

Be kind to
your mind

It's good
to talk

BOLTON'S
BIG
WELLBEING
CONVERSATION

**Report 1 -
full report
of findings**

**Over 1,500 people
answered our
survey...**

**...from every
community
in Bolton.**



Bolton
Council

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Part 1: Introduction

The vision for population mental health and wellbeing in Bolton is that everyone regardless of age, has good mental health and wellbeing, especially for those in communities facing the greatest levels of adversity. Multiple inter-related factors such as employment, housing, adverse childhood experiences, stigma, access to services, substance misuse, the environment, living and working conditions all influence mental health.

The Population Mental Wellbeing and Suicide Prevention Multi-Agency Partnership Groups ambition is to work collaboratively to embed mental health and wellbeing across the system, and to achieve measurable improvements for the people of Bolton.

The key goals of the Population Mental Wellbeing and Suicide Prevention programme include:

- Promote good mental health across the population
- Across the life course to strengthen protective factors and reduce risk factors
- Prevent mental illness and suicides
- Early identification and referral, to improve the quality and length of life for those living with a mental illness

Underpinning the development of the work to improve population mental wellbeing, one of the first key pieces of work was to prioritise the design and completion of Bolton's BIG Wellbeing survey. Having a clear understanding of the key mental health issues affecting Bolton's communities, and which specific interventions should be prioritised to best meet local needs, is a key priority.

Furthermore, the impact of coronavirus (COVID-19) and the social and economic consequences of the pandemic has meant that addressing population mental health has never been more important. COVID-19 has been recognised as a public mental health emergency that has exacerbated existing mental health inequalities.

The survey has highlighted some interesting findings, and this report outlines the full results.



Part 2: Aims and objectives

The Bolton BIG Wellbeing Conversation aimed to hear from people and communities across the Bolton area about what's important for their mental wellbeing.

The Independent Mental Health Network (IMHN) worked and codesigned with key stakeholders from voluntary, community and charity organisations as well as residents in Bolton to develop this programme of research, including design of the survey and questions, at the request of Bolton Council.

The objective is to use the information to understand what matters to people and to shape future initiatives to improve mental wellbeing, making sure they reflect the needs of local people.





Part 3: Methodology

The research consisted of a survey that asked people aged 12 and above about their mental wellbeing, supplement by focus groups with specific target groups or communities underrepresented in survey responses.

The Wellbeing Conversation was publicised via Bolton Council and the Independent Mental Health Network websites. It was promoted further through sponsored social media advertising, targeted engagement with a range of diverse communities, mailouts and writing to all local councillors in the Bolton area.

Some statistics are below to demonstrate the breadth of reach for targeted social media:

 Facebook post reach: **55,248**
Facebook post engagement (clicks, shares, reacts, comments): **5,568**

 Tweet impressions: **940**
Tweet engagement: **37**



51% of the survey responses were generated by Bolton Council's targeted activity and the balance from IMHN's targeted publicity. Over 1,500 people from the local communities responded to the survey. Seven focus groups were carried out to explore people's views in more depth. Research took place between July and October 2021.

This report summarises the main findings from the research.

