote was consolidated to form the list of Principles presented above.

Recommendations to support the development of mentally healthy communities across the city

During their final afternoon together, the members of the Panel were given the opportunity to reflect on all they had heard, all they had learnt and all that they knew to identify the key aspects of 'change' that they believed would help address the immediate crisis and promote mentally healthy communities in the future.

Process for developing Recommendations

In their small groups the members spent time reviewing the outputs from their earlier discussions about what they felt a community needs to be able to protect and support the mental health of its residents. This list can be found in Annex A.

Each group then spent time brainstorming all the ideas that they had for recommendations before being asked to collectively prioritise the 3 that they believed had the most potential to help deliver the 'mentally healthy' communities that they, and the people around them, would all like to live in. Each group had the opportunity to present the 3 areas they had prioritised back to the wider group, including their reasons why.

Over the break the priorities from the five groups were consolidated by the Involve team to identify 10 areas that the members would then focus on to develop recommendations. Using a mix of small group working (where members worked on the area for recommendation prioritised by their table) and open space (where members were able to choose the topic they worked on) the text of the recommendations was drafted by the members. An opportunity for the wider membership to offer comments and suggestions during the drafting process was also built in.

Each group then presented the recommendations that they had written to the full Panel. Following this all members were asked to vote for the 7 proposals that they believed would have the biggest impact on improving mental health for everyone in the area.

The members' collective recommendations are presented below in the order that they were supported by the members. They are presented as written by the members in their own words.

Recommendation 1: an addiction and detox facility

Prioritised by 100% of members

To support the mental health of our communities...	We recommend the opening of an addiction and detox facility in Derry, with a sober room, family support and aftercare built in. It should be a city centre site. It should be appropriately resourced with government funding and appropriately staffed.
To make this happen...	The new Mayor should champion this and lead efforts to have it resourced through the Department of Health and Department for Communities. Young people in the community should be trained and involved in the building of the facility.
So that...	There will be a better future for people with addiction to help them towards long term recovery. This will reduce suicides, premature deaths, family breakdown, and reduce pressures on other essential services. It will support people to lead a productive life.

Recommendation 2: focused on children and young people

Prioritised by 89% of members

To support the mental health of our communities...	We need to support children and young people from early years through changes to our education systems and health services.
To make this happen...	Mental health, emotional wellbeing, and life skills should be integrated into the curriculum for everyone in all schools across the city. Children and young people with special needs, as well as those communities of interest, such as LGBTQ+, should be supported by specialist services. This needs to be developed by relevant government departments, such as the Executive Office, Department for Education, and Department of Health, statutory bodies such as the Education Authority, the Western Trust, and the Education Board, and other partner organisations.
So that...	Children and Young People will have the coping mechanisms they need to be resilient. We value lived experience from early on. We end stigma!

Recommendation 3: quality staff and volunteers

Prioritised by 78% of members

To support the mental health of our communities...	Ensure that we have great staff and volunteer leaders to work in communities with the right skills to meet needs with empathy and care and a safe environment.
To make this happen...	We need support from the following: <ul style="list-style-type: none"> • Local council • Volunteers with lived experience • Local leadership • Local companies and investment • Training • Residents • Local health care practitioners • Funding
So that...	<ul style="list-style-type: none"> • People have more independence

	<ul style="list-style-type: none"> • To take the pressure off services • So that people are more aware of the services that exists to help them • People feel welcome and accepted • People have greater wellbeing and self-worth
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Recommendation 4: one-stop-shop community hubs

Prioritised by 70% of members

To support the mental health of our communities...	We need to establish one-stop-shop community hubs to cater for community needs, which offer a variety of services, activities, and support in a safe environment, easily accessed by public transport.
To make this happen...	<p>We need the following to work together:</p> <ul style="list-style-type: none"> • Professional services • Volunteers • Community groups and community workers • Service users • Emergency services • Residents
So that...	So that people have a sense of belonging, social connection, and friendship, and feel supported and the people who need it have access to timely help.

Recommendation 5: a 'bus of hope'

Prioritised by 67% of members

To support the mental health of our communities...	We recommend a mobile unit that can go into communities across the city to promote positive mental health by providing information, advice, and informal support to people and communities (a bus of hope).
To make this happen...	<p>Charities, community groups, and statutory agencies need to work together to:</p> <ul style="list-style-type: none"> • Locate a bus • Train volunteers on an ongoing basis, especially people with lived experience so that they have the appropriate skills • Fund running costs • Provide information • Support volunteers • Secure sponsorship • Agree safe ways of working
So that...	<ul style="list-style-type: none"> • People can feel supported without going through formal channels • Lived experience is valued • We end stigma • There can be conversations about shared experiences

Recommendation 6: a mental health crisis intervention centre

Prioritised by 67% of members

To support the mental health of our communities...	We strongly recommend a 24 hours central mental health crisis intervention centre.
To make this happen...	It should be fully funded by the Department of Health and relevant statutory partners.
So that...	There can be a central self-referral service that can provide on-site, immediate support and information to signpost people on to the relevant mental health service providers.

Recommendation 7: changing GP mental health triaging system

Prioritised by 63% of members

To support the mental health of our communities...	Streamline and refine the receptionist triage process so that it is only used in appropriate situations. When used, it must be clear why the receptionist is asking questions and with a clear code of confidentiality. There should be a code word for mental health problems.
To make this happen...	Doctor's surgeries need to introduce a code of practice on the use of the receptionist triage process. There should be an agreed script or disclaimer at the start of the call. GP federations should produce the code of practice for all surgeries to follow. If people are calling into the surgery, they could be given the option to point at the service they want on a piece of paper, maybe using a colour coded system, rather than say it out loud.
So that...	It would make the GP referral service more professional. It would lead to improved confidence among patients, better understanding of the process, and would preserve the dignity of the individual. This is especially important as a person with mental health problems may not engage with a receptionist or may disengage entirely. It would also protect people's personal information.

