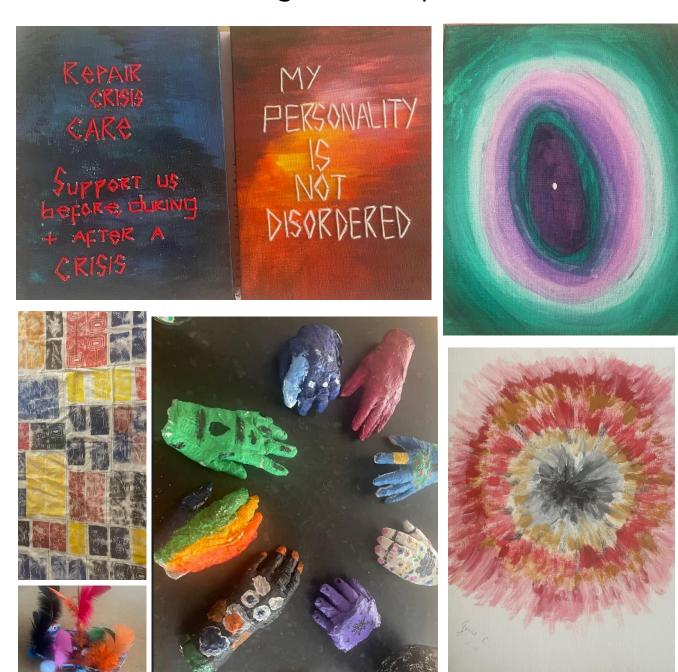
'This is Us' Findings and Reports



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Coordinator

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Introduction to the Project

'This is Us' was a Sheffield-wide community art workshop project. The project used creative self-expression to explore people's lived experiences of mental health services across the city.

Using a co-production model, Sheffield Mind partnered with a diverse range of community groups to gather individual stories. The workshops explored the different things residents do to look after their emotional wellbeing and the organisations they turn to when things get tough. The sessions also raised awareness of the Sheffield Mental Health guide as a resource people can use to find services and groups to look after their wellbeing.

Through the hands-on experience of making art, the 'This is Us' project trialled a different approach which helped to support frank and honest conversations in a creative environment.

The workshops were facilitated and coordinated by Karly Rayner, a HCPC registered Art Psychotherapist.

Each group who completed the project were awarded a £4500 grant to cover the costs of overheads and a co-facilitator. The groups were also provided with a £500 package of art materials which was theirs to keep once the workshops were over.

The full program of workshops was 8 weeks long and was structured as follows:

- 4 workshops with the art therapist and co-facilitator
- 3 workshops led by co-facilitator alone
- Final workshop with the art therapist and co-facilitator

Each workshop was 2 hours long.

Some additional label writing workshops were added in retrospect for groups who chose to take them up.

The project was funded by the South Yorkshire Integrated Care Board and delivered by Sheffield Mind.

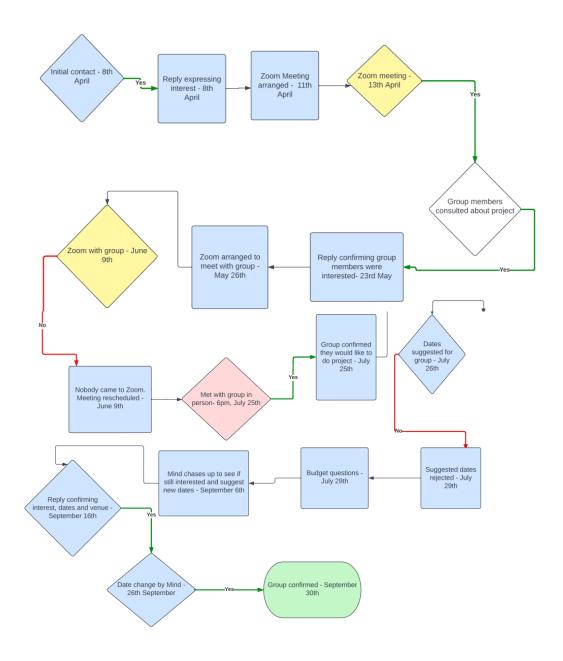
Challenges

- Many small grass roots charities found it challenging to release someone to cofacilitate the group for 8 weeks as they are so overstretched and busy
- Communication was a difficulty and took up a lot more time than anticipated (please see flow chart on page 5)
- Working with groups that are often not acknowledged or listened to requires extra time to build up rapport and trust. For many the project seemed too good to be true. The time taken to build these links was a lot longer than anticipated
- Face-to-face meetings and outreach were required to engage every group before the workshops were scheduled. Emails and phone calls were insufficient for people to commit to a relatively long and involved workshop project
- Working around school holidays and school strikes was a barrier and some participants missed a lot of sessions due to these responsibilities
- Small Charities often have very packed schedules and some charities and organisations simply couldn't find enough time to slot in a two hour group every week. Booking a long time in advance was essential for some groups
- On the contrary, some groups do not plan things months in advance so getting a concrete commitment for times and dates in advance was difficult
- There was little to no demand for groups on a Friday which was one of the working days for the project
- Evening work was required for the groups involving young people
- Working in a coproduction model is time consuming. For example, collaborating
 with co-facilitators on which art materials they might like to try and ordering
 bespoke packs for each group

To summarise building trust with the groups, organising the project and nailing down dates was more involved than running the workshops themselves which was not anticipated.



Communication flow chart with sample organisation



Sheffield Voices - City Wide

Maximum Group Numbers – 10 people (14 including support workers), 2 cofacilitators

Health inequality

Sheffield Voices is a self-advocacy group which is mainly for people with a learning disability or autistic people. Members are from all around Sheffield.

People with a learning disability have worse physical and mental health than people without a learning disability.

Some studies suggest the rate of mental health problems in people with a learning disability is double that of the general population. This is thought to be due to genetic predisposition, an increased likelihood of negative life events, reduced coping strategies and resources and other people's attitudes.

<u>In 2017/18 severe mental illness was 8.4 times more common in patients with a learning disability than those without</u>. In 2017/18, 13.3% of patients with a learning disability had an active diagnosis of depression.

Barriers to mental health care include gaps between mental health services and learning disability services, a lack of suitable assessments for learning disabled people and wrongly attributing symptoms of mental illness to learning disability and/or 'challenging behaviour.'