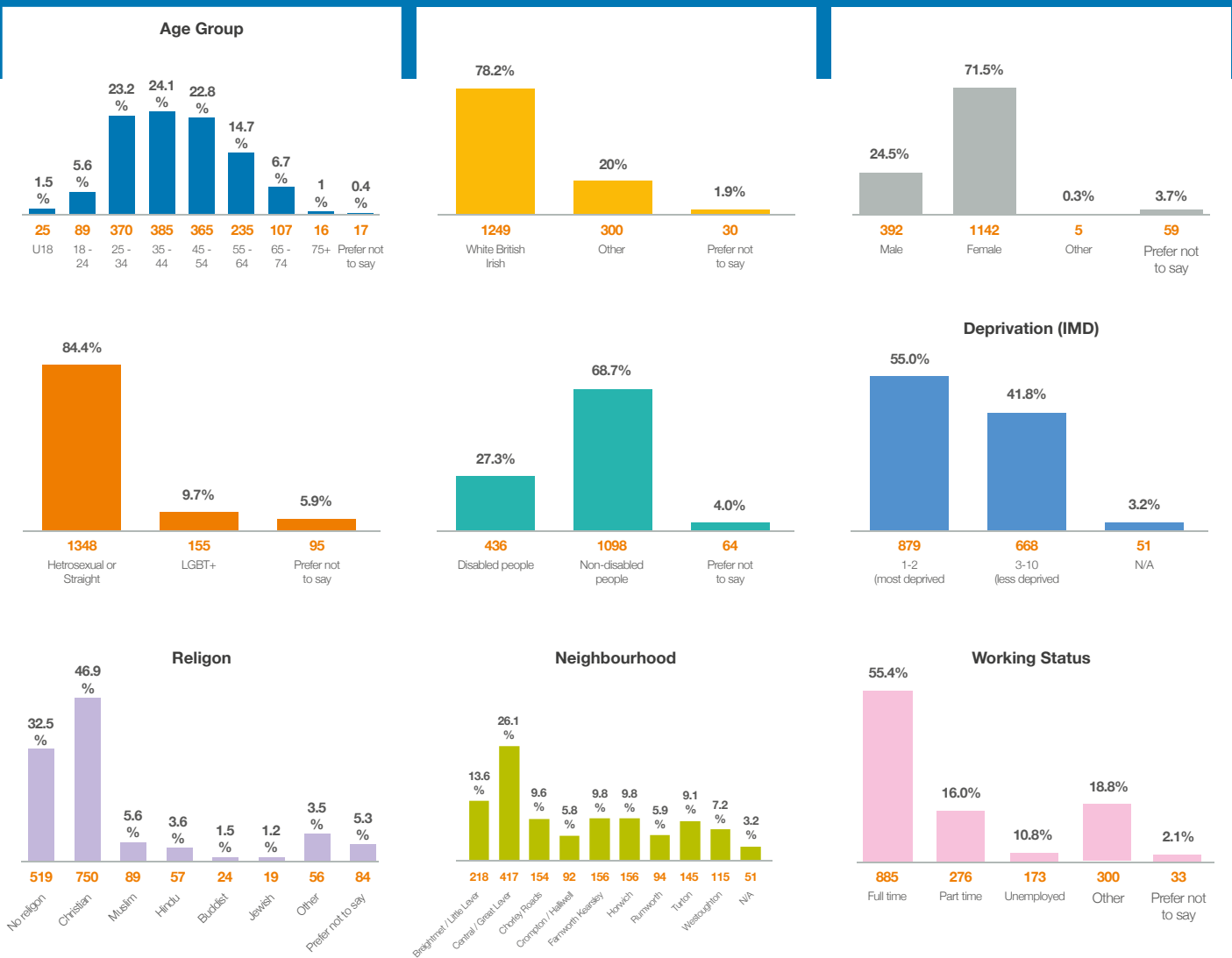
Note: The impact of the pandemic on people's mental wellbeing has been explored as part of this research. Research by the UK Government (<https://post.parliament.uk/research-briefings/post-pn-0648/>) showed that the groups most at risk of adverse mental health outcomes during the pandemic include young adults, women, those with pre-existing mental health conditions, those from minority ethnic communities, and people experiencing socio-economic disadvantage.



Who responded to the Bolton BIG Wellbeing Conversation survey?

There were **1,598 responses** to the survey from Bolton area residents. The sample of respondents was broken down as follows:

- 30.2% under 35 years old, 46.9% 35-54 years old and 22.4% aged 55 and above
- 78% white British
- 72% females
- 84.4% heterosexual
- 69% non-disabled people
- 55% working full time
- 55% in IMD decile 1-2
- 46.9% Christian, 32.5% no religion, 5.6% Muslim
- 26.1% Central / Great Lever, 13.6% Brightmet / Little Lever, 9.8% Horwich and 9.8% Farnworth/Kearsley



Numbers in Orange are absolute sample size

Sample sizes for most demographic groups were sufficient to explore for difference and although the sample was bias to women, there was still a robust sample of men, (372), represented.