Recommendation 8: self-referral pathways

Prioritised by 63% of members

To support the mental health of our communities...	Develop self-referral pathways as a route for all mental health support services, and to raise awareness of the services where self-referral is already a route.
To make this happen...	Central government and local government need to direct resources that will enable self-referrals to be viable, and a process for redirecting service users if they have self-referred to the wrong service. This should include multi-level, cross sectoral promotion.
So that...	There is less risk of people ending up in crisis.

Recommendation 9: awareness raising

Prioritised by 48% of members

To support the mental health of our communities...	We need to improve awareness of all the existing services that are available.
To make this happen...	Central government should fund it. Local government should co-ordinate, drive, and manage it. Community GPs should implement it. Private sector should support with marketing and distributing information. Individuals should take responsibility to share their knowledge.
So that...	People are more empowered with the knowledge of where to go for help and support.

Recommendation 10: an SOS Derry bus

Prioritised by 44% of members

To support the mental health of our communities...	An SOS Derry Bus, similar to the Belfast model.
To make this happen...	We would like the SOS Derry Bus to be funded by Derry City and Strabane District Council, the Department of Health, PSNI, and local stakeholders, including business, Vintners Association, pubs and restaurants.
So that...	People of any age feel safe socialising at night and anyone who finds themselves in difficult situations and may be in need of advice, treatment, intervention, support, or a listening ear can go there.

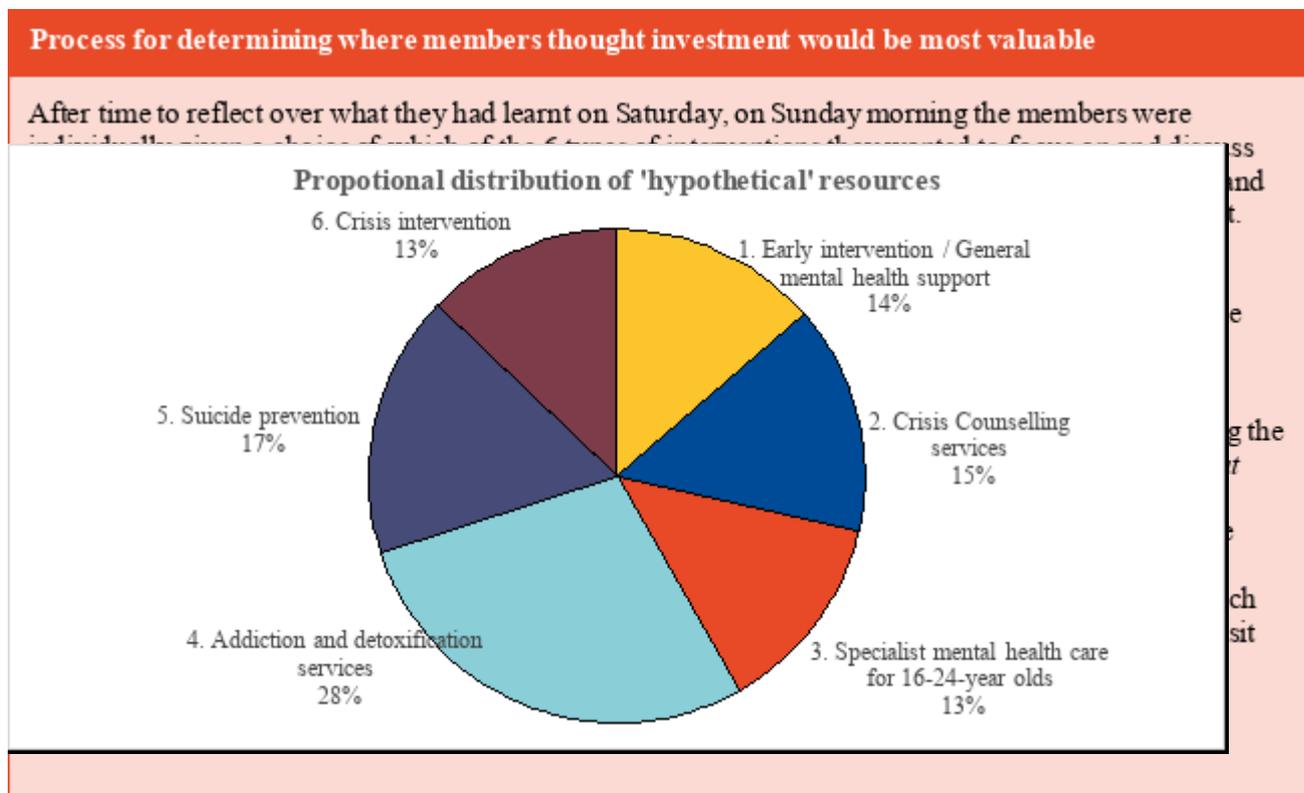
Priorities to address the mental health crisis in the city

As part of the evidence to inform their deliberations the members were presented with a range of suggestions from local service providers about what was needed to address the current mental health crisis within the city, including emphasis on where there were gaps in the current service offer.