Significant Observations

- As a facilitator, I have provided additional sessions with Sheffield Voices to allow people's voices to be heard. This requires more effort, time, understanding and help from people who know members and their individual learning needs. Differentiation is essential and individual and complicated
- The Sheffield Voices community was incredibly important to group members and provided the bulk of many peoples social and leisure activities. Being able to do a lot of different activities (drama, writing,

advocacy, art, zoom socials, LGTBT café) with a lot of crossover from familiar people built strong cohesion

- Group members said that members of the public were sometimes mean to people with learning disabilities. Name calling was mentioned in particular. These interactions damaged people's self-esteem and made them feel sad and anxious
- Covid had has a huge impact on the community with a significant amount of deaths of friends and family members. Kath explained people with learning

- disabilities are much more likely to have health problems and be high risk so Covid was devastating to the group. We did not talk about Covid at all as the group had agreed in their drama sessions that it was still too overwhelming for them
- Many group members had had significant hospital procedures which were stressful. Mutual friends being in hospital was a common topic of conversation and there was a lot of peer support
- Although some group members lived in care homes with many people around them, loneliness and isolation was a problem. One member explained it is hard to make friends and they spends too much time watching TV on their own. Activities in the evening were something that the group would like
- One group member told me how a support worker refused to let her buy a pizza with her own money and told her she would die if she kept eating like this which really affected her mental health and still makes her feel bad
- The group had a strong sense of looking after wellbeing through activities. Swimming, drama, trips out, shopping and music were some things mentioned that helped wellbeing. The group all felt like art was helpful
- We reflected on learning disability pride in one session people were proud of being able to live in their own houses, relationships with support workers, the drama production they made, being in an art group and making art

Knowledge/Experience of Mental Health Services

- Two members of the group had tried to access mental health services in Sheffield, neither of them had a positive experience
- Kath (one of my cofacilitators) helped one group member speak to me about their experiences. The group member said they thought it was too hard for learning disabled people to access mental health services without a lot of extra help and that there should be a clear pathway
- Both of the members who had tried to access mental health care systems felt passed around, they could



- not access IAPT as they were not considered suitable, but did not meet the threshold for the learning disabilities team
- Multiple members of the group and co-facilitators expressed that they felt like there was confusion between what is a learning disability and what is a mental health problem with health professionals
- In a follow up workshop to gather information about what the group would like to see, two women who were not members of the original group told me about

- being restrained and held as inpatients. One woman was now actively campaigning against restraint
- Kath helped to explain how learning disabled people often reach the point of breakdown before they get help

• What would they like to see?

- Group members would like it if professionals made more of an effort to listen to them and respect their opinions
- Group members and their carers said that mental health services and care providers pass them around and more clearly defined pathways would be really helpful
- I did another workshop around what group would like to see in their ideal service. This workshop included 4 original group members and other Sheffield Voice's
 - members who go to the art club. I felt this was necessary as people need more time and support to express themselves. In this group these were the things which came up:
- Professionals being kind to them and making an effort to understand them was most important thing
- Professionals respecting their rights
- Things like tea, biscuits and comfy chairs
- Group members would like to speak to one person who can help them solve their problems or help them make appointments with the right person
- Art materials would be helpful to help people express themselves
- Staff who did not make decisions for them
- A camper van for holidays to have a nice time and escape the pressure of day to day life
- Days out

Progression after This is Us ended

- Sheffield Voices continued to use the garden room at Sheffield Mind as a venue for an art group after the project ended
- Taking part in the This is Us project helped Sheffield Voices to secure more funding for an art group as they could evidence how beneficial art making had been for group members



• The group was named 'Sunshine art group' by group members and was so successful that they eventually moved venues to Sharrow Community Forum



across the road. The art group continues to run and is very popular

• Sheffield Voices have used art making in workshops to gather service user opinion

Zest Centre - Upperthorpe

Maximum Group Numbers - 8 women, 2 co-facilitators

Health Inequality

The 'This is Us' group at the Zest Centre comprised of a small break off group from the larger arts and craft group which takes place on a Monday. The group comprised of all women, although the art group is open to all. All but 2 group members were over 70. Only 1 group member was from a BAME group.

<u>Upperthorpe is a small and diverse area of dense population</u>, there are 28 languages spoken in the area and a third of the population is Muslim with a further third Christian. There is a high level of social housing and deprivation in the area. <u>Parts of the community</u>



sit within the 10% most deprived areas in the country.

Research by
Aging Better
suggests that
robust evidence
exists of the
strong
association
between
socioeconomic

status and inequalities in life expectancy, healthy life expectancy and disability free life expectancy.

There are significant mental health inequalities with older people. According to a 2018 report by the Royal College of Psychiatrists, 85% of older people with depression receive no help from the NHS. Older people are also a fifth as likely as younger age groups to have access to talking therapies but six times as likely to be on medication.

Significant Observations

- There is still a lot of stigma around mental health in the community. We discussed the changing use of words such as 'Shell Shock' which is now known as PTSD and the shame these mental health problems carried
- Lots of people in the group didn't like labels like depression as they imply there is something wrong with you
- Group members acknowledged that mental health issues were historically seen as a women's issues as men did not ever really talk about these things and kept themselves to themselves. Mental health issues were seen as a sign of weakness
- The group agreed their generation do not talk so openly about mental health. Members spoke about how historically they had struggled with things such a

post-natal depression, trauma from domestic abuse and struggles around bereavement and the menopause alone



- Once given the opportunity to talk people were keen to share experiences. I think this was facilitated by the group knowing each other well through meeting to do arts and crafts.
- Group members were incredibly supportive when people opened up and acknowledged they had never spoken like this before. Two members invited another member to join a walking group with

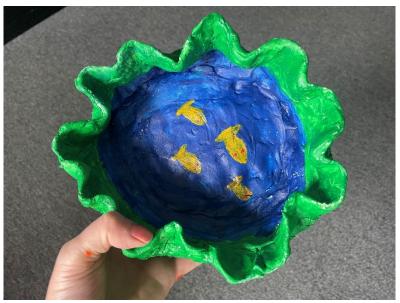
them they could do more activities and be less isolated

- Art making seemed to uplift some members' self-esteem. They did not think they could do anything creative without a lot of guidance, but they did
- Things the group said improved their mental health and wellbeing were, family, gardening, community groups (Zest art group and walking group), nature and arts and crafts
- Everyone in the group agreed mental health and physical health were linked and they all tried to stay active the best they could. One group member used aerobics to recover after a hip operations, some stayed active through allotments and 3 group members were part of a walking group
- Poor public transport was a barrier to the group accessing new areas and they reflected they used to do a lot more walking when they had a group member who could drive a mini bus

Knowledge/Experience of Mental Health Services

- Not many of the women present had ever tried to access mental health care
- One member had accessed therapeutic support through Mind in the 80s after she had "a breakdown" and said it was helpful and changed her life
- One group member had experience with accessing multiple mental health services for both herself and a foster child from a placement which sadly failed. This group member had an experience of accessing IAPT in both a group and for individual sessions. She said this was about a year and a half ago and the wait was not that long. She reflected that the group was quite helpful, but might not be for a lot of people because it is daunting.
- Some of the services this group member accessed were on a psychiatric ward and she said she did not like this as it made her feel like there was something seriously wrong with her for struggling

mentioned previously accessed counselling through CAHMS but she couldn't engage. It was felt this was because it was on Zoom and not in person. Eventually, the placement failed and then the child got more help through CAHMs. Group member felt like the placement had to fail



for the child to get the help that she needed as things need to get very severe for CAHMs to care. She felt things could have worked out with more support

- Child also accessed some play therapy through SHSC
- One group member needed some help with Pain Management at the start of the pandemic due to a medical condition which causes cysts on the spine and a condition with her coccyx. It took 6 months for her to be able to access support and she was bedridden. The group member sympathised because of COVID but it was a really terrible time for her and she could have done with some support

What would they like to see?

- Everyone in the group preferred more community driven support to the medical model
- People would like to access mental health care in a setting like Zest which was comfortable and familiar
- After hearing of one group members experiences of art therapy and how it helped her and working with me, the group was interested in art therapy as a modality
- People valued face-to-face support as opposed to Zoom and phone



Progression after This is Us ended

- •The group was formed from an existing art group which continues to run
- •Group members exchanged keyrings to remind them of their time together and became closer as a group
- •My co-facilitator Linda continues to invite me to events at Zest which I attend if I can to help with art activities and maintain links between our organisations

•	Some group members have reached out to me for mental health advice since the group has ended using my email and are more open to accessing mental health services and more aware of what is available

Reach Up Youth - Burngreave

Maximum Group Number -12 voung people, 2 co-facilitators

What is the area of inequality?