Total Bolton results were weighted by age and sex to ensure representative of population. The weighted data is a reasonable representation of the Bolton population:

34% under 35 years old, 31% 35-54 years old and 35% aged 55 and above

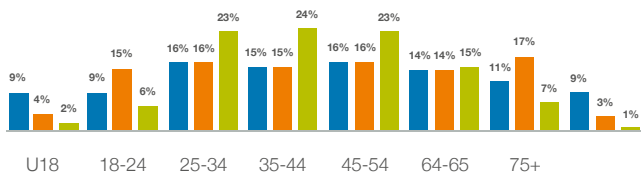
51% female

75% white British

71% non-disabled people

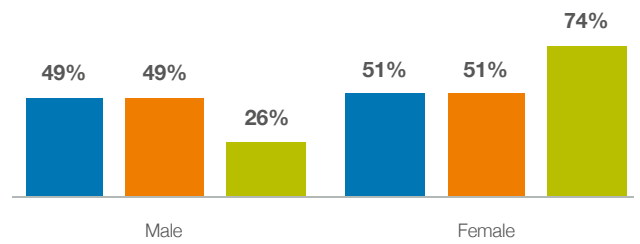
Age Group

Population Weighted data Sample



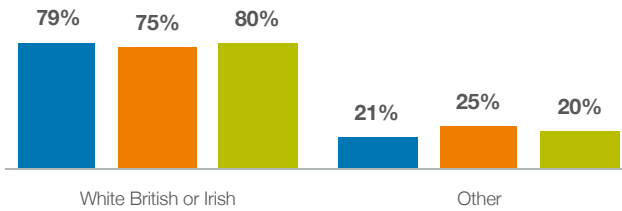
Sex

Population Weighted data Sample



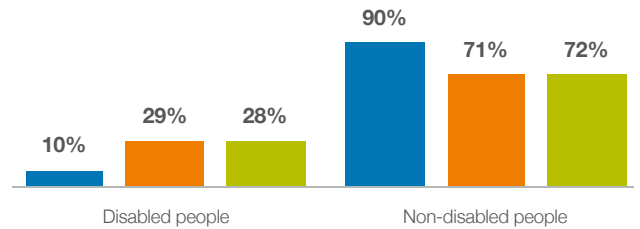
Ethnic Group

Population Weighted data Sample

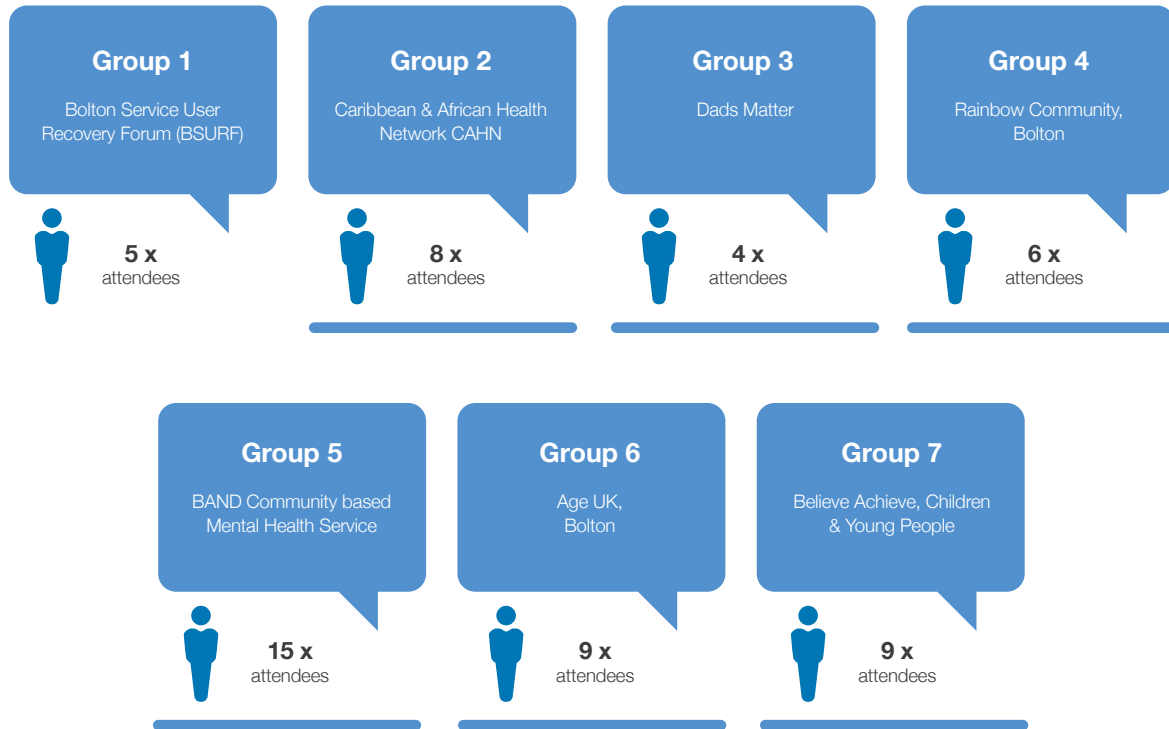


Disability

Population Weighted data Sample



Who attended focus groups?



A note about significant differences

Statistical significance tests whether we can be confident that what we've found is real and would actually be reflective of the total Bolton area population rather than just a result of fluctuations in the data.

These real differences will help to provide a guide to the things that are important to focus on in the future.

All significance differences have been assessed as 95% or above:
• **95% sig diff** – there is a 95% likelihood that the numbers are difference or a 5% chance that the percentages would be the same

A z test for two independent proportions has been used to test significance



What is mental wellbeing?



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Although mental wellbeing can be defined differently depending on circumstances, it is generally agreed that is taking personal responsibility for finding balance and being able to cope with whatever life throws at you.

Mental wellbeing describes how we are feeling and how well we cope with everyday life. All of us have mental wellbeing. If we have good mental wellbeing, we:

- feel relatively confident in ourselves
- can build and maintain positive relationships with other people and enjoy making a contribution to our communities
- cope with everyday stresses and manage life's ups and downs

Having a positive state of mind