They heard from:

1. **Early intervention / General mental health support** - Nicola McCrea, GP Mental Health Practitioner Liaison
2. **Crisis Counselling services** - Thomas Bradley, Extern
3. **Specialist mental health care for 16-24 year olds** - Katrina McIlmail, Our Generation
4. **Addiction and detoxification services** - Dessie Kyle and John Devine, HURT
5. **Crisis intervention** - Sophia Devlin, Co-operation Ireland
6. **Suicide Prevention** - Stephen Twells, Foyle Search and Rescue

It was acknowledged to members that all these approaches and services are important and vital responses to the mental health challenges across the city but the reality is that resources are finite and investment has to be prioritised. The findings presented below reflect the members' assessment of proportionally how any available resources should be allocated to most effectively support positive mental health and tackle the existing mental health crisis in the city.



As can be seen from the graph below, the greatest share of resources was allocated to improving **addiction and detoxification services**, as consistent with the members' unanimous support of Recommendation 1.

In focusing on addiction and detoxification services members argued that there was a need for a local facility that was available to people during the detoxification process, and that allowed people to remain close to their families during this time. They also expressed the view that they recognised a growing need for this in their communities and felt that existing services, even if not locally based, were not going to be able to keep up with demand. Further the members focussed on the support needed for families when one of their members were in need of help with addiction, noting repeatedly that this is not a condition that only impacts on those addicted.

Big need now - and increasing with cost of living crisis - explosion waiting to happen so need frontline service and work alongside services.

It's destroying families - still hidden & carries shame - more support for families needed - it's a family disease - they need to be helped understand.

Suicide prevention was the second highest type of intervention prioritised for investment.

Its life saving, when all else has failed

[Suicide has a] Massive knock on impact, leads to Mental Health issues surfacing in others

In discussing the importance of making more resources available for suicide prevention in the city the members referred back to the information they had heard about the particularly high rates of suicides, and suicide attempts, in Northern Ireland. They strongly felt that the history that has led to this needed to be recognised and resources provided to tackle this alarming trend. They also

broadly agreed that there was a need to speak about the subject more often to normalise discussions about suicidal feelings, equip the community to recognise the signs and empower people to be confident to intervene if they identified someone at risk.

The remaining 'resources' were relatively equally distributed across the four other types of interventions. Improving the availability of **crisis counselling services** was allocated 15% of available resources. The focus of the discussions here was on the need for people to be able to access services when they needed them, without lengthy waiting lists, so that problems did not escalate. There was also considerable focus in the discussions on the need for people to be able to self-refer to counselling services, and this being able to be done without stigma.

If it was well known, and easy to access people would see this type of way of managing their health as 'normal' and would use it - helps with stigma.

When talking about the need for more **specialist mental health support for young people** the members focussed on some of the specific stressors and pressures associated with young adulthood including exam pressures, parental expectations, challenges in finding and retaining employment and bullying and harassment (particularly for young people identifying and LGBTQ+). They saw the opportunity to increase mental health service provision for this age group as being a way to build young people's resilience so that they go into adulthood with beneficial coping mechanisms in place from the start. They also emphasised a wider role for schools and other community institutions to create environments where young people were able to talk about mental health challenges without judgement, normalising the idea that it is OK to struggle at times.

If people can get this sorted early then they can cope and have hope – and there is less pressure on health services, families and communities down the road.

Early intervention and the availability of **general mental health support** were also seen as important preventative approaches, and not just for young people. Lots of the discussions here focussed on the idea that 'prevention was better than cure'.

People need to be able to feel comfortable being themselves, be confident that its OK to talk about emotions and mental well-being and be able to seek, and accept help when they need it.

Finally, in discussing the need for a **crisis intervention centre** the members again stressed the importance of people being able to access support, and a safe environment when they were in crisis, without the involvement of police and/or hospitals. There was also considerable focus given to the value that they believed could be added to crisis intervention services if they were staffed by people who had themselves lived experience of some of the issues people might be facing, to model to those in crisis that it was possible to overcome them.

We always need a safety net in any system. It would act also as a signposting service to others if services are really connected and connected to grassroots communities – operating as a connected network!

