THE LIVING WITH LIVED EXPERIENCE CO-PRODUCED FILM PROJECT

AN EVALUATION

Professor Stephen Coleman, University of Leeds[1]

This report includes short videos of the people who contributed to its findings. You can watch the preview film on Vimeo.

Introduction

In these films people tell their stories of going on a journey that none of them wanted to go on. For most, it is a journey into darkness, disorientation and despair. The precise pathways and contours of each person's journey into mental illness is different, but there are some common challenges, and these six films attempt to pinpoint them from the perspective of people who can speak from experience.

Staying with the metaphor of a journey, there seem to be four stages that come up when people with lived experience tell their stories. The first stage is recognising the need for help. For many of us, it is not at all easy to find the right words to describe how we are feeling; to avoid stigmatising labels of 'craziness' and 'madness'; and to make sense of information that we come across when beginning to look for it. Most of us only think about what mental health means when it begins to break down. The second stage of the journey involves trying to access help and support. It is a brave step to ask for help, but many of the people featured in these films report having felt frustrated and neglected by services that they hoped would support them. We also know that professional help is not equally distributed to people. Suffering the consequences of inequality and discrimination when you are feeling vulnerable is an added injury to contend with. The third stage of the journey is feeling able to trust the help that you are offered. Without trust supporting relationships will be unhelpful and sometimes harmful. The most common determinant of that trust is active listening. We hear time after time from participants in these films that being genuinely heard by active listeners is the most important basis of healing relationships. The fourth stage of the journey is coping. That is not necessarily the same as cure (whatever that might mean). To cope is to be able to carry on living a safe and stable life, even in the face of continuing pressures and problems. There are inspiring stories in these films of people who were in despair learning to cope, and these provide a valuable destination point for the journey that is being traced.

These four stages have one thing in common: communication. Being able to communicate means being able to find and use a language that expresses your own experience; being able to make your needs known to others and to access the right kind of help; being able to tell your own story and receiving a respectful and responsive hearing; and being able to discover a practical grammar for coping. One of the key findings from these films is that bad communication leads to bad consequences at every stage in the journey. Many of the complaints we hear from people with lived experience in these films are about

[1] Professor Coleman thanks Sarah Kendal for her help with the production of this evaluation.

miscommunications. An important purpose of these films is to illuminate moments in which people and institutions communicate in ways that make the mental health journey more difficult and painful, as well as those in which there is evidence of more humane ways of interacting.

Let's now look more closely at the four stages of the journey and the six short films in which people who have been on that journey relate their experiences of them.

1. Finding the words to describe mental health:

(Film 1:"What does mental health mean to you?")

In this film we hear from people with lived experience of engaging with mental health services about what they mean by mental health and mental illness. We hear from a woman who has been recovering from a serious breakdown who explains how it was only when she went into crisis and could not write, read, cook or drive that she realised things were seriously wrong and she needed help. She also felt there must be many people who do not realise they have mental health issues until things go badly wrong.

A group of Asian women speak out about how some family members and others in their social networks had used insensitive and blaming terms towards them such as 'drama queen', 'idiot','stupid'. These disparaging terms caused them to withdraw into private suffering and further loss of confidence, leaving them feeling 'degraded' and 'insecure'. One Gujarati speaker refers to the difficulties facing those not having good enough English to make themselves understood to mental health professionals. This woman does speak English but is often asked to translate for other women who are attending mental health appointments. She finds this personally difficult as the women are often confused and crying and the practitioners are frustrated.

Other participants in this film emphasise the need to understand what good mental health is e.g. having a positive mindset; sleeping well; being able to concentrate and function with everyday activities. They also point out how important it is for a person experiencing mental health problems to not accept other people's dismissal of their feelings or thoughts as 'not serious', 'silly' or 'over-reacting'. What is considered serious to the individual is serious and he or she should seek help.

Here are some thoughts from people who have their own ideas about what mental health means:

Definition of mental health from Mind

Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse. Mental health problems affect around one in four people in any given year.

Definition of mental health from the World Health Organization

The World Health Organisation (WHO) defines mental health as 'a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community'.

The poet Akif Kichloo's account of the feeling of depression:

> People often compare
> depression to drowning.
> That is not even close.
> Consider sitting in a dark room
> scared and confused—
> Choking on something you
> know nothing about,
> For reasons you cannot comprehend.
> That is depression.
> When you are drowning,
> you can still flail your arms,
> call for help, and try your best
> to keep afloat.
> In depression, you do nothing.
> Absolutely nothing.