"It's all about your state of mind and how you're feeling. My dog, my house, my job. Those are the things that I focus on." G4

"Mental wellbeing bridges quite a lot of things." G4

"I suppose it's about being happy and content." G3

Positive interventions

"It means that things that can be controlled are controlled. Sometimes poor mental health is caused by things that can't be controlled, but where they can, they should be, by the services and the powers that be." G4

Absence of negative influences

"Mental wellbeing means having good mental health. Not being depressed. Not having anxiety." G4

Taking personal responsibility

"I think it's on you, you have to do well on yourself, look after yourself. If you're not well, how can you make anybody else well?" G3

"It's about being comfortable in yourself, how you project yourself towards others." G3

"My mental wellbeing is based on how I react when things go wrong. How I cope with things that I aren't the way I want them to be." G3



Part 4: Summary of findings

Overall
summary



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When it comes to looking after their mental wellbeing:

- Most people, (96%), think about their mental wellbeing from time to time with almost a fifth thinking about it very often.
- The People surveyed claim to be quite happy, (only 24% had a low level of happiness), find life reasonably satisfying (23% low level), and worthwhile (22% low level), but still have fairly high levels of anxiety, with 71% claiming to have high or very high anxiety.
- Most people claim they stay well day to day through non-medical interventions. Popular choices are some forms of non-physical activity – 77%, (such as watching TV / films, reading, listening to music, hobbies), contact with friends and family – 73%, physical activity – 70% (exercise, sport, walking or other physical activity), getting into the outdoors – 41% and taking time out to relax or sleep – 42%.
- People are fairly satisfied with where they live, (6.9 out of 10) their home life, (6.7 out of 10), green space in their neighbourhood, (6.4 out of 10) and education offered, (6.3 out of 10).