The group I worked with were members of the Sisterhood group aged between 14 and 24. Sisterhood is part of 'Reach Up Youth' which operates in the Verdon Centre in Burngreave.

Almost all of the young people in the group were BAME with a majority from Somalian, Yemeni or Pakistani communities. The index of Multiple Deprivation



score for Burngreave (NDC) is 71.51 placing it in the most deprived 10% of wards over the whole of England.

The UK average for anxiety is 20% of the population, in Burngreave, it is 35%.

A recent collaboration between the independent health body, the NHS Race and Health Observatory and the Universities of Sheffield, Manchester and Sussex, has found that there are large inequalities in mental health care and black groups fare particularly badly.

The study found that GPs are less likely to be refer ethnic minority patients to IAPT, compared to white patients. As young people, the ethnic inequalities faced by their parents appear to be being repeated in the younger generation, with one study suggesting black children were 10 times more likely than their white peers to be refer ed to CAHMS through social services as opposed to a GP.

Significant Observations

- The young people said people struggling with their mental health are still viewed as weak
- The young people explained that lots of people in the community don't even believe mental health problems are real and that they are caused by a lack of faith or Djinns
- Someone struggling with their mental health is often seen as bringing shame on the family and there is a lot of stigma

- The young people spoke about an attitude of "if you don't speak about it, it isn't real," which means people sweep their own mental health struggles or the struggles of others under the rug
- Some people (mainly the older generation) see having anxiety or depression as attention seeking behaviour
- Some young people said parents though they had it worse and could not understand the pressure they were under An example given was "you say that you're stressed about school and then mum says 'how are you stressed? I used to walk 5 miles to school and work 2 jobs at your age and I was fine"
- A lot of the younger people deal with things alone as opposed to talking to their parents as a result of this



- There was a cynicism about mental health support in schools. One group member said their school preach about it all the time, but when she approached a teacher saying she was suffering from anxiety and needed help, he just told her to try not to stress
- School counsellors were available to some of the young people. They did not use these services due to blurred boundaries (counsellor being the mother of a girl who used to pick on them) or a lack of trust
- Many of the young people felt they received racist or prejudiced treatment at school
- Young people very aware phones and social media could sometimes have a negative impact on their mental health. One group member has to sleep with her phone in her hand. Another had to sleep with her phone in the drawer
- Social media was used by distressed young people to cry for help, which let to situations where some young people felt responsible for their friends wellbeing and worried they may end their lives. This is very stressful as they feel they can't talk to adults about it

Knowledge/Experience of Mental Health Services

- Some group members said they were sick of talking about mental health. Despite the prevalent conversations about mental health in school, there was little to no knowledge of what is available to them in Sheffield
- Young people said they talk to and support each other, but they feel like they have no support. None of them had heard of any helplines apart from Child line

- One group member had heard of Sheffield Futures when I mentioned it was the biggest hub to get mental health support as a young person in Sheffield. She would never go there as it is in town and her parents would wonder where she was. She also didn't trust the service
- Nobody accessing CAHMs in the group
- The only service any of the young people engage with is Reach Up Youth as it is in their community. They can go there without any bother from their parents and everyone knows Safiya

What would they like to see?

When asked about their ideal mental health service they wanted:

- A non-clinical comfortable building
- A roof garden
- Animals to help people be calm
- The setting to be colourful
- Fidget toys and things to help with anxiety
- In their community so they did not need to get the bus, travel or worry about getting their parents' permission to go there. Financial barriers to getting the bus
- They would like counselling or therapy and would like to be able to talk to trained mental health professionals about their problems



Progression after This is Us ended

- The Sisterhood group used their art materials in a workshop exploring violence against women
- Karly agreed to facilitate an art workshop for the Brotherhood group to help them learn to express themselves through artwork

•	support available to their age group in Sheffield

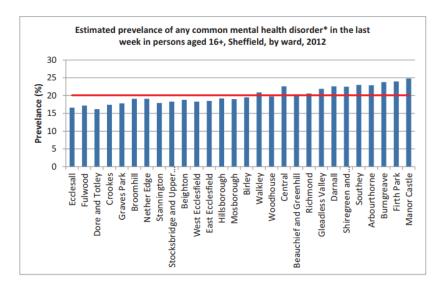
Parson Cross Forum - Parson Cross

Maximum Group Size - 12 people, 2 co-facilitators

Health Inequality

The split of the group was 5 males to 6 females. Everyone in the group was over 60 with most members being in their 70s or 80s. All group members were white British.

The area of Parson Cross is the 8th most deprived area of Sheffield and in the most deprived 10% of all LSOAs in the country. Mental health problems are more prevalent in deprived areas, and money shortages are known to be a clear cause stress.



According to Sheffield's tackling poverty strategy, older people are a group more likely to face poverty and often face multiple disadvantages (being a carer or being disabled, for example).

There are significant mental health inequalities with older people. According to a 2018 report by the Royal College of Psychiatrists, 85% of older people with depression receive no help from the NHS. Older people are also a fifth as likely as younger age groups to have access to talking therapies but six times as likely to be on medication.

Significant Observations

- 42 percent of this group was male which is unusual for this age group. My cofacilitator thought this was down to doing fun activities which both genders can enjoy and having a laugh
- The group were really open about talking about mental health. This seemed to be because everyone knew each other and felt so safe and genuinely cared for at Parson Cross forum
- To group agreed that we all have mental health and it can be good or bad. Mental health was not a negative thing

- People felt really strongly about negative words being used for mental health and were really respectful with their language
- People agreed that attitudes towards mental health problems had improved. One group member had a father



who had severe mental health problems. She said the things that she remembers most was the way other people looked at him and would cross the street to avoid him because people back then didn't understand. She said that she didn't think a child these days would be in her situation because if people saw a child struggling with a man acting erratically in the street they would help or call social services instead of ignoring it

- Although things have improved, there is a long way to go. One member has dementia and say people are afraid of dementia and see it as a dirty word, people treat her differently to before and her brothers have stopped talking to her
- Group members think people of their generation often don't know what to say so they can just stop reaching out when a friend is diagnosed with dementia or a mental health problem
- Bereavement is a big challenge for older people's mental health. The group thought it was especially bad for men. One group member said Parson Cross Forum helped him remain sociable and walk back in after his wife died. Genuinely caring, not awkward
- People thought older people were just expected to get on with it when a spouse or close friends die and are not supported
- When asked what improved their wellbeing, people mentioned:
 - o Living family grandchildren, great grant children, children
 - Deceased family parents, siblings, memories of how these people shaped them, pets
 - o Found family/Community Parsons cross forum friends many people see people at the forum more than their own families, friends who they have known for many years and have shared experiences
 - O Church Faith was helpful to a couple of the guests, Catholic Church linked to forum. Pilgrimage to Lordes
 - Memories Honouring memories of the past was important to many in the group. One member has two very well subscribed Facebook groups about old photos and old music
 - o Professional identity Although members are retired, many of them took pride in the identity from their former profession. Bus drivers, engineers, landscapers, teachers
 - o Hope

o Narrative – reflecting on their life stories



- Group members were very community driven and were proud of their community in Parson Cross
- The group supported each other. For example, people listened to one member's story of how she once lived in sheltered housing and how it is very expensive to leave as you need 2 months' rent and there is not enough support
- Cost of heating was having a very bed impact on the group. Group members cried about their bills and people were using hot water bottles and electric blankets to keep warm
- General cost of living was restrictive to being able to do things for mental health.
 The group thought it was sad for such a rich country