Some statistics behind the definition

- 1 in 6 people, or approximately 45.8 million adults, report experiencing symptoms for common mental health problems, like anxiety and depression, in any given week in England. [1]
- Nearly half (43.4%) of adults (24.5 million in England) think that they have had a diagnosable mental health condition at some point in their life.
- 61% of adults with mental health conditions don't access treatment.
- 14.3% of deaths worldwide, or approximately 8 million deaths each year, are attributable to mental disorders.
- Nearly 9 out of 10 people with mental health problems say that stigma and discrimination have a negative effect on their lives.
- Up to 300,000 people with mental health problems lose their jobs each year.
- 822,000 people suffered from common mental health problems like stress, depression or anxiety due to their workplace in 2020/21.
- 55% of workers say their employment has an adverse effect on their mental health.

- 71% of the people would worry about telling their employer if they had a mental health condition, for fear of getting a negative response.
- 12.7% of all sickness absence days in the UK can be attributed to mental health conditions.
- Rates of a probable mental disorder in young people aged 17 to 19 years rose from 1 in 10 (10.1%) in 2017 to 1 in 6 (17.7%) in 2020. Rates were stable between 2020 and 2021, but then increased from 1 in 6 (17.4%) in 2021 to 1 in 4 (25.7%) in 2022.

2. Seeking Help

(Film 2: "It felt like the end of the world, really..." and Film 3: "That's the help I'm asking for, so I can come across to people")

Participants in these two films speak about their experiences of seeking help with mental health challenges. They explain how they attempted to find help and, when they did, how they often found diagnoses difficult to comprehend, accept or come to terms with. The most commonly faced problem they speak of is finding consistent ongoing support following diagnosis.

In the first film the first speaker relates a very frustrating experience with his GP. For over fifteen years he had been given many different anti-depressants but none of them appeared to work. He began to search the internet for what his symptoms and feelings might really mean, wondering whether he could be drug resistant or have an underlying condition. He eventually concluded that he fitted the descriptions of autism and ADHD, but his G.P would not refer him so he went privately and has now been diagnosed with autism. He is still awaiting an assessment for ADHD. His reaction to finding out he is autistic was 'heart breaking. as there is almost no history of recovery' and he felt like this was 'the end of the world'. His sense of identity was lost and he found it difficult to know what he was apart from a list of symptoms and behaviours associated with an illness.

Another speaker describes how he felt increasingly worthless, left his family and became homeless. When his thoughts became increasingly suicidal he went to his local A & E and while waiting for the crisis team spoke to a member of staff who seemed to 'want me out the door with a signpost for future help, rather than giving me immediate help'.

An Asian grandmother expresses her distress at the difficulty of finding help for her autistic granddaughter. Finding it difficult to fill in forms or make applications for different services, and not finding enough safe supportive spaces where she can take her granddaughter, left her feeling isolated and desperate.

In the second film we hear from a member of a men's group about the unacceptable length of time it took to be seen by the crisis team in A&E. Waiting times can be four to five hours, in which time some people could easily leave without the help they so desperately needed.

Another man from the same group describes having been suicidal, but there had been no follow up from his G.P. or the Crisis Team since his referral to IAPTS. Another member of the group says that he has not seen his psychiatrist in five years. Without considered, consistent support, he was feeling 'lost' and fears he could spiral further.

A group of Asian women express their wish that mental health workers and experts would come to visit them and train them how to train themselves and others in similar need.

But there are some stories of accessing help that has been effective. One man describes finding his first community psychiatric nurse to be excellent. She had many years of experience in the field and, most importantly, asked him the right questions and was honestly interested in his answers. He repeatedly states how good her listening skills were, even if he was not always able to agree with or act upon her suggestions. She was able to offer him regular visits which were gradually reduced over a number of months. She then helped him to begin counselling and referred him to a psychologist.

Here are some thoughts from people who have their own ideas about problems of access to mental health services:

- **British Medical Association on mental health pressures in England**

Mental health services in England received a record 4.6 million referrals during 2022 (up 22% from 2019), with the number of people in contact with mental health services steadily rising. As demand goes up pressure will be felt not only on mental health services but on general practice, at a time when GPs continue to face the wide-ranging impacts of the pandemic … There are over four times as many children and young people in contact with mental health services as there were seven years ago.

… those in areas of higher deprivation are more likely to be in contact with mental health services. This must be impetus for government action to improve economic security for the population.