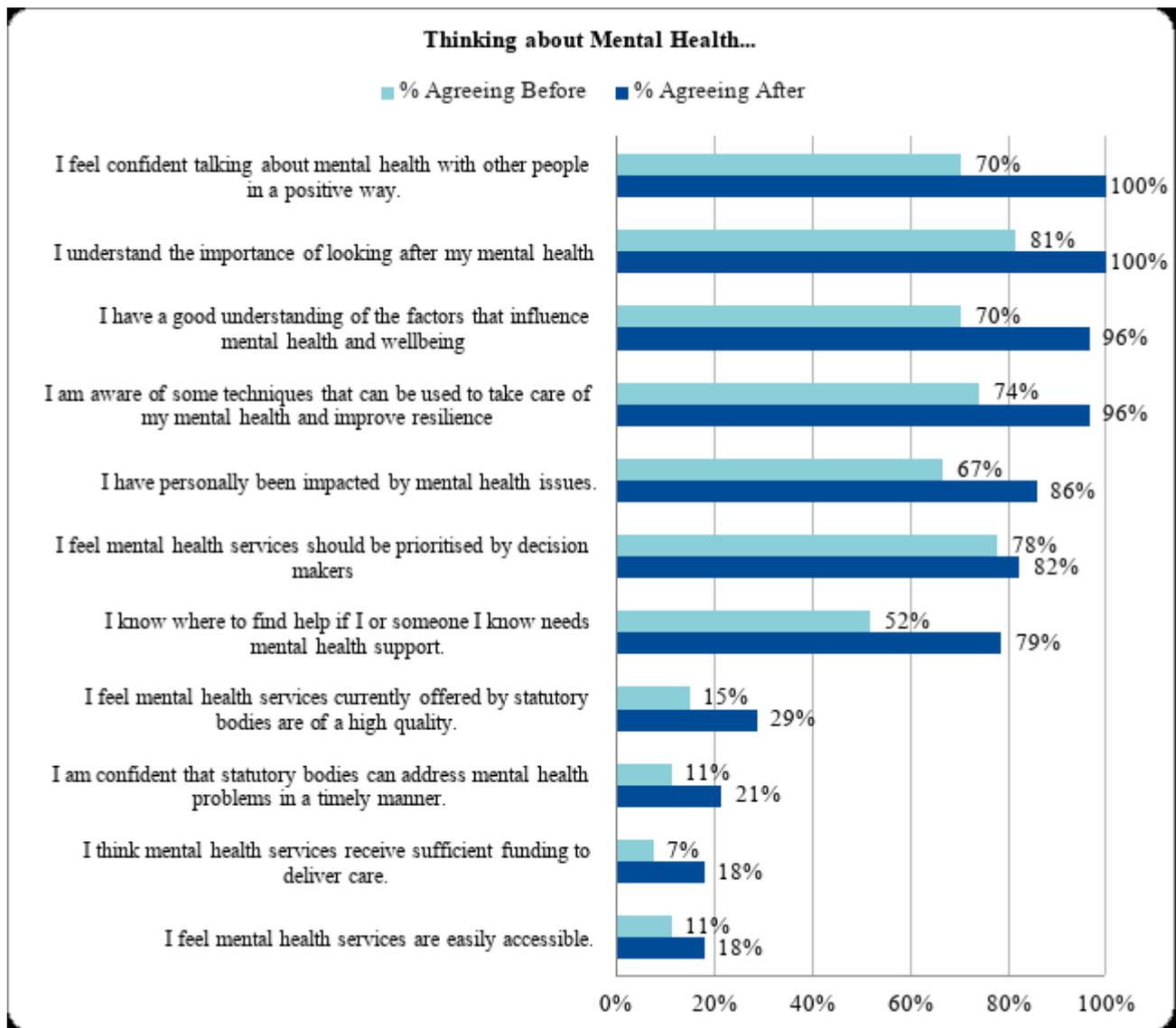
Should be done by [those with] lived experience and those with empathy, its about being non-judgemental.

Members' views after taking part in the People's Panel

This section presents feedback from panel members about their opinions about mental health, and their attitudes towards local decision making.

Views about mental health in the city

Before and after the meetings of the People's Panel the members were asked about their views about mental health. The graphs below show how the members views changed as a result of their



participation.

The graph above indicates that, as a result of taking part in the process, participants generally increased their confidence in talking about mental health and understanding of the services available in the city.

The anomaly in the findings however is that, despite collectively agreeing that there was a need to increase investment in mental health services across the city, there was an increase in the percentage of Panel members that agreed that 'mental health services receive sufficient funding to

deliver care'. Perhaps this was as a result of learning more about what was available than they were aware of before their participation.

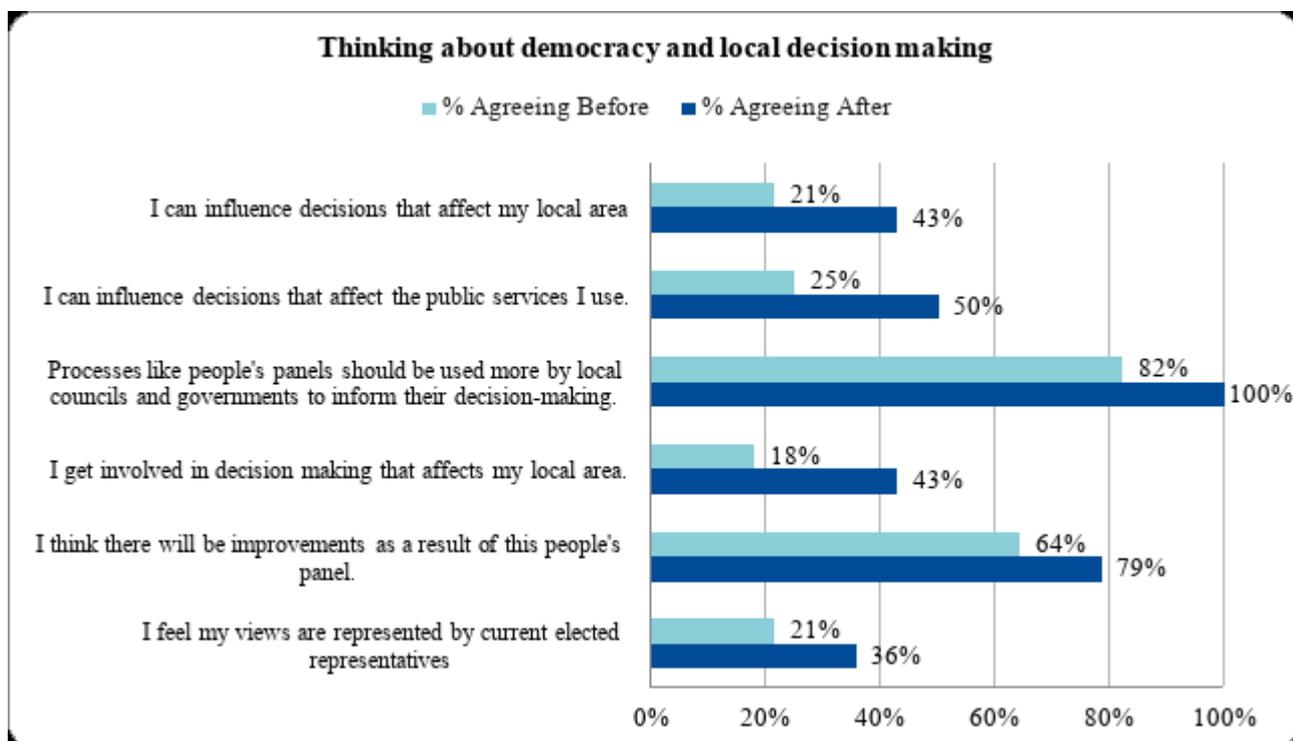
Other comments received from members related to mental health following their participation include:

- More funding and more awareness*
- Needs to be addressed by government with urgency - sufficient funds allocated and proper support provided*
- I have a better understanding now of mental health and mental health services in my community*
- There is not enough money or resources allocated to deal with mental health issues in Derry or Northern Ireland as a whole.*
- Just that there needs to be an overhaul of the system*
- Extremely underfunded, not taken seriously by the government*
- Mental health needs to be prioritised and better funded*

Views about local decision making

Before and after the meetings of the People’s Panel the members were asked for their views about local decision making, their likeliness to participate and their beliefs about the ability of the public to influence decisions.

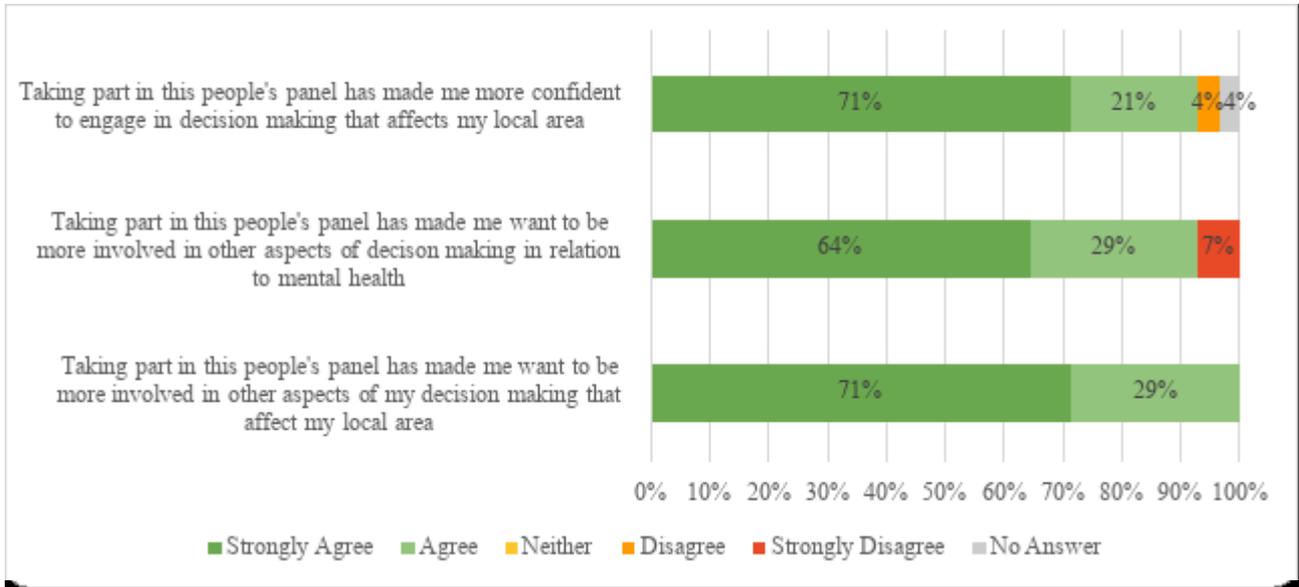
The graph below shows how the members views about local decision making changed as a result of their participation. Overall it suggests that members were far more confident that local people could and should be able to, make a difference in their local communities.



- Let local people be involved with meeting and views more in local councils*
- There should be more and more frequent public panels on different issues such as opinions on how government money should be spent/ divided*

Elected representatives need to listen to the people they represent and fight more for mental health issues and funding

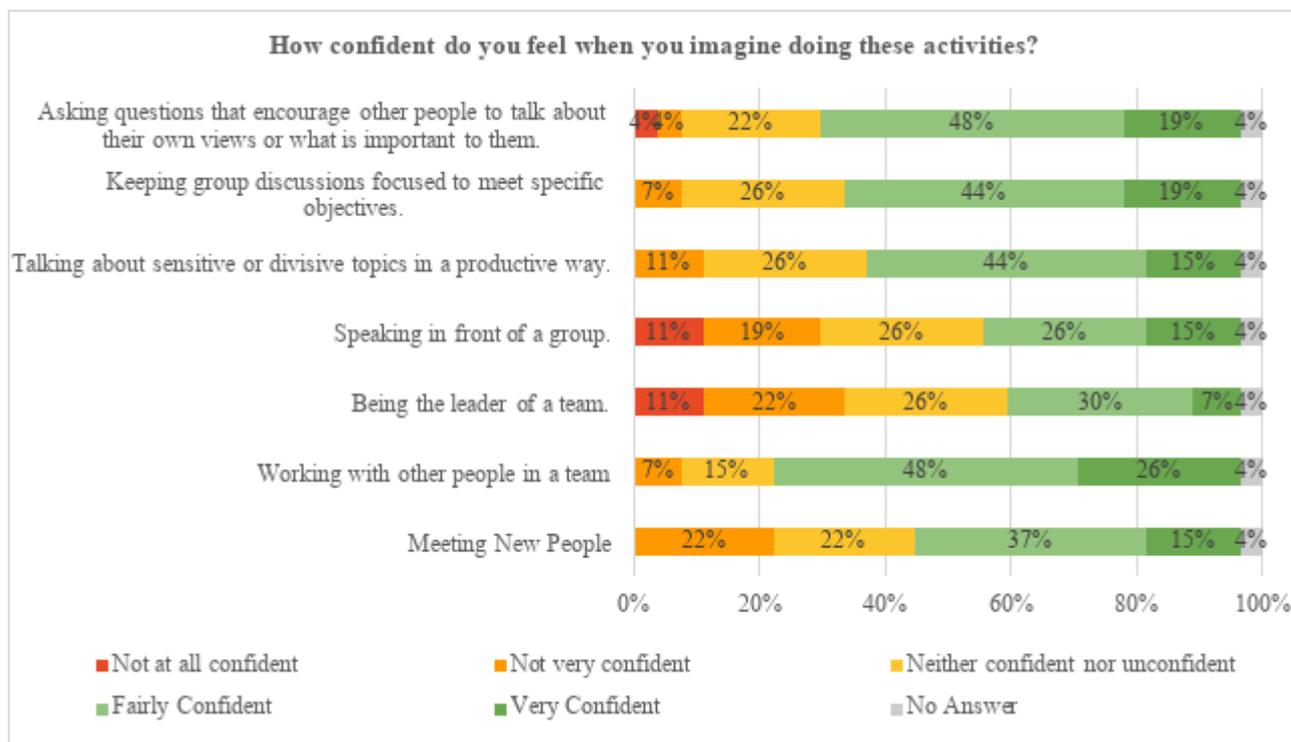
Members of the Public Panel were also asked about the extent that participating in the event had changed the way they thought about getting more involved in democratic forums in the future.