Things that are most likely to be the cause of poorer mental wellbeing are:

- Family worries (45%), tiredness / lack of sleep (37%), money worries (34%), health concerns, (32%), relationships, (30%) and work (29%).
- A lower level of satisfaction with amount of time to do exercise / sport, (5.5 out of 10), feeling a sense of belonging, 5.5 out of 10 health, (5.6 out of 10) and social life. (5.7 out of 10).

What needs to be different:

- For those who feel they are currently not being listened to, (c. 1/5 of residents), easier access to Mental Health services, (36%) and more understanding of mental health, (16%) would help.
- N.B Around a fifth of people do not talk about their mental health - especially older residents. Of those who do talk about it, over half feel they are being listened to, while just over a quarter do not feel they being listened to.
- Make it easy for people to find and navigate ways to access help for mental wellbeing.
- Whilst significantly more people know what to do if they wanted to improve their mental wellbeing, than not, there are still over 30% who are unsure and a further 10% who have no idea how to go about improving their mental wellbeing.
- Whilst it is clear that better health services, (52% said support from GP and / or therapy / counselling), could improve people's mental wellbeing, there are equally things closer to home – more contact with family and friends, (52%), that would greatly help people's wellbeing. The end of COVID-19 would also greatly improve things for around 1/3 of residents.
- To make the Bolton area a place of positive wellbeing better support & health services, tackling poverty, better housing, no discrimination, good facilities & events, more pleasant surrounding / town centre and more green open spaces would meet half Bolton people's needs. Suggestions after these are fragmented and none adds significantly to the overall total.



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Demographic differences

BAME VS white British

Amongst Bolton residents, there are no determinable differences evident between ethnicities regarding happiness, life satisfaction and worthwhile feeling, but White British have higher levels of anxiety than BAME.

White British more likely to do more things to stay well, albeit top priorities relating to non-physical activity, physical activity and staying in contact with family and friends are the same for both groups. Sport and Exercise feature more highly in priorities for BAME.

White British are more satisfied with home life and green space whilst BAME are more content regarding public transport, social life, sense of belonging and health.

White British more likely generally to let more things get in the way than BAME. Work / College and discrimination feature more highly in concerns for BAME.

BAME and White British are equally likely to talk about their mental wellbeing and they are equally likely to feel listened to.

Top improvements similar for both White British and BAME - better health services and more connections with family and friends. However, white British more likely generally to cite more things requiring improvement than

BAME. BAME are more likely to use support groups & health care to improve wellbeing.

White British have greater desire for better support and health services, more pleasant surroundings, place to meet and safer crime free environment than BAME, but similar priorities amongst both groups.

Disabled people VS non-disabled people

Disabled people are thinking more about mental wellbeing than non-disabled people. This is likely to be underlying reason why non-disabled people are happier, feel more satisfied with their lives and feel things they do are more worthwhile than disabled people. Level of anxiety amongst both groups are similar.

Non-disabled people are more likely to stay well by exercising including walking, spending time with or talking to family / friends, ensuring a good diet, spending time outdoors, or reading. Disabled people do rate time with friends as the top factor but are much more likely to do non-sport activities, take medication or avoid alcohol.

Disabled people are more likely to have more concerns especially regarding health, sleep, and isolation. Conversely, non-disabled people are more satisfied with all aspects of life than disabled people.

Non-disabled people are less likely to talk about their mental wellbeing than disabled people. However, non-disabled people who do talk about it feel better listened to than disabled people.

A key finding is that disabled people do not feel they are being heard when they talk about their mental wellbeing – 37% said they did not feel they were being listened to VS 19% for non-disabled people.



Disabled people are more likely to cite improvements in services and support, (e.g., therapy, GPs, support groups, other health services), whilst non-disabled people are seeking more personal / family improvements.