It is to be welcomed that more people are accessing mental health services, and this is in no small part because of a reduction in stigma attached to doing so. However, services are not currently resourced to meet the increased demand, resulting in long waits and high thresholds for treatment; latest estimates put the waiting list at 1.4 million people (2021).

- **According to the Royal College of Psychiatrists:**

Two-fifths of patients waiting for mental health treatment contact emergency or crisis services, with one-in-nine (11%) ending up in A&E.

- **The Care Quality Commission found that**

There is a distinct gap between people's perceptions of how they are treated by staff working in accident and emergency (A&E) departments and specialist mental health services compared to other services. We asked people whether they felt listened to and taken seriously, whether they were treated with warmth and compassion and if they felt judged. Fewer than four in 10 respondents gave a positive response about their experience in A&E

for any of these statements. Those coming into contact with specialist mental health services were only slightly more positive.

- **From Healthwatch report:**

Older people on average wait slightly longer to receive mental health treatment, despite facing heightened vulnerability to anxiety, depression and dementia. A major barrier that older people face, according to research, is a widespread view that takes for granted that mental ill health is an inevitable part of growing old. Other barriers include disproportionately long waiting times, higher recourse given to medication as a form of treatment on the part of healthcare professionals, and age-discriminatory treatment and decisions.

- **From NHS Race and Health Observatory report:**

For too many years, the health of ethnic minority people has been negatively impacted by: lack of appropriate treatment for health problems by the NHS; poor quality or discriminatory treatment from healthcare staff; a lack of high quality ethnic monitoring data recorded in NHS systems; lack of appropriate interpreting services for people who do not speak English confidently and delays in, or avoidance of, seeking help for health problems due to fear of racist treatment from NHS healthcare professionals.

- **From service user quoted in Rethink report:**

“I have a wonderful life waiting for me, whenever I can climb out of the deep, deep, deep well of dark despair”

- **Some statistics behind the problem of access:**

There were 23,447 consultant-led mental health beds in 2010-11 and 17,610 in 2020-21, a reduction of 5,837 (25%).

The supply of beds for vulnerable patients needing urgent treatment has been cut despite a big rise in recent years in the number of people seeking help from the NHS for mental illness.

Demand for crisis mental health services has increased by one third since before the pandemic and doubled since 2017.

More than 90,000 people a month are referred to community crisis services.

Approximately 200,000 people a month call 24/7 crisis lines.

Black people are four times more likely to be detained under the Mental Health Act than White people

Older South Asian women are an at-risk group for suicide

Refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety and PTSD

3. Trust and Listening

(Films 4: "You need to be able to engage, sincerely" and 5: "You know they're interested in you... it's part of the process of pulling you out of the dark")

There are two films in which people with lived experience of mental illness speak about trust in mental health services. A key determinant of trust that comes up again and again is being genuinely heard.

The first speaker in the first film emphasises the value of the mental health workers engaging sincerely with her. She feels that she could not start to get well until there was a bond of trust that worked both ways: her being honest with her mental health worker and the worker taking things slowly without criticism and speaking in a gentle voice. She felt that if that she had not experienced that way of working she would not have accepted help and would have died by suicide.

A young woman who is diagnosed with ADHD and suffers from depression and is self-harming criticises simplistic advice like counting to 10 before cutting herself or going for a walk or trying mindfulness. To her, these suggestions felt like a 'script'. Instead, being listened to and sympathised with and therefore feeling understood was much more beneficial. She emphasises that being criticised or, if silent, being told she is not accepting help, is not at all helpful.

Five women and one man in this film emphasise that compassionate tone and softness of voice are key for them. They refer to the importance of listening, including repeating back accurately what has been said, without rushing or being impatient. It was not just listening that they are asking for, but a certain quality of listening.

One man explains how a psychologist did not want to refer to or discuss his severe PTSD after being knocked down by a drunk driver in 2010, but suggested that because he was brought up in a black family in an all-white area in the 60s and 70s his PTSD might be related to that experience. His concern, like many others, was to have his experience acknowledged and respected.

In the second of these films there is an emphasis upon listening and communication. The first speaker is from an Asian men's group and states that an important aspect of listening involves mental health workers asking the right questions e.g. 'How do you feel right now?' rather than be taken through a list of things to be ticked such as 'Are you eating, washing, taking walks? ' or Why don't you go for a walk?'. To such questions he could answer because I'm afraid to go to the shop on my own, I'm afraid of intrusive thoughts, feel under attack, am afraid of hurting someone even though I never would'. He doesn't want to say these things though because he doesn't feel a connection or trust with the worker visiting him at home when he hasn't been out for two weeks. This speaker also states how helpful it is to be offered an explanation of the support options available to him.