The majority of members also expressed that they believed they would play a more active role in the future, after being part of this Panel.

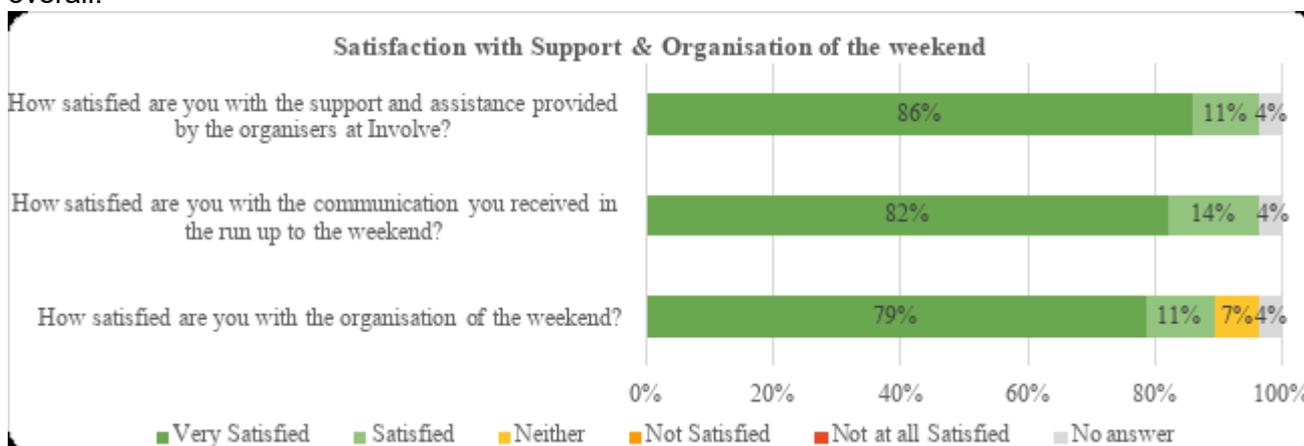
Members' views about taking part in the People's Panel

Before participating in the weekend the members were asked about how confident they were in doing some of the things that would be asked of them at the event. Having this information in advance allowed us to plan the workshop in ways that would offer reassurance and build people's confidence throughout.



Satisfaction with the organisation of the event and the support received

At the end of the weekend the members were asked to complete an evaluation form reflecting on the event as a whole, and the communication and on-boarding support they received from Involve in preparation for attending. The graph below demonstrates the members' high levels of satisfaction overall.



Comments from members about the organisation of the event included:

Very well organised and made me feel welcome in a room of strangers

Well structured and focussed

Very helpful

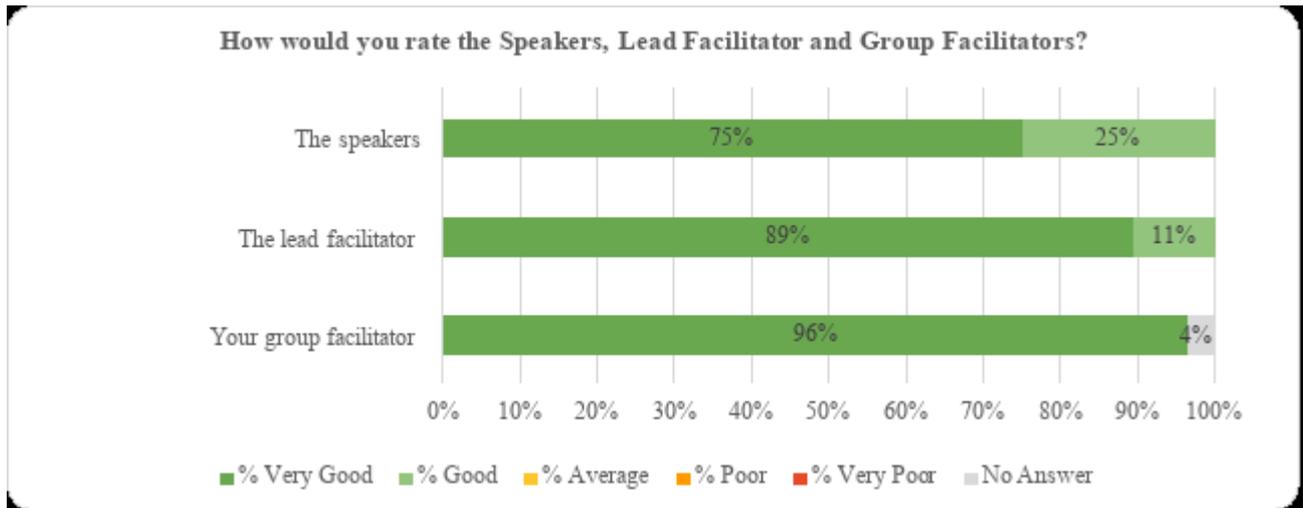
Could have had a little less contact (multiple emails and 3 calls a bit much)