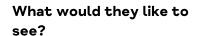
Knowledge/Experience of Mental Health Services

- One group member had a very good view of the mental health services in Sheffield. She has Alzheimer's and has found the memory clinic from the older adult's mental health team really good. This client had a terrible time in Rotherham and fell into a depression after her diagnosis. She said when she was isolated she really felt like she had Alzheimer's, now she feels much more herself. Parson cross forum has helped enormously
- One group member said there is not enough support for people with addictions. He was an alcoholic and says services for people in recovery are lacking
- One group member said that mental health services have got a lot worse when they are meant to be getting better. She had a really difficult time with IAPT and the 6 session format as this was re-traumatising to her. Just had time to unpack things and then was left on her own with it. Has given up on the NHS and now has 2 private counsellors that she can see one a one off basis when she is feeling really down. She cannot afford more regular therapy
- People had mixed experiences of GPs. Some felt they could get appointments really quickly and easily. Some struggled
- Nobody had a regular doctor who they felt knew them and understood their health problems in a holistic way. Nobody knew who their GP was
- Group members highlighted this as a problem as you have to explain complicated health issues again and again and appointments are short. Often have to explain things like a wife or husband's death over and over again, which is really upsetting

- Concerns about the merging of GP practices. Further for people with mobility problems to travel a particular worry
- One group member approached me once group was finished. Explained a terrible experience being given his bowel cancer diagnosis. He did the tests and was casually told by a technician in a public area. Was shocked and upset. When his wife had cancer the nurses took them to a separate room to break the news and explained everything, made them cups of tea, held his wife's hand and were comforting and supportive. Group member was really upset by his experience
- One group member had heard of Sheffield Mind and Springboard recovery cafe
- One member goes to a memory café which she thinks in run by the NHS
- One group member goes to bingo at a local sheltered housing facility. They like this initiative as they get to play bingo and keep people company

People thought that commissioners should actually visit services they fund to

see what they are doing with their money



 When thinking about their ideal mental health care facility, the people at Parson Cross forum wanted a team of different



kinds of professionals. They listed:

- o Mental health nurses useful as they have a lot of experience
- o Psychologists and psychiatrists
- Peer support was also something they thought was vital
- Face-to-face support was essential for the group
- Services they would like to see include:
 - o Talking groups
 - o Meditation classes
 - o Relaxation classes
- They would like to see hubs across the city so people can access mental health care in their local communities
- The group wanted a non-clinical environment which is colourful, happy and cheerful. The outside should be clean, well-kept with parking spaces, bus routes and be safe and well lit
- "Somewhere where you get seen" came up as high importance. Waiting lists are currently too long and people want early intervention as opposed to waiting and getting mentally much worse
- "Nothing on offer at the moment" The group felt that services did not meet their needs.

- Opening times to better suit people with jobs or kids
- Although everyone at the forum is over 60, none of them minded the idea of mixed age talking groups or hubs for all ages

Progression after *This is Us* ended

- The group enjoyed *This is Us*, so they decided to take on more community art projects after I had closed the group. They all worked with Ignite imaginations on a project for 4 sessions
- The group also discussed using the time to begin a board game club which they had been trying to get together for a long time. Now a group had been established
- One group member came to Sheffield Mind to access our women's only art therapy group Creative Minds

Israac Centre - Sharrow

Maximum group number - 6 women, 2 co-facilitators

Health Inequality

The group at the Israac Centre was exclusively Somali women. Most of the women were older and no longer had childcare responsibilities, but 2 younger members came, one who brought her baby to the group. Children also attended during holidays.

A 2022 CCG report (now ICB) collated some statistics around mental health in the Somali community which reflect the mental health inequalities the community may face.

This report references a 2009 study of Somali refugees which found that around 1 in 3

suffered from longterm illnesses, including mental health conditions. Experiences of war, fleeing violence and being displaced means that refugees are more likely to experience mental health problems included depression, PTSD and other anxiety disorders.



Coupled with this, this group is less likely to receive the support they need. A recent collaboration between the independent health body, the NHS Race and Health Observatory and the Universities of Sheffield, Manchester and Sussex, has found that there are large inequalities in mental health care and black groups fare particularly badly. The study found that GPs are less likely to be refer ethnic minority patients to IAPT, compared to white patients.

Cultural differences mean that our model of treating mental health just does not translate, there is <u>no concept of depression in the Somali language</u> and <u>treating mental health is often seen as a religious issue.</u>

Up to 98% of Somali women may have undergone FGM. According to FGM toolkit. Women with FGM often show signs of psychological trauma: anxiety, somatization, depression, post-traumatic stress and other mood disorders.

Significant Observations

- As a facilitator, working with this group was difficult due to language barriers, the business of the centre and co-facilitators (working incredibly hard, dipping into multiple groups) and cultural attitudes to time. It was hard to begin with a conversation as people dropped in half way through
- Mental health is a taboo and people don't want to talk about it at all

- If someone has something like anxiety or depression, they will hide it from the community
- The group agreed this is a big problem and they want it to change but they don't know how
- The group thought that people are more open about their struggles back in Somaliland, here people who have moved to the UK are quieter
- Everyone in the group would go to a spiritual healer rather than a mental health professional first as they would suspect a Djinn
- There are different words for mental health in the Somali language. One you are born with and one which you get. The one which you get is associated with Djinns and is perceived more negatively. Learning disability and mental illness seem to



be viewed the same

- Community was very important to the group and Israac was an important hub. Group members stated that they would engage with things at Israac they would not engage with elsewhere
- Somaliland was ever present in the work and conversation. People have a deep cultural sense of home and what it means to them which is important for them to honour
- The group chose to explore this connection through traditional embroidery. Something none

of them had done for many years. This became the group led theme of This is Us

- People were willing to travel a long way for this sense of community one group member came from Pitsmoor
- During school holidays, all group members with children brought their kids to the group and other kids came too. This inclusive attitude and flexibility led to some interesting conversations with children and young people, but would probably make it challenging for the women to access groups in another setting as this openness to all is not often the framework
- Group members are impacted by rising prices and cost of living crisis. A lot of anxiety. The group told me about a man in the community who was telling people he wanted to end his own life because of cost of living. They said they didn't blame him
- One group member had never painted before and the entire group had not done anything creative since being children or teenagers
- Making art was a great connector despite language barrier

- Group members agreed making art was calming as you were not focusing on anything else
- A sense of gratitude was mentioned during multiple sessions as important for good mental health. This was framed through the teachings of Mohammed
- The women enjoyed singing, cooking, exercising at Israac and just being together as a group chatting. Being sociable was very important.
- Sharing was second nature in the group. Food, medication (over the counter), responsibility for looking after children was all shared
- The concept of privacy and confidentiality seemed like a foreign concept to the group and was very hard to explain, although this could also be a translation difficulty

