

# Training and Consultancy

**We provide a wide variety of mental health related and management training to professional mental health workers, none professionals and people who have mental health issues and their families and carers. This is sometimes combined with consultancy, advice and ongoing support. Our training and consultancy is often customised for specific audiences, but we also provide generic courses.**

We think it is important that anyone who commissions training or other work from understands as much as possible about what we do and why we do it. Below is an outline of what you can expect from us.

## Our values

Our values around mental health are reflected in all of our training and consultancy, they are

- ✚ We see mental health as a continuum we are all at different points on at different times in our lives – there is no ‘us’ (= well) and ‘them’ (= ill).
- ✚ We see experiences such as hearing voices, seeing visions, having unusual beliefs and experiencing anxiety, hopelessness or extremes of mood as responses to real events, feelings and influences that people can identify in their own lives – rather than as delusions, hallucinations or symptoms of a bio-medical ‘disorder’.
- ✚ We recognise that many people who experience voices, visions and other unusual experiences and/or beliefs lead happy and fulfilled lives, and that, in some cultures, these experiences do not result in stigma.

## Our own service delivery

We are practitioners, not just trainers, our training reflects how we deliver services. This is summarised in our Mission which is to:

- ✚ Recognise and value people’s own experiences and definitions of their mental health and support needs, developing and exploring ways of working that combat the stigma, isolation, low self esteem, social exclusion and the lack of hope that labels and diagnosis can bring.
- ✚ Enable people to find ways of achieving their own life goals on the basis that ‘recovery’ is self-defined.
- ✚ Work alongside people with current or past lived experience of mental health issues as partners, not as passive recipients of services.
- ✚ Promote well being by providing and enabling services that support individual responsibility, self help, peer support, co-production, and inclusion in the wider community.
- ✚ Ensure that the self help, peer support and co-production models we adopt in our services, and promote to others through our development projects, training and consultancy, fully reflect our core values.

## How we approach mental wellbeing related training

- We change the language and content depending on the audience (e.g. when talking with medical mental health professionals different language might be required than when talking to a community group), but all of our training fully reflects our values and mission (see above).
- We tend not to talk in technical or mental health jargon or use medical labels (e.g. schizophrenic) but do talk about experiences (e.g. voice hearing) – though we may refer to commonly know medical terminology around mental health, especially in exploring attitudes.
- Training is likely to include exercises examining attitudes, both societal and personal. The level and intensity of this will vary depending on what the course is for and who is attending.

- Exercises on some courses, especially advanced or specialist courses around working with specific issues, can be challenging, but our trainers are always orientated towards creating a positive experience for learners.
- We are always aware that, whoever attends whatever training we stage, there could be subject matter that could be 'triggering' for some people, especially when talking of things that are often factors in mental health, like abuse or trauma. Often nobody knows who these people might be – we are always aware of this and look out for signs that people are not coping and adjust the content accordingly and/or offer support.
- Many of our courses involve training professionals and service users side by side.
- Our training likely to include personal testimony about the experiences of people who have been labelled as 'mentally ill', or reference to them.
- Our training is generally pragmatic in that it invites people to act, behave and/or think differently.

## **What we see as good practice in training:**

### **a) Commissioned training/consultancy**

- We do not have a 'one size fits all' approach - when the training has been commissioned by an organisation for specific purposes it will be customised for the target audience.
- We always try to check out the content of training with those who have commissioned it to ensure it achieves what it is intended to achieve.
- We seek to achieve clarity of purpose, particularly in eliciting from people who commission training what they hope will be achieved by it
- We do workshops and workshop style 'awaydays' to enable organisations/teams/stakeholders to explore specific issues
- We adopt a problem solving approach.
- If we don't think what we have to offer is what you want or need, we won't carry on regardless.

### **b) Learning activities**

- There will usually be clear learning objectives/outcomes for every event, and pre-planned learning activities to meet them. Where appropriate, they will be communicated to learners at the start of a session, along with practical arrangements (e.g. information about breaks, lunches, fire exits/health and safety, toilets etc).
- Training is participative and includes brainstorming, small group work, quizzes, debates and other exercises designed to help learning . There will be some amount of presentation, but we tend to defer none-essential information to handouts or information sheets that people can read afterwards.
- We seek to ensure that all events contain a mixture of practical activities, theory, visual aids, reading materials and suit a variety of learning preferences.
- There are usually pre-prepared handouts and presentation materials.

### **c) Anti discriminatory practice**

- We do not create situations where people are singled out on the grounds of race, gender, sexuality, religion, etc.
- Where relevant, we include different spiritual and religious interpretations of mental health experiences in our training
- Materials and activities will use non-discriminatory language, examples, case studies etc.
- We design learning activities in a way that does not to expose learners to embarrassment or ridicule.

### **d) Looking after participants:**

- We pay attention to learners and seek to make training as person centred as possible

- Sessions have appropriate breaks (lunch break for whole days; morning and mid afternoon breaks).
- When we are booking venues or arranging spaces attention is paid to the quality of the physical environment and refreshments provided.
- Any bad behaviour by learners will be respectfully but effectively challenged (e.g. discriminatory remarks, aggressive or passive/aggressive behaviour to other participants or the trainer, monopolising group discussion time).
- All participants will be treated with respect and the trainer will do everything they can to both maintain proper boundaries and make the event a positive one for learners.
- We try to avoid adopting the 'moral high ground' approach – we respect that the fact that people's views may differ from ours.
- We do ask people to complete evaluation forms before leaving the training wherever possible so we can continually improve what we offer.

## Our Experience

We have trained: Community support workers, Youth Workers, Parents, Carers, People using services, Special Needs Education Co-ordinators, Social Workers, Mental Health Nurses, Housing Support Workers, Advice line staff, Counsellors, Management committee members, Psychologists, School and Adult Education Teachers, Mental Health Day Service Staff, Prison Officers, Prison mental Health Inreach staff, Prisoners, Patients, Acute Mental Health Ward staff, Volunteers, BME Community Groups (staff and community members), Management Teams, Staff groups, Social Workers, Drug Agency staff.

## Some feedback from training events

*"Fantastic day – co production feels much less daunting – thanks."*

*"Excellent. Back to basics facilitation. Great activities to get you thinking. All outcomes achieved!"*

*"Loved the creative content of the training."*

*"I've learned not to judge people and to be more understanding. What these people hear or feel is real to them, so don't dismiss them as mad or crazy"*

*"Insight from voice hearers into dilemma discussed so incredibly helpful - great to have a mixed group".*

*"It's good to know you don't have to be a mental health professional in order to make a difference"*

*"I've learnt effective coping strategies that can be used in the prison"*

*"It has given me more confidence to work creatively with people and not to lose hope"*

*"I'm amazed with the way the trainer uses her experience to help people make sense of 'hearing voices'. I don't think it would have the same impact if delivered by someone who had not gone on her journey to where she is today. 100% brill"*

*"Enjoyed the day, very educational, great vision."*

*"Inspired by how open you were about your evolving service."*

*"I now feel more confident to work with young people who hear voices, to try and open a dialogue and help them feel less isolated and more understood"*

*"I'm amazed with the way the trainer uses her experience to help people make sense of 'hearing voices'. I don't think it would have the same impact if delivered by someone who had not gone on her journey to where she is today. 100% brill"*