I'm grateful to have had this opportunity and glad that there was support available if needed

The support was excellent and felt very comfortable being there

Speakers, information and facilitation

The members also had the opportunity to provide feedback about the speakers and facilitators at the event and how the process of providing information was managed. The graph below shows high



levels of satisfaction with all parties.

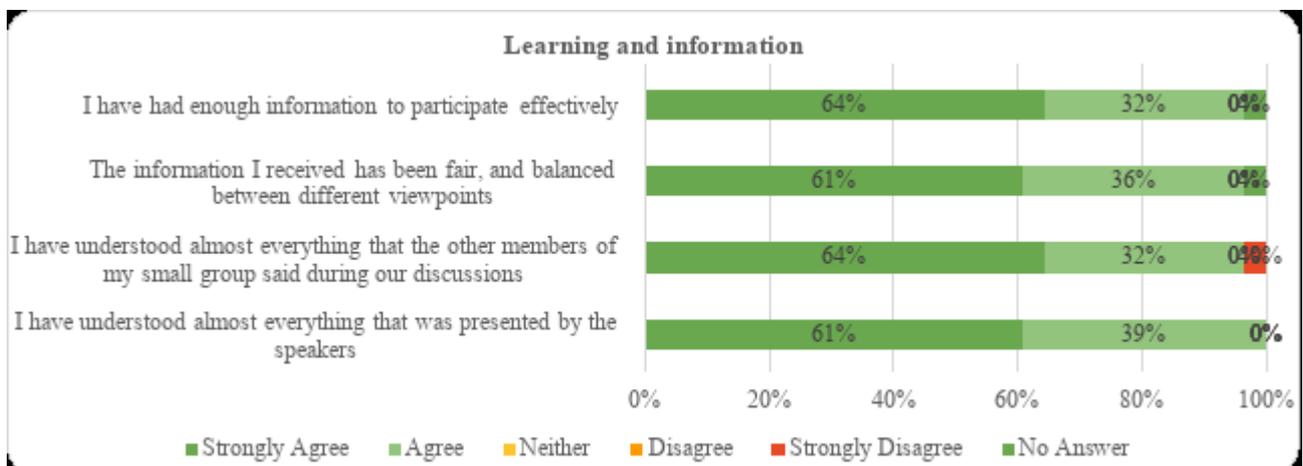
Very worthwhile and informative experience. Really enjoyed it and found it to be very stimulating

Very interesting and informative

Very enlightening, and good speakers

Very informative. Learnt a lot of new things that helped a lot when making recommendations

Most members also indicated that they found the information presented to them helpful, balanced



and easy to understand.

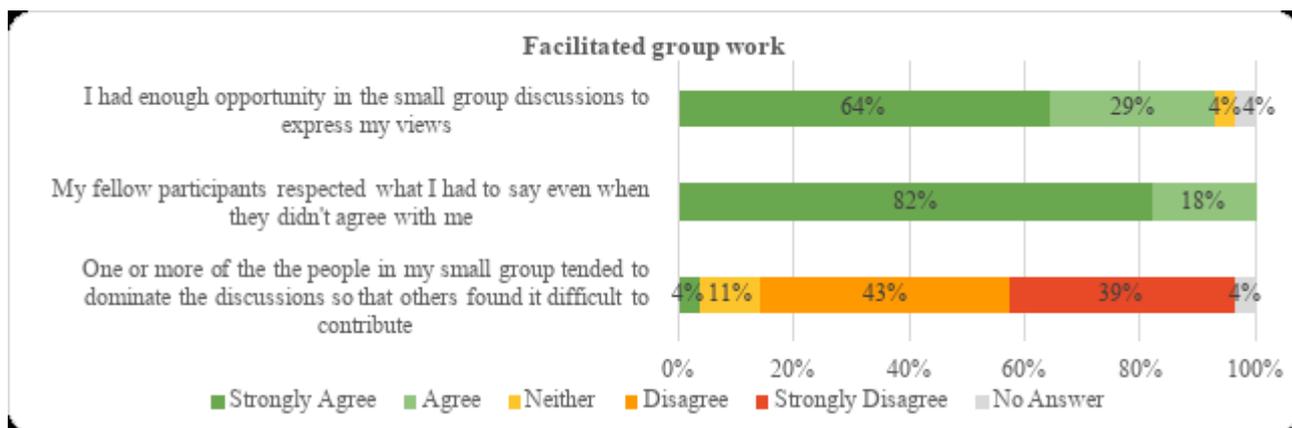
There were however a few comments made that suggested we had tried to cover too much over the two days.