Knowledge/Experience of Mental Health Services

• None of the group had ever tried to access any sort of mental health service

• There was a lack of interest in groups outside the Somali community, they all

would rather go to Israac

- Community manager who helped me to set up the project confirmed that getting the women to go anywhere else is almost impossible. Sheffield Mind is around a 5 min walk away and women would not go there as they do not know it
- Israac centre has been doing work with mothers of children with autism to reduce stigma as women were hiding the children's difficulties and felt ashamed. Unfortunately, none of these mothers were in my group
- People would rather go to a faith healer or Imam than access mental health service as this is their belief system



What They Would Like to See

- This question was very difficult to explore as women have limited experience of the concept of mental health and translating can be hard. Literacy around the language of mental health is low
- Support from the mosque was mentioned as this is a place where people are used to getting guidance
- Some group members said they had been to a talk by MAAN and found it helpful as they understood the Somali community

Progression After This is Us Ended

- The group continued to run after I left
- Embroidery was very popular and is now being extended into the sewing lessons
- Israac centre keen to do more partnership work to help make services more accessible for the Somali community

Chilypep, STAMP mental health group - City wide Max group number - 8 young people aged 15-21, 2 co-facilitators

Health Inequality

The Chilypep group consisted of young people who are passionate about mental health advocacy from all around the city. The diversity of the group means there were intersectional health inequalities, some of which I have explored in brief below:

Young Carers

There are strong links between poor health and caring. <u>A Sheffield Fairness Commission</u> report stated that 87% of carers said that caring had a negative impact on their mental health. A study referenced in this report showed that 43% of young carers educational prospects were "definitely restricted" by their caring duties.

Neurodiversity (Autism and ADHD)

Neurodivergent young people are particularly vulnerable to mental ill health because of the lack resources to help them, stigma and discrimination. For example, over 70% of autistic children also experience mental health challenges such as depression and anxiety. As a result, many CAMHS users will also be



neurodivergent; it is estimated around 1 in 10 CAMHS users are autistic.

LGBTQ+

According to Stonewall, LGBTQ+ young people experience particularly high rates of poor mental health. Three in five LGB young people have deliberately harmed themselves at some point. For trans young people, this figure is 84 per cent. More than one in five LGB young people and more than two in five trans young people have attempted to take their own life. One in three non-binary young people and nearly half of disabled LGBT young people have tried to take their own life.

As well as these inequalities, LGBTQ+ people are less likely to access services. According to The Mental Health Foundation, One in seven LGBTQ+ people have avoided treatment for fear of discrimination.

Significant Observations

- Frustration about how people do not know the difference between neurodivergency and mental illness
- There was discussion about how depression and anxiety are often comorbidities with autism and ADHD. All group members felt like this was a symptom about how they are treated and perceived by wider society and that this caused a lot more issues than their diagnosis
- We spoke about the stigma that certain diagnosis carry for example BPD. Discussion about how this can be diagnosis linked with gender and has overlaps with C-PTSD
- The group agreed that diagnoses were imperfect manmade labels for complex humans who are all different
- Don't do anything without consent was a motto of the group
- People feel like they are not listened to in most walks of life because they are young people



- Group all felt like they had teachers at school who really made the effort to understand them and their diagnosis/diagnoses, but there were also other teachers who refused to even acknowledge their difficulties which made school harder than it needed to be
- Young people felt like they were not taken seriously and disrespected by adults in healthcare
- Young people preferred support from the third sector as opposed to the NHS
- Young people, particularly those identifying as female and non-binary, felt that their physical health was not taken seriously by GPs. They felt they had to "fight to be seen"
- The Chilypep STAMP group was very helpful to all of the young people as a safe space to be who they are and share experiences. The whole group said this helped their mental health and wellbeing
- The group were very proactive about looking after their mental health and all had their own strategies such as going to STAMP, being in nature, spending time with pets, allowing themselves to be absorbed in special interests/fandoms, listening to music, making art and taking a conscious effort to relax through napping and being around people they found regulating

Knowledge/Experience of Mental Health Services

• The young people at Chilypep had extensive knowledge of accessing mental health services. Particularly CAMHS

- The young people knew about the Sheffield mental health guide and were comfortable asking friends and professionals for recommendations about looking after their mental health
- Young people preferred support from the third sector as opposed to the NHS
- Some young people reported good experiences of mental health support from colleges with counselling services being easy to get into and discreet (counselling room in a hidden corridor, so not obvious you are going there)
- The young people felt that professionals in external organisations (separate from school and NHS) had more training relevant to them E.g understanding of Neurodiversity, mental health problems and gender identity/sexuality
- Young people felt that CAMHS was too impersonal and they felt like they were a statistic
- Two group members' families are paying for private support/therapy as CAMHS was unable to help them. They stated that there were long waiting times and CAMHS not able to offer things they need
- One group member had had CBT therapy multiple times through CAMHS and eating disorders service. They were too shy to turn it down, but they also said it clearly wasn't working if she needs it over and over again. They don't understand why they haven't been offered an alternative therapeutic style or treatment
- Young people are anxious about CAMHS as its reputation is so bad and they hear awful stories before seeking help. This makes the experience more scary than it already is
- The young people felt that young and student counsellors in CAMHS are better.
 Group members had had positive experiences with some staff and they reflected they had all been younger or in training
- The group agreed that a one size fits all approach is invalidating and damaging. Makes young people feel unseen as individuals
- The young people felt that CAMHS is so risk averse that young people do not want to speak honestly as they are terrified of being put in inpatient. Cannot talk about self-harm or suicidal thoughts without getting their parents involved or what they feel is a huge overreaction. Feel mistrusted
- One person had been waiting for counselling for 3 years with CAMHS
- One person had been with the forensic team with CAMHS and was meant to be transferred to adult services, this was five years ago and he never heard anything back. He does not mind this as he doesn't feel he needs the support anymore but reflected that for many this would be unacceptable
- There was a universal feeling that CAMHS staff do not seem to understand what a huge deal it is to open up about mental health problems or ask for help which leads to them feeling unsupported
- The young people felt that a lack of flexibility around appointments is not helpful. The group felt it was unfair they wait years for the service but can be discharged so quickly if they are not perfect in their engagement
- There is a feeling that CAMHS workers do not trust or respect young people.
- Advice from CAMHS often feels generic and not in line with the difficulties they are facing ie telling someone you have chronic insomnia and them telling you to have a cup of tea or a bath

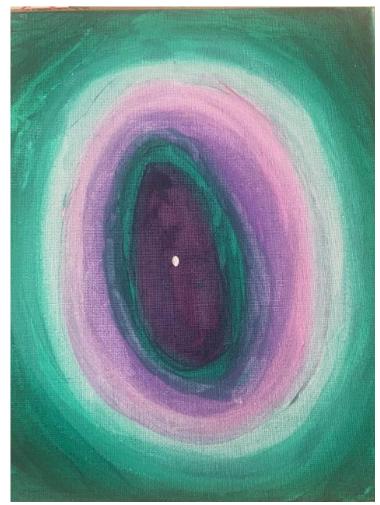
• The Chilypep coordinator asked the group to each supply one word about CAMHS and the words supplied were – car crash, neglect, scripted, one size fits all, ignorant, intrusive, homophobic, judgemental, shaming, disjointed, plague and frustrating

What They Would Like to See

• The main concern was the length of waiting lists. Young people would ideally like to see no waiting lists

 If there is a waiting list, young people would like to know roughly how long it would be and to be kept updated about timings, so they know they haven't been forgotten

- Young people thought that peer support groups whilst on waiting lists would be helpful to them
- The young people would like to see more options to self-refer to services
- Non-judgemental staff
- Greater understanding of gender identity and neurodiversity
- Young people felt that having more options when it comes to services and locations of places that offer support would make mental health care easier to access
- Having a choice in the sort of therapy offered would be appreciated. Young people highlighted that therapy isn't one size fits all and a choice of approach would be empowering



- Young people were disheartened by being discharged for things like missing sessions and would like more understanding in this area. Just because they cannot always attend (executive dysfunction and poor physical health were given as examples as barriers), it doesn't mean they don't want or need the help.
- A more holistic approach would be helpful. Treating the full person and not having to retell their story and explain themselves to multiple professionals
- Ease of transport was really important

Progression After This is Us Ended

- Working creatively was very popular with the Chilypep young people and the group have continued to use the art materials provided during STAMP group sessions on a Monday evening.
- The Chilypep STAMP group have been helping Sheffield Mind develop the sensory area we will be facilitating at Tramlines festival and using their experiences of art making to help choose activities they think will be good for sensory regulation.

