



INNOVATE

Intersectional Network
of Integrated Mental Health

REPORT ON KNOWLEDGE SHARING EVENT TO CONCLUDE OUR
PHASE I RESEARCH ON THE FORMATION OF COMMUNITY
RESEARCH CONSORTIA

FIRSTSITE ARTS CENTRE, COLCHESTER

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Orientation

The INNOVATE stage I research identified gaps in the available data and evidence on the societal burden and lived experience of poor mental health (depression, anxiety and suicides) amongst deprived communities in Mid, South and North East Essex. The project also showed the compartmentalised nature of Mental health (MH) services and their disconnection from the complex intersectional¹ needs of those living in deprived communities.² The project team identified specific populations that have been underserved by these services, developing new ways of co-creating asset maps using creative arts-based interventions and digital tools. We marked the end of our phase I programme of research and community engagement by bringing together a broad spectrum of forty participants and partners at a one-day knowledge sharing event that was held on 24 November 2024 at Firstsite Colchester.



The knowledge sharing event offered a valuable platform to share key project findings, showcase our use of participatory arts-based interventions with communities, introduce our theory of change and framework for the next phase, and facilitate a lively policy discussion with key stakeholders from across the Essex care system. The final panel discussion that closed the event suggested that there are good opportunities and appetite for further dialogue and collaborative learning on inequities in mental health burden, and commitment to applying an intersectionality³ lens in engaging communities to tackle these inequities as we continue to develop the INNOVATE community research consortium.

¹ Kapilashrami, A. (2022) Intersectionality: A theoretical lens for the social patterning of Health. In Monaghan, L. and Gabe, J. (eds) *Key Concepts in Medical Sociology, 3rd edition*. London: Sage

² Arthur, M, Saha, R. and Kapilashrami, A. (2023) Community participation and stakeholder engagement in determining health service coverage: A systematic review and framework synthesis to assess effectiveness. *Journal of Global Health*, 13: 04034.

³ Kapilashrami, A., Hill, S., & Meer, N. (2015). What can health inequalities researchers learn from an intersectionality perspective? Understanding social dynamics with an inter-categorical approach?. *Social Theory & Health*, 13, 288-307.

Event setting and structure

The Firstsite community arts centre (<https://firstsite.uk/>) provided us with a generously proportioned and flexible studio space that we could configure to accommodate the various elements of our knowledge sharing event. Delegates were given an early opportunity to mingle and engage in informal networking over a buffet lunch. The large studio space also allowed us to display a specially curated exhibit including a range of video and wall-mounted images depicting heat maps, graphical representations of relevant community assets, life journey testimonies, social determinants of mental health (generated through photovoice) and images from our earlier stakeholder engagement activities (Challenge lab, April 2023).



Exhibit on research process and photovoice on social determinants of mental health

The event started with an informal networking and buffet lunch, where participants had the opportunity to interact, view the exhibit and share their work in relation to the key themes of the event. The rest of the afternoon was structured as follows:

- A welcoming address that outlined the structure of the day (Dr Martin Harris, project lead for advocacy and policy dialogue).
- An overview of project findings and insights from Professor Anuj Kapilashrami (Principal Investigator) with brief interventions from Dr Steven Haworth, Dr George Kokkinidis, and Dr Mary Mazzilli on how intersections of disadvantages became visible in evidence review and scoping, in mapping of assets and in community workshops respectively.
- A legislative theatre performance (directed by Dr Annecy Lax and Dr Mary Mazzilli (joint project leads for arts-based participation and interventions)
- A panel discussion that was co-chaired by Professor Kapilashrami and Matthew King of the Trustlinks Mental Health and Well-Being charity.

were taken from carefully curated testimonies of mental health service users, family members and care providers.

Legislative theatre performance

Augusto Boal's legislative theatre (LT) concept (which is predicated on a high level of audience participation), works by placing actors and audiences in a shared physical space.⁴ The LT performance highlighted the lived experience of those who suffer from psychological and psychiatric illnesses. The one-hour performance focused on how individuals access MH services and the ways in which both individual agency and surrounding contextual factors may shape mental health outcomes. The performance showed how the success or failure of mental health services emerges not from rules or procedures but from highly personalised interactions between service users and care professionals. Towards the end of the performance the audience was invited to engage with a hypothetical service improvement programme in which £10 million would be allocated to improve the experience of MH service users. Here, the players enacted the roles of four advocates, each of whom represented a different part of the care system (existing NHS mental health services, a local mental health charity, a voluntary organization providing peer-led interventions, and a counselling service providing early intervention and crisis response). Having considered the four funding 'pitches', the audience was then invited to vote for what service they believed would most effectively improve mental health outcomes. The facilitated debate that followed elicited a broad spectrum of responses and viewpoints on how more patient centred services might be designed in future.

⁴ Boal, A. and McBride, C.A. (2014) Theatre of the Oppressed. In Heble, A. and Caines, R. (eds). The improvisation studies reader: Spontaneous acts. London: Routledge.