One woman speaker explains how she felt listened to when her mental health worker repeated back to her 'so I knew they got what I'm saying'. She also liked being asked 'Is there anything we could do differently?'

A young woman with an eating disorder speaks of the importance of just being able to talk generally about her condition without a listener becoming impatient. She explains that part of her illness had been not wanting to get better and simply urging to eat did not work for her. What did work was just talking, building trust and an absence of impatience.

Here are some thoughts from people who have their own ideas about how to build trust through listening:

- **From Nursing Times:**

Active listening involves being attentive and focusing on the speaker, understanding what is being said and reflecting or seeking clarification. This keeps both parties engaged in the conversation.

The listener may use techniques such as paying close attention to the patient's behaviour and body language to gain a better understanding of their message. Body language and non-verbal cues are important too, such as nodding, eye contact, or avoiding potential interruptions and keeping attentive posture.

Unlike with critical listening, an active listener is not trying to evaluate the message and offer their own opinion, but rather make the speaker feel heard and validated and understand their message. This can then be followed with prompts or encouragement for the patient to think of solutions or realise actions they need to take.

Active listening shows empathy for others, shows you are a thoughtful listener and helps to encourage patients to share their perspective and engage in collaborative care.

- **NHS England NHS Improvement on how to listen actively:**

1. Define terms to promote clarity Clarify technical terms, codes and jargon, as well as discussing the different assumptions people have about meanings. Agreeing definitions at the start helps ensure clarity.

2. Repeat/paraphrase Repeat back what the other person is saying, using some of their words – this will help you make a more thoughtful response and enable you to check understanding.

3. Don't interrupt. Give people space to talk freely and don't assume that silence means agreement – build in time for people to say all that they want to and prepare questions to elicit their views if they are not immediately forthcoming.

4. Try to 'hear' the speaker on all levels – words, feelings, assumptions, values, wishes and fears. Use your instincts to consider if this person means what they say. Be alert to how language or body language can indicate feelings – e.g. 'I took the bullet' might sound like a macho response, but can indicate hurt.

5. Don't rush to fill silences Silence can enable the speaker to think through or reflect more deeply on what they are telling you. It can enable them to gain additional insights into their views, or make links between ideas. Sometimes silence can reflect emotional discomfort; providing this space can enable someone to say how they are really feeling.

6. Feedback impressions You can check observations with simple assumption statements – e.g. 'If I were in your shoes, I might be thinking...' and see if people agree. To develop trust, show genuine interest, provide a safe environment and listen openly. A range of factors may affect the trust that colleagues have in you, e.g having been previously let down by the management.

- **Mental Health Matters on listening out for non-verbal communication:**

Ineffective listeners are unaware of non-verbal cues, though they dramatically affect how people listen. To a certain extent, it is also a perceptual barrier. Up to 93% of people's attitudes are formed by non-verbal cues. This should help one to avoid undue influence from non-verbal communication. In most cases, the listener does not understand the non-verbal cues the speaker uses. A person may show fingers to emphasise a point, but this may be perceived as an intent by the speaker to place their fingers in the listener's eyes. Overuse of non-verbal cues also creates distortion, and as a result listeners may be confused and forget the correct meaning.

- **Nuffield Trust on patients' trust in mental health clinicians:**

The proportion of patients who 'definitely' had confidence and trust in the healthcare professional they saw or spoke to decreased slightly from 69% in 2018 to 65% in 2022. The proportion who did not have confidence and trust increased from 4% to 7% between 2018 and 2022.

- **Some statistics from the UK Parliamentary and Health Service Ombudsman:**

One in five people (20%) did not feel safe while in the care of the NHS mental health service that treated them

Over half (56%) said they experienced delays to their treatment, and four in ten (42%) said they waited too long to be diagnosed

Almost half (48%) said they would be unlikely to complain if they were unhappy with the service provided

One in three (32%) said they did not think their complaint would be taken seriously

4. Coping

(Film 6: "Ever since I started coming here, I feel a lot better")

Speakers in this film reflect upon coping with mental health challenges. A young black man who experienced suicidal thoughts as a teenager tells of how he realised that, though his family were caring, they could not save him from suicide. He went into care when he was unable to understand what was happening to him. IAPPS offered a contract of mental health support was arranged for him but finished abruptly in six weeks. He felt lost and confused but since joining a men's support group his feelings have noticeably improved.