Family Voice - Sharrow and Nether Edge

Max group number - 10 women, 1 co-facilitator

Health Inequality

The Family Voice group consists of women from a wide variety of cultures and communities who live in the Sharrow and Nether Edge area. Countries represented include:

- Iraq
- Pakistan
- Sri Lanka
- Bhutan
- Hungary
- Ukraine

Many of the women are single mothers.

A study by BMP public health

stated that "lone mothers in the UK are twice as likely as partnered mothers to describe their health as 'not good' (13 % compared to 7 %). Much of these adverse outcomes can be attributed to high rates of poverty among lone parents. In 2014, 42 % of children in UK lone parent households were poor compared to 23 % in couple households."

It is challenging to summarise the mental health inequalities which might affect women from such a wide group of

ethnicities, and research is lacking for many of the groups mentioned.



As Pakistanis are the largest BAME group in Sheffield (around 5% of the population) and there is more research available on this population, I have included some research about mental health inequalities from this group.

In an 2017 study published in Health and Social Care in the Community states that, Pakistani women in the UK are an at-risk group with high levels of mental health problems, but low levels of mental health service use. The same study found that Pakistani women were less likely than white (British) women to use most specialist mental health services. No difference was found between Pakistani and white women for the consultation of general practitioners for mental health problems. It was theorised

this was due to mental health stigma in the community and the stigma of reaching out for specialist mental health support.



Significant Observations

- Mental health is difficult to talk about
- Women in the group worry about gossip and people talking about them behind their backs. It makes it hard to share
- Talking about mental health in even the most general terms was so emotionally loaded that a woman had to leave the group with my co-facilitator during one of our first

sessions as she was so overwhelmed

- Everyone felt a need to present as okay to others in their community. We reflected that there was a lot of pressure on women to do this in particular as they are often caring for others
- A lack of confidence in English prevented women in the group from integrating and this seemed to be one of the biggest causes of poor mental health and feelings of isolation – "some women are so scared to come out. They are afraid of speaking English and being laughed at. I was like that. I also have no family here, but now I help these women and tell them it's good to join classes and learn English - no need to be afraid. It's all about learning English and having time together with others."
- Family Voice really helped women with their confidence through English classes and cultivating a sense of local community between women of all cultures. When the women were asked to reflect on what improved their mental health, they all spoke about empowering opportunities such as helping run Ammi's kitchen or running a playgroup
- Community spaces came up repeatedly in the group. The library was mentioned as a space which was accessible and welcoming
- Being a single mum is very demanding and stressful and can come with stigma or unwanted questions in some cultures. Being with people who understood was very helpful

- Family Voice allowed young children to come to workshops which enabled women to access groups that they would be excluded from in many places due to a lack of childcare
- Sharing stories and being heard was an important part of the Family Voice group. My co-facilitator said she learnt a lot about the women she didn't know before and being given a space to talk about mental health seemed to give people permission to do this
- The fact Family Voice is a women only space was crucial to the group
- The women loved making art and it helped them connect to parts of themselves that were often neglected

Knowledge/Experience of Mental Health Services

- Women did go to the GPs about their mental health, but they often felt they were just put on medication and some did not see it as helpful "medication is good for immediate pain relief but for mental health I need to do things, women need to feel part of a community"
- Some women also benefited from medication: "taking tablets was horrible but my 2 weekly injections are great, I think better, everything is better
- Some women explained that people they know are very anxious and being with a supportive friend helps them to try new things, go to the doctors or a community group
- One women had accessed the Women's Movement Therapy Group at Sheffield Mind which she enjoyed and found helpful
- Stress was mentioned as the thing the women struggled with the most. They did not feel like GPs were good at advising them about this "stress makes me ill. doctors don't help me with that they just give you medication but they don't

help you find a way of reducing stress"

• People felt too rushed at the GP

What They Would Like to See

- Women want things close to home with people / organisations they know and the
- opportunity to come together and share
- "It's all about confidence" –
 The women said that bad
 mental health in the
 community is often the
 result of loneliness and lack
 of opportunity, missed due
 to low confidence and that
 things that help people build



- their confidence in day-to-day life are important
- "I like the idea of having Talking Benches in the parks for people who sit on them to show they want to talk to other people. Me, I don't know how to see if a person wants to talk or not, so I don't talk. I think benches which are marked as Talking Benches would really help lonely people who want to talk to others."
- Quiet, calm public spaces to just be in are helpful

Progression After 'This is Us' Ended

- One women from the group has felt confident enough to access 1-on-1 counselling at Sheffield Mind
- The group continue to work with different organisations on art projects and love and enjoy making art. The materials This is Us provided have enabled more volunteer artists to work with the group

Exhibition labels

Not every artist in the exhibition chose to write a label, but below are all of the labels which were written by the participants.

Two groups did not write any labels at all and I wrote labels on their behalf to represent them in the exhibition. These are written in italics.

Sheffield Voices

My House

Lucy Croft, 46

This is my house where I've lived since I was 21. My mum helped me to get the house because she used to work in housing. I live with 24 hour care. Having 24 hour care helps me to be independent.

I enjoy living on my own because I like to do my own activities and my I like having my own space. I grow my own vegetables in my garden and am currently growing peas, beetroots, cucumber and corn on the cob.

I liked the 'This is Us' art group because I met new people and I like doing different crafts.

Thing

Lucy Croft, 46

This is my carer Kelly's hand. I had so much fun wrapping Kelly's hand, I put so much Modroc on and wrapped it so tight that we thought we might not be able to get it off, which was very funny.

We both decided to call it Thing after the hand from the Addams Family.

Horse Riding Over the Hill

Michael Potts, 57

My painting shows a horse which is lost and it's going up a hill past the seaside to find his family and friends. The sky is red because it's really hot and it's summer time. Summer is my favourite time of the year and is positive to me. It reminds me of going to Spain, like I used to do every year.

I found the 'This is Us' project wonderful and really enjoyed it, I made friends, got out of the house and learned different skills. I think I have got better at making art and am more confident in myself.

Sad

Marc Smith

My image shows how I used to feel coming out of places with slot machines when I wasn't winning. When I walked out of slot machine places with no money, I felt like throwing myself off a building or under a double decker bus because I was so sad. I have banned myself from the place I used to gamble for a year now, but if I could, I would ban myself for life. A lot of people's mental health is harmed by gambling to the point where they do things like take overdoses and self-harm. I would advise people to talk to a professional like Gamcare as that has really helped. I am using the money I've saved to decorate my flat so something good will come of it.