Some members of the audience argued that peer-led interventions need to work in tandem with statutory provision if long standing mental health challenges are to be effectively addressed. One participant (who chose to abstain from the initial round of voting) argued the importance of tackling issues of power and not pitching these as distinct approaches in integrating community-led accountability mechanisms in the statutory models of care. Another participant pointed out that child- and/or youth-centred social care could in time produce very substantial downstream benefits for care systems across the UK. The legislative theatre event created a dialogic space in which a rich diversity of contending meanings, perspectives and strategic choices could be debated. The audience interactions described above highlighted the interconnected, cross grained and multi-agency nature of mental health provision – each of the four services considered by the audience represented a necessary, rather than a sufficient condition for meaningful change. Future opportunities for service innovation and redesign seem likely, on this view to emerge iteratively from an interlocking mosaic of creative assets, service competences and learning capabilities that could be instantiated within and between previously compartmentalised statutory, voluntary and community-based organizations.

Selected highlights from the panel discussion

The panel discussion panel was co-chaired by Professor Anuj Kapilashrami and Matt King, Director of the TrustLinks Mental Health and Well-Being charity. Panel members included:

- Susannah Howard, Director of the Suffolk and North East Essex (SNEE) Integrated Care Board;
- Tina Starling, Head of external communications at the Mid and South Essex (MSE) Integrated Care Partnership; and
- Adrian Coggins, Head of Well Being and Place-Based Public Health at Essex County Council.



The panellists spoke about their experiences of the care system and of the very substantial challenges facing care professionals who seek to engage more effectively with the mental health burden of those living in deprived communities. All three panel members endorsed the ways in which the legislative theatre event highlighted a range of systemic issues that determine mental health in deprived communities. Susannah Howard pointed out that individual cases are often resolved not through clinical interventions, but by ‘patients who experience some form of human connection’ that may represent a meaningful starting point in their journey to recovery. Susannah also emphasised that compartmentalisation is likely to remain a significant challenge in an operating context where practitioner themselves often have difficulty in distinguishing between integrated care systems, integrated care boards and integrated care partnerships each of which may evince quite different understandings of how partnership working can be instantiated and sustained.

Adrian Coggins reflected that current efforts to mitigate persistent public health problems (for example those relating to poor mental health, obesity, smoking or alcoholism) are likely to be impeded by the absence of more holistic intersectional approaches. Tina Starling reflected on how a practitioner focus on one dimension of care provision may mean neglecting another. Whilst mental health services have traditionally been delivered in ways that reflect a strict separation of mental health provision from general practice, many mental health patients are likely to suffer from a variety of physical ailments whose resolution could do much to reduce the burden of anxiety, depression, or feelings of hopelessness. The provision of basic health checks is currently leading to improvements in the effectiveness of mental health services in Mid and South Essex.

Matt King asked the panellists to share some further thoughts on:

- How the adoption of intersectional approaches might be facilitated.
- How care providers can move away from compartmentalised care provision towards new forms of co-production and collaborative working.
- How communities can become more meaningfully involved in decisions over the design of local care services.

Susanna Howard emphasised the ways in which medicalised assumptions about population health have historically ignored the local context and the ways in which this context may be decisively shaped by local government, district and borough councils, third or voluntary sector organizations or community voices. Adrian Coggins concurred with this, arguing that care ‘systems leaders’ need to identify outcomes at the outset as they pursue programmes of data gathering that can then guide evidence-based action. Adrian also emphasised the importance of investing in further collective discussions that could underpin a new culture of health and social care. Tina Starling reiterated the challenges of involving community voices in decision-making and explained how working together effectively means creating a system that needs to be reoriented around more meaningful forms of engagement with service users. Tina also noted the intersectional ways in which medicalised professional judgements (for example those that involve treating asthmatic attacks with prescribed medication) are analytically blind to environmental conditions that may originate with non-clinical factors (for example poorly insulated, damp or poorly heated housing stock). This corroborates the idea that more holistic understandings of population health should be understood in relation to broader conceptions of social justice⁵ and citizen rights.

⁵ Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison, J. (2020). Health equity in England: the Marmot review 10 years on. *Institute of Health Equity*

Summary

Our collective experience of designing and running the knowledge sharing event indicated that our partner organizations are strongly committed to the further development of the INNOVATE community-based research consortium.



Both the legislative theatre event and the panel discussion suggested that our consortium partners recognise the urgent need to address the all-pervasive issue of compartmentalisation in mental health care provision. The panel discussion also indicated that there is considerable support for co-produced research and interventions that can facilitate the introduction of more open

and inclusive forms of collaborative leadership and organizational learning. Our phase I work suggests that these attributes could be facilitated by the creation of 'advocacy coalitions' that would showcase and communicate new forms of best practice for adoption across the wider health and social care system in the county of Essex. The work conducted to date leaves us well placed to assess progress on the uptake of new collaborative approaches as we continue to engage with our partner organizations.



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