Others emphasise the need for consistent practical support. One describes making contact with a group that offered a ‘space of trust’ which was consistent in providing support, structure and something to do on most days of the week. Talking together, having a bit of banter, and working together was positive and enjoyable so members want to stay in touch during and beyond recovery.

One woman speaks about the value of praise. When her social worker and then her friend praised her for small achievements she at first felt it was foolish because she was only going out to the shop, for example, but then she began to understand that small achievable goals were stepping stones on the road to her recovery. Having these acknowledged has been important to her.

One lesbian woman who suffers from depression describes finding it difficult to cope with her sexuality which had surprised and confused her. She speaks of how important it is for people to acquire language necessary to understand themselves better and be prepared for making choices.

Here are some thoughts from people who have their own ideas about ways of coping with mental health challenges:

- **From the Mental Health Foundation:**

It is now understood that public mental health must act in an empowering way to combat inequalities and the powerlessness which can accompany them. Community Development is an approach to creating interventions for people with, or at risk of, mental health problems in a way which is essentially empowering, and ensures interventions take into account people’s experiences and expectations …

- **From the King’s Fund:**

While they might share a diagnosis, people’s experiences of coping with mental health problems are individual in nature, wrapped up in the damaged childhoods, difficult family life, traumatising incarcerations or other chapters of their lives. People’s objectives for coping with or recovering from mental illness are also different.

- **From the NHS:**

You might worry that you do not know how to help, you'll say something wrong or make things worse, but the small things we say or do can make a big difference to someone.

Just telling them you see their struggle can be important help.

Someone might be afraid to let others know they are not coping, so being able to connect with others can be a relief.

Starting the conversation may be difficult, and it's normal to feel upset if someone you care about is struggling. But it can help to stay calm and assure them they do not have to deal with things alone.

You can also be there for them in other ways, like cooking for them, going for a walk or watching a film together. A chat may come more naturally if you are doing something together first.

Fear often stops us from talking about our mental health problems. We can break down these barriers and talk more openly when we know more about mental health problems and how common they are.

Making the films

Funding to commission these films was secured by Gary Blake on behalf of the West Yorkshire Health and Care Partnership. This funding was then managed by Forum Central who organised an Expression of Interest (EOI) process to identify organisations to collaborate in producing these films. An important aim of these films was to produce a training resource that can be used by staff and volunteers working in the field of mental health. The films were made by Jack Ballinger and the following organisations were all involved in their co-production:

- The Cellar Trust
- Clear Men's Talk Digital
- Forum Central
- Happy Valley Pride
- Health Education England (HEE)
- Northorpe Hall
- Pioneer Projects
- The Samaritans
- Spectrum People
- The University of Leeds
- West Yorkshire Health and Care Partnership
- Women's Circle of Life

What they wanted from the films

The co-producing organisations had a range of reasons for wanting these films to be made, but the most important were to allow people with lived experience to tell their own stories in their own terms (a principle to which the film-maker, Jack Ballinger, was fully committed) and to ensure that people being trained to work in mental health services would receive direct advice from people with lived experience who had been through the system.

In interviews with the representatives of co-producing organisations, three key themes emerged as being important to emphasise in the films:

i) Active listening – A key theme emphasised by all the participating organisations was the need for service users to be truly heard. As Noreen from Cellar Trust explained,

> "Being really listened to by mental health professionals is so important. There is often unconscious bias, which is prevalent in how people are judged … Give people the space to talk. Yes, we recognize the time constraints. But you do get more time in mental health appointments and you should use it. People feel stressed and anxious at the beginning of their appointment. You should ask open-ended questions and you should have longer appointments and just make space for them."

If there was one point that our co-producers wanted to emphasise to trainee mental health workers it was the importance not just of hearing people, but being able to offer a quality of listening that values their accounts (Coulter and Oldham, 2016; Lasalvia et al, 2005).

ii) Experience of initial contact – Several participating organisations wanted to stress how important first contacts are. Liz from Northorpe Hall wanted the film to show 'how important it is to appreciate the difficulty people have in making a first contact to ask for help'. By the time that service providers meet people they have often had to make huge efforts to muster the courage to see a professional and then to get an appointment. They are often anxious and feel that their story is too big to fit into a short summary. Patience is needed if they are to feel confidence (Lynch et al, 2016; Byrow et al, 2020; Sweetman et al, 2021; Chapman et al, 2022). By allowing people with lived experiences to talk about their first contacts trainees might become more sensitised to these situations.

iii) Misapplied resilience – Two of our interviewees warned against the misuse of the concept of resilience 'which used to be the latest thing'. Urging people with lived experience to develop resilience can drift uncomfortably to victim blaming or blurred lines between internal and external loci of control (Heller et al, 1999; Hart et al, 2007).