I wasn't feeling sad at art class. Before I started I said I wasn't going to be any good and wasn't sure about coming. I am still not a professional but I have a go and I enjoy it. I also enjoy being in a community and making new friends.

Zest Centre

Tree of Life

Anne Simmons, Christine Sawyer, Elaine McGregor, Fatima Al-Hidabi, Isobel Beckett, Joan Sargison, Josie Myers, June Claxton, June Wilson, Kath Raistrick, Kathy Irshad, Linda Charlton, Norma Gandy, Pat Woodhouse, Val Tibenham

A tree of life mosaic created by the Zest Craft group. This art piece began with us thinking about what our craft community means to us. We decided to use the tree as it symbolises our community so well. The roots are our established and firm community always caring and looking after each other. The trunk represents our community being a stable influence in our well-being. The branches show us reaching out, trying new ideas and flexing our creative skills. Each of us helped to build the tree using recycled materials like the broken tiles. We each brought a small item that meant something special and important to our well-being to put into the mosaic. If you look closely you can see butterflies, flowers, gemstones, pebbles and beads. We wrote our words around the outside. All these words symbolise what we do to maintain our well-being. We enjoy working together and being creative. Together we can do great things.

Impressions of Nature

Anne Simmons, Christine Sawyer, Elaine McGregor, Fatima Al-Hidabi, Isobel Beckett, Joan Sargison, Josie Myers, June Claxton, June Wilson, Kath Raistrick, Kathy Irshad, Linda Charlton, Norma Gandy, Pat Woodhouse, Val Tibenham

A nature inspired textile art piece created by the Zest Craft Group. We each thought about what it was about nature that helps with our wellbeing. Individually we created our own Lino cut with our interpretation of what nature and being outside meant to us.

Primary colours were provided but we could mix them to make a specific colour that spoke to us. We printed the pieces onto recycled pieces of cloth and we pieced them together to make a whole with an eye to pattern. Taking part in a creative process and completing a project was enjoyable and we are very proud of the end result.

Seeing the Light

June Claxton

Anxiety and depression is thankfully understood more these days and help is more readily available. My painting is about the dark hole I was in when I was at my worst. The black represents that hole and as I got better I could see the light coming from deep inside me. The edges are the lovely bright happy colours, a reflection of my recovery. In my working life I was in a caring role looking after children and the disabled but I myself needed care. My struggle with depression started when I gave birth to my son. At the time we were living in Germany as my husband was a corporal in the British army. I contracted postnatal depression and I had an obsession with germs and was anxious that something bad would happen to my son. When my daughter was born three years later I again slipped into depression but this time I understood what was happening to me and I could cope. I empathise with others who like me have suffered with this illness and hope they too can see the light.

Reach Up Youth

These Modroc hands were created by the Reach Up Youth Sisterhood group.

This was one of my favourite sessions of the whole project and it was an absolute riot watching everyone help each other slap the Modroc on to create the casts.

One of the strongest themes from the Sisterhood group was peer support. The young people in the group felt they were most likely to open up to friends to talk about their mental health and that they tried to support each other. They were interested in more resources and suggestions to help them do this safely without taking on too much.

The hands are unified in form and material, but each reflect a unique character. I think that the use of a material which is most commonly used to mend broken bones, paired with the way the hands reach in towards each other is a beautiful representation what mental health support looked like to the group.

Parson Cross Forum

Boats

During one session with Parson Cross Forum, we decided to make boats as a group to help think about the things in life which keep us afloat during difficult times.

This flotilla of boats is made of air-dry clay and sails upon a collage of mixed media 'seas', also created by the group.

Life Boat: Lily Brown

Bill Wainwright, 89

One year whilst on holiday in Wales, my wife and I visited a marina. In the harbour was a lifeboat. The name on the side of the boat was Lily Brown, the name of my mother before she married my dad. From that visit every time I went on holiday we would visit the marina and look for the lifeboat station RNLI.

The Boat of Many Colours

Stephen Bell, 63

How life can sometimes be when walking the path we all take. A life of many colours, with ups and downs. Just as a boat sails, not all seas are smooth.

When we got involved with the art project ran by Sheffield Mind, each session was different and enjoyable. Talking and listening to others was good to understand you're not alone.

Each group that Parson's Cross Forum runs brings people together when paths they walk are not smooth every day, but the support they receive is first class.

Life on the Ocean Waves

Louise, 51

Life can be like the waves. Smooth, choppy at times. Fast and flowing, slow and peaceful. There can be friendly creatures and a few sharks to avoid, but there is always sunshine and beach in sight if we take the time to look around and up above. The horizon is the future we haven't yet visited and the surprises we need to look forward to.

The 'This is Us' project help me take time for myself and to reflect on our own health and wellbeing. Thank you Sheffield Mind.

Zoom

Louise, 51

Isolated during COVID, sitting in our own little box for months, both the four walls at home and on a Computer screen via Zoom. But Zoom brought us together when times

were difficult, all the familiar faces supporting each other through the good days and bad. It brought us love and laughter and tears of both joy and grief and was a lifesaver for some, and most of all it enabled us to stay connected.

Bygone Memories

Mel Hodgson, 77

I did a jar with items inside that take me back to bygone days. They evoke memories about my life; I.E photos of my family.

Objects such as my PSV badge from when I was a bus driver in Sheffield. A certificate from the Sheffield Star for completing the Star walk.

I also have a group on Facebook called Bygone Days. I started the group when my wife was diagnosed with Alzheimer's disease to help with her memory. I like to look back because I tend to look back to the happy times I had with my wife and children.

We both started coming to the memory café at Parson Cross forum where we met like-minded people. We could forget about our troubles for a couple of hours, it is a lifeline for me because my wife is now in a care home and I live alone, but coming to the memory café gives me a reason to get up in the morning. The 'This is Us' workshop has given me the opportunity to discuss how I'm feeling and it helps to talk.

Israac Centre

Almost all of the women at the Israac centre were making art for the first time since they were children and, for many, it was their first time painting.

I try to work in a co-production model with the groups and supply materials which inspire them and that they will use after the workshops are over. Many of the Israac Centre women were very keen to reconnect with traditional embroidery. Sewing really isn't my forte and my futile attempts just proved how skilful the technique is (have a close look at the stitches!).

I did not share a common language with most group members, but art was a great connector. Women travel from all over the city to go to the Israac centre and it was expressed over and over in the group that this community support hub was hugely important for the womens' mental health.

Chilypep - STAMP group

Me Body, Me Head Stevo Brook, 21 This piece is a representation of my self-image and my ongoing issues with my body. Walking around feeling like you look one way and then catching a glance of yourself in the mirror and feeling lost as you see your reflection doesn't match your own image of yourself.

I found making this piece helpful as through the process I began to reflect on myself and was able to reach out for support before things began to get worse. This piece has shown me the power of art and so has become both one of my most personal and favourite pieces of art.

My Personality is Not Disordered

Bekah, 26

When I was 19, a psychologist who'd known me for all of ten minutes decided I had borderline personality disorder. She didn't tell me this in person, she just tagged it on at the end of a letter. It made me feel as though there was something inherently wrong with me.

I now know that my personality is not disordered, I was just a young person reacting to being mistreated by people who I thought cared about me.