Top priorities for a place of positive wellbeing similar amongst disabled people and non-disabled people - better support & health services, tackling poverty, better housing, no discrimination, good facilities & events, more pleasant surrounding / town centre and more green open spaces. Greater emphasis on health services and support and community events by disabled people.

Women Vs men

Women are giving more thought to mental wellbeing than men. This is likely to lead to the fact that women are more anxious than men. Otherwise, the sexes are equally happy, satisfied and rate things they do in their life similarly worthwhile.

Whilst top answers for staying well are similar for men and women – non-physical activity, connecting with friends and family and physical activity, women are more likely to do more things than men.

Women are less satisfied than men with college or school life, amount of leisure and exercise time, social life, health and public transport.

Women are also more likely to allow more things to worry them than men and, except for work / employment, women let more things get in the way of their wellbeing than men. Top answers to things that get in the way of wellbeing are similar across sexes - Family worries, tiredness / lack of sleep, money worries, health concerns, relationships, and work.

Men are less likely than wo

men to talk about their mental wellbeing, However, when they talk about it, men are more likely to feel they are being listened to than women.

Whilst top answers regarding things that would improve wellbeing similar across sexes, (more time with family & friends and better health & therapy services), women think that a greater number of aspects would help to improve people's wellbeing whilst men appear more focused in their views.

Women are far more vocal than men when it comes to suggested ways to make Bolton a place of positive wellbeing. Top suggestions from women are better support & health services, tackling poverty, better housing and no discrimination, good facilities & events, more pleasant surrounding / town centre and green open space. Men, on the other hand, think that more care, kindness and friendliness would go a long way to making Bolton a place of positive wellbeing.



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Age groups

People over 65 are happier, find life more satisfying and worthwhile and are less anxious than younger age groups.

Over 65s are more likely to stay well than younger counterparts by getting outdoors, walking, reading and a healthy balanced diet. Exercise and sport feature more highly in stay well priorities for under 35's.

Younger people are less satisfied with the home they live in, green space, amount of amount of leisure / exercise time and sense of belonging whilst older people are less satisfied with work and public transport.

Over 65s more concerned about health, Covid-19 and being able to see family and friends, whilst 35–64-year-olds have greater work and parenting worries and under 34's are more concerned about college / school than older age groups.

Over 65's are less likely than younger age groups to talk about their mental wellbeing, Under 34's are much more likely than older groups to feel they are being listened to when they talk about their mental wellbeing.

Over 65s more likely to cite end of COVID-19, talking to family & friends and doing things for others, whilst younger generations would seek more professional mental health services and 35-64 want more time to do things, a better diet and less money worries.

Over 65's are more inclined to cite places to go and meet and more pleasant surroundings along with better support and health services as top elements that make up a place of positive wellbeing.

Over 65s are more likely to stay well than younger counterparts by getting outdoors, walking, reading and a healthy balanced diet. Exercise and sport feature more highly in stay well priorities for under 35's.

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IMD 1-2 (most deprived) VS IMD 3-10 (less deprived)

There are no determinable differences evident between IMD deciles regarding happiness, life satisfaction and worthwhile feeling, but levels of anxiety are lower amongst people in areas of higher social deprivation.

In areas of higher social deprivation, they are likely to do less things to stay well than in other areas, albeit top priorities, (physical and non-physical activities and connecting with friends and family), the same and playing sport is something they are likely to do more.

Those living in areas of higher social deprivation are less satisfied with their home, home life, green space, education, financial income, amount of leisure time and health. Those for whom college is relevant, however, have a greater satisfaction with this aspect of their life in areas of higher social deprivation than other IMD deciles,

Similarly, people in areas of higher social deprivation are more focussed about what gets in the way of their wellbeing than people in areas of lower social deprivation who are more likely to let more things get in the way of their wellbeing.

People in areas of lower social deprivation are less likely to talk about their mental wellbeing than those in areas of higher social deprivation. However, when they talk about it, people in all areas are likely to feel equally listened to.