What they thought about the films after seeing them

The six films were shown to those who participated in them and co-producing organisations. Their responses were overwhelmingly positive. Pip from Forum Central expressed her admiration for Jack Ballinger's approach to filming and editing. She observed:

> … how brilliantly sensitively you've done this. I just want to massively appreciate how well it is filmed.

Bridget from Spectrum People stated that:

> I don't think people realise how difficult it is for people to contribute to films like these. And that's what this was about. Those people who gave their voices feel like they're in a trusted space because they know us and that's why they're happy to open up … I think these videos will be really powerful.

After seeing the films, Gabriella from Forum Central observed:

> Wow, these people were not holding back. This was so much better than a consultation. This gives a genuine insight into real people saying what they really think.

Several co-producers praised the sensitivity with which Jack Ballinger conducted the filming. Liz from Northorpe Hall stated that:

> The experience we had at Northorpe Hall was very positive … Everyone had a special experience in the filming and came out saying that they'd been listened to.

Gary Blake, who commissioned the films, asked:

> If I was new into mental health would these films give me a good understanding? I think absolutely they would.

Finally, we consider how these films might be used. It is too early to evaluate their use in training contexts, as this has yet to begin, but the plan is to make them available to NHS Trusts, social work organisations, the third sector and educational institutions involved in training people for healthcare roles.

The most valuable use of these films would be to trigger group discussions. The following questions might be usefully raised:

> i) How is mental health being defined in these films?
>
> ii) On the basis of what contributors to the films have said, what do you think being mentally out of control feels like?
>
> iii) Why are people often reluctant to seek help?
>
> iv) What difficulties do people face in accessing support from mental health services?
>
> v) Why might a person seeking support not trust the services offered?
>
> vi) What is meant by active or deep listening?
>
> vii) What does it feel like to be unheard, dismissed or disrespected?
>
> viii) Why are some groups less likely to receive the quality of care that they deserve? Which social groups are they?
>
> ix) Why is it that talking helps people with mental health problems cope with some of the worst pressures?
>
> x) Why are safe and trusted spaces so important?

It would be helpful if ideas and proposals arising from discussions taking place around these films could be shared in some way.

The overall evaluation of this project is that its aim was clearly stated at the outset and executed with considerable focus and sensitivity. Co-production in this project was not just an aspiration, but a fundamental quality of the relationships that made it happen. People with lived experience were clearly respected and given opportunities to contribute their own voices. The expertise of partner organisations was taken very seriously. There was an

opportunity for feedback and critical points were acted upon. This was an exemplary co-productive project.

Professor Stephen Coleman

REFERENCES

Byrow, Y., Pajak, R., Specker, P. and Nickerson, A., 2020. Perceptions of mental health and perceived barriers to mental health help-seeking amongst refugees: A systematic review. *Clinical psychology review*, *75*, p.101812.

Chapman, K.A., Machado, S.S., van der Merwe, K., Bryson, A. and Smith, D., 2022. Exploring primary care non-attendance: a study of low-income patients. *Journal of Primary Care & Community Health*, *13*, p.21501319221082352.

Coulter, A. and Oldham, J., 2016. Person-centred care: what is it and how do we get there?. Future hospital journal, 3(2), p.114.

Hart, A., Blincow, D. and Thomas, H., 2007. *Resilient therapy: Working with children and families*. Routledge.

Heller, S.S., Larrieu, J.A., D'Imperio, R. and Boris, N.W., 1999. Research on resilience to child maltreatment: Empirical considerations. *Child abuse & neglect*, *23*(4), pp.321-338.

Lasalvia, A., Bonetto, C., Malchiodi, F., Salvi, G., Parabiaghi, A., Tansella, M. and Ruggeri, M., 2005. Listening to patients' needs to improve their subjective quality of life. *Psychological Medicine*, *35*(11), pp.1655-1665.

Lynch, L., Long, M. and Moorhead, A., 2018. Young men, help-seeking, and mental health services: exploring barriers and solutions. American journal of men's health, 12(1), pp.138-149.

Sweetman, J., Knapp, P., Varley, D., Woodhouse, R., McMillan, D. and Coventry, P., 2021. Barriers to attending initial psychological therapy service appointments for common mental health problems: A mixed-methods systematic review. *Journal of affective disorders*, *284*, pp.44-63.