'This is Us' has shown me just how many of us have had labels given to us and I think it's important that we remind ourselves that those labels do not define who we are as people, we are more than our mental illnesses, even the moments when we feel consumed by them.

Repair Crisis Care

Bekah, 26

I pulled this quote from STAMP's 'Our Call to Action' (OCTA. The OCTA is based on consultations with young people living in Sheffield around their experiences and needs in relation to mental health.

Charity Support

Phoebe, 15

Charities help the struggles and chaos. The background shows the struggles in a range of colours. The different colours and patterns show a range of experiences. The purple shape represents charities not being a fix, but adding support. Without charities our world would no longer function.

CAHMS is so broken and overworked that many young people rely on charities. There is darkness in the painting but there is so much more to our experiences and us as people.

Tears of Blood

Joanna, 16

This piece represents the emotions of people. The tears are blood to show that people may self-harm when they are upset. Blood is often withdrawn from the body with the tears. However, just like tears, negative thoughts wash away and the times I have felt low have eventually passed. The splattered blood represents how messy the road to recovery is and how messy emotions can be. The green eyes represent nature as nature changes all the time, just like people and emotions. I know that even if I don't feel great right now, that will change and I will end up feeling better. Nature has many stages, some good and some bad but it's all a part of living. Trees have to go through the worst stage of being shrivelled up and dull to get to the best stage and blossom into a beautiful, bright, piece of nature. Sometimes it gets worse before it gets better, but with time and patience I know I will become happier.

Is This Fine?

Jia, 20

I painted this to demonstrate how differently things can feel to someone, how everyone around you can be telling you how and what's going on is okay but it seems apparent to you that it isn't.

Drifting...Dreaming

Amber Scarfe, 25

This piece nods to the feeling of disassociating from my surroundings and self. When experiencing derealisation I can feel like I'm in a dream, floating and as though reality isn't real. The colours in the drifting hair shows the kaleidoscope of emotions disassociating brings, fear, lost, intrusive thoughts as well as dreamy.

It is also a practice of resisting the perfectionist mind. My perfectionist self (especially when it comes to my art) feels this piece is unfinished, but celebrating and displaying it in this raw pure form is a powerful way to not let the perfectionist mind win.

Family Voice

Spring Time

Aedah

When I made this piece, I was thinking about my country of Iraq and a special celebration we have in the South. The celebration's name translates to "Tree Day" or "Rree Eid" and it takes place when the trees start blossoming.

In Iraq, summer is very, very hot and winter is long and extremely cold, so spring is the most special time.

During Tree Eid people come together to have BBQs as families and celebrate with music and dancing.

Coming to the group has helped me find myself again. When I was younger, I used to do a lot of creative activities, but now I often feel stuck and the responsibilities of life as a mum get in the way. Being creative again has made me feel more relaxed and proud of myself.

Appearances Lie

Aicha

Behind a beautiful mask, there can be an imperfect life. I can hide a thousand things behind a made up face and a smile, like worrying about my children, education, the house and the stress of keeping life in order. This mask represents how appearances can be deceptive.

Sharing my experience with all the other ladies in the group has made me feel more confident and less alone. Listening to others stories has helped me to realise how we all struggle in life sometimes. We all wear masks and appearances can lie.

Rainbows in the Sky

Radhika

When I paint I feel happy.

I concentrate.

I like having lots of things here to choose what to do.

When I come here I talk with friends, I can enjoy it here. I'm happy here.

Vegetable Jar

Szilvia

On my jar there's cows and sheep in the animal house. I very like cow. My mum used to teach me about famous artists.

I like pictures of animals.

I think Disney characters are beautiful and very friendly.

Everybody here is friendly. I'm happy here.

No thinking.

Henna / Mehendi

Shaista

Doing mehendi makes me excited. I like learning new patterns and flower shapes. As Eid is coming I get excited.

Henna means happy. In India men have mehendi too. Henna is used for festivals, weddings, and celebrations. It's like wearing a new dress! Even nowadays people have it for baby showers.

Mehendi is very important to me. It's like my talent, like my profession. It makes others happy and that makes me happy.

I have learnt in this group to feel confident to speak about how I'm feeling. At first I just overflowed! It's like family here at Family Voice.

I have learnt so much from others about different cultures and different people.

I love the colours in art, the painting, the talking, the relaxation.

Playing with Colours

Prem

Making things is like my success! I can be a bit lazy. Back home in Nepal I would start the main part of something and not finish it - like I'd do the body but not the sleeves.

When I was little in Bhutan I saw girls, older than me knitting, My aunt used to knit. But we didn't have any wool, so we'd unravel old knitted items, tie the threads together and knit with it! It made me so happy!

We used to make things in the refugee camp to make money. There was a big warehouse run by Oxfam, like with sheep's wool, we'd have to give our name and address, we'd order the wool we wanted and span it ourselves.

Nowadays making things makes me concentrate and I forget all my problems. I feel like I go into a different world. Everything is just in front of me. When I've finished something and it looks beautiful, I feel happy and proud.

My daughter wanted to learn crochet but she cried and gave up. But when she saw this cardigan she said "I want to learn again!" My little one always asks about what I'm doing, she watches, she's interested. I put the finished cardigan in her room and when she saw it she shouted "WOW! MUM! You did it!"

Memory of Past and New Life

Oksana

The embroidery process gives me mental balance.

The poppy is a symbol of memory and gratitude to fallen defenders.

An ear of wheat is a symbol of life and wellbeing. For me it is also a memory of destroyed fields and stolen crops; faith in a happy future.

This arts group is a meeting place for friends, opportunities to learn new things. Here I feel an atmosphere of peace, trust and support.

The 'This is Us' opening event and Exhibition 17th May 2023, 5pm-7pm

The culmination of the 'This is Us' project was an exhibition at the Sheffield Central library to celebrate the achievements of the participants and give them a further opportunity to express themselves to a wider audience through self-written exhibition labels. The date was selected to align with mental health awareness week.

As some of the workshops had already been completed before the idea to ask participants to write their own labels had been formulated, a lot of the labels were written retrospectively with extra workshops and guidance.

Five out of the seven groups involved responded to communication offering an extra label writing session. Label writing was not compulsory and people who chose to display their artwork, but didn't want to write a label were also featured in the show.

Groups who did not write a label were represented by a small sentence summarising my experience of working with the group as a facilitator for uniformity.

Informal feedback from the exhibition suggested that these self-written labels were crucial to getting the story and spirt of the 'This is Us' project across, as well as allowing individuals the opportunity to tell their stories.

Participants from four out of the seven groups were represented at the opening event (Israac, Zest, Chilypep and Sheffield Voices).

As they were not able to attend due to childcare responsibilities, I organised a viewing event for Family Voice on Thursday 18th May 2023. Family Voice provided bus travel and a meal voucher to the women who came to make it a celebration.

Reach Up Youth did not respond to communication about the opening event and Parson Cross Forum guests felt it was too far to come in the evening.

Accessibility of the venue was an issue for wheelchair users as, although the library can be entered through a separate entrance, this is not a seamless procedure. Future events of this kind would be better placed in a more accessible building.

Over 100 people attended the opening event over the course of the evening.

The 'This is Us' exhibition remained in place at the Sheffield Central Library between the 17th May-23rd June 2023.

All images were returned in the frames as a token of thank you for the contribution of the guests.