Top improvement desires similar for all IMD deciles - better health services and more contact with family and friends. However, in areas of lower social deprivation, they are more likely to have greater expectation of improvements. People in areas of lower social deprivation have greater desire for better support and health

services, more pleasant surroundings, more green open space, more places to meet and safer crime free environment than people in areas of higher social deprivation, but fairly similar priorities amongst both groups - better support & health services, tackling poverty, better housing, no discrimination, good facilities & events, more pleasant surrounding / town centre and more green open spaces.

LGBT v non-LGBT

Overall, LGBT respondents had a younger age profile than non-LGBT people who completed the survey. However, taking age into account, there were statistically significant differences in scores on the ONS4 Wellbeing questions "Overall how happy did you feel yesterday?" and "Overall how satisfied are you with your life nowadays." LGBT respondents scored on average one point lower on these questions.

LGBT people surveyed were more likely to fall into the lower scoring categories, particularly so on the questions where a significant difference was seen in score. However, many LGBT people were experiencing good wellbeing on all elements of this question, although some may need additional support.



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Part 5: Looking after our mental wellbeing

The status
of mental
wellbeing across
Bolton



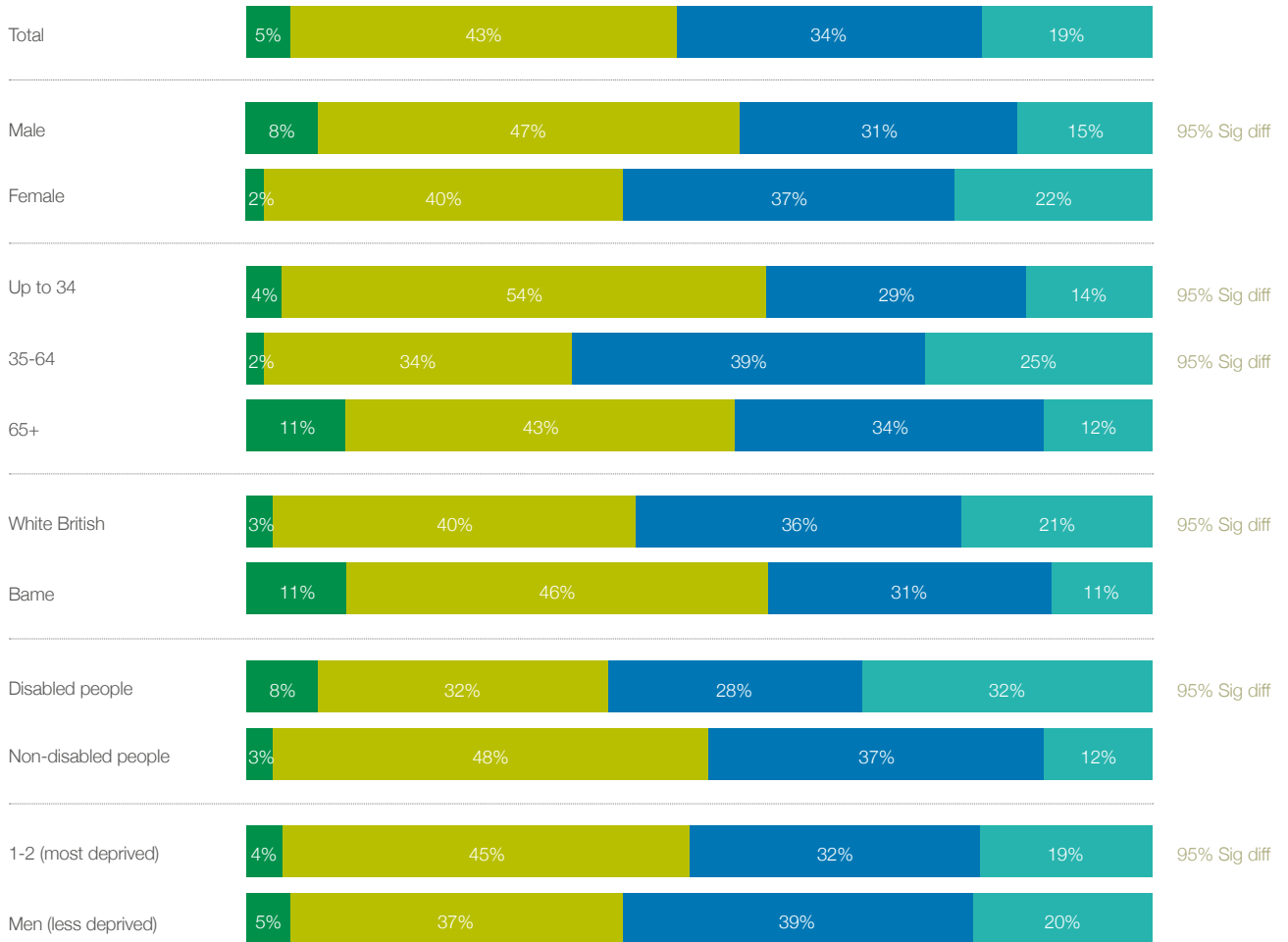
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Most people, (96%), think about their mental wellbeing from time to time with almost a fifth thinking about it very often.