A lot of very interesting information however lots of information in a relatively short space of time

Would suggest more time allocated - things felt very rushed especially when conversation was flowing

Felt very rushed for such an important subject matter - more time/ days would have been beneficial to the outcome

Members were also given the opportunity to reflect on the experience of working together in small



facilitated groups, and as the graph below shows the majority found it a positive experience.

Really enjoyed it and our facilitator was very approachable and friendly and I learned a lot

Very fair and easy to understand and get points across

It was a very good experience and staff were very professional. Great stuff

I really enjoyed being included as part of this panel

Enlightening experiences

Was able to meet people of different ages in my community and have in depth conversations about mental health that wouldn't normally happen - able to hear different and similar opinions

Some members did have suggestions as to how the weekend could have been improved, including:

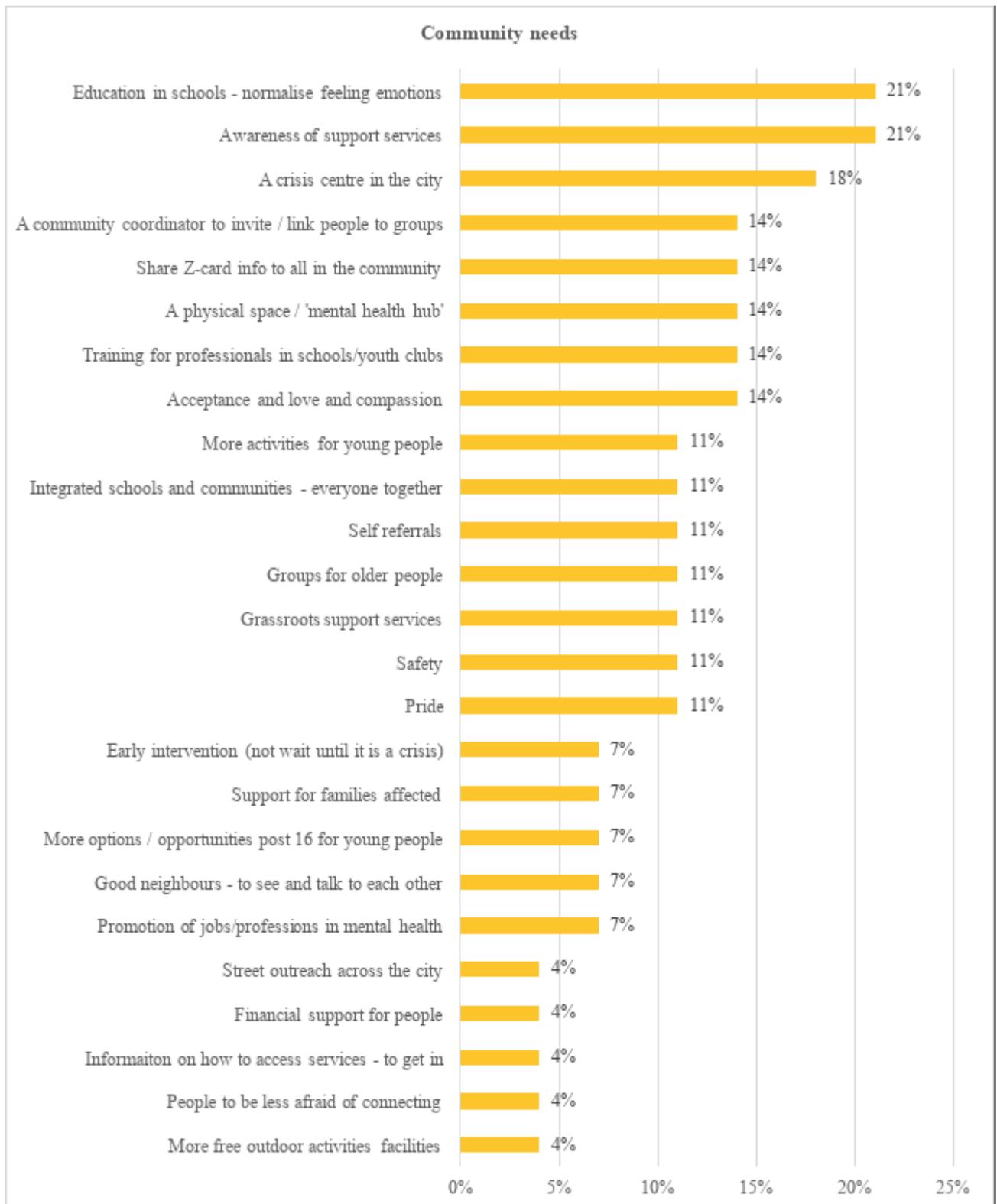
I felt in between times of discussion we were cut off in very interesting and knowledgeable discussions

Getting local [organisations] and council to take part and hear first-hand from the people who were here

A copy of powerpoint and figures speakers were talking about would have been useful

ANNEX A – What does a community needs to be able to support the mental health of its residents?

One of the first outputs from the People’s Panel was a prioritised list of attributes that the members believed were important for a community to have in order to support and protect its residents’ mental health. The graph below shows the ‘needs’ prioritised by members during the first Panel session.



Process for identifying and ranking community needs

After hearing a context setting presentation about Mental Health and the challenges within the city members had time in small groups for an open discussion about what good mental health means to them. To conclude this session they brainstormed ideas about what a community needs to be able to support the mental health of its residents.

The ideas that emerged were wide ranging - from facilities (buildings and services), to internal dynamics that enable people to support each other, to physical conditions e.g. open green space or safety, and more abstract concepts like 'confidence' and 'kindness' etc.

To end the session members were asked to look at the long-list of ideas their group had made and vote individually to prioritise those they considered most important (3 votes each). Every idea that received at least one vote was consolidated to form the list of Community Needs presented above.