- Women more than men, 35–64-year-olds more than under 35's or over 65's, White British more than BAME, Disabled people more than non-Disabled people and people in areas of higher deprivation less than other areas.



How often do you think about your mental health?



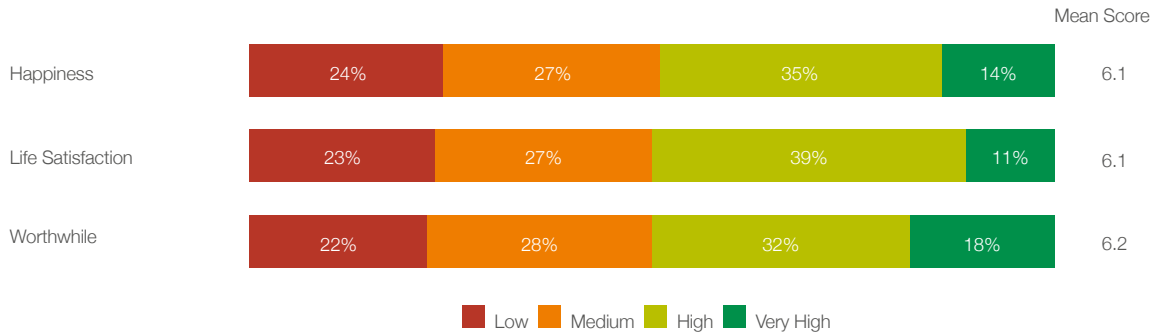
- Never
- Sometimes
- Quite often
- Very often

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Q5; Women 1142 Men 392; Under 34 483, 35-64 985, 65+ 123; White British 1249 BAME 232; Disabled people 436 non-disabled people 1098; IMD Decile 1-2 879, IMD Decile 3-10 668; Data weighted by gender and age

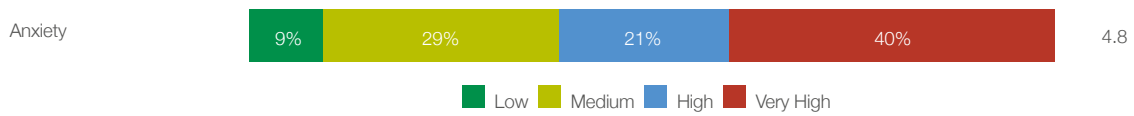


The People surveyed claim to be quite happy, (only 24% had a low level of happiness), find life reasonably satisfying (23% low level), and worthwhile (22% low level), but still have fairly high levels of anxiety, with 71% claiming to have high or very high anxiety.

Q. Rating of happiness, life satisfaction and worthwhile



Q. Rating of anxiety



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Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Data weighted by gender and age; Q3 on a scale of 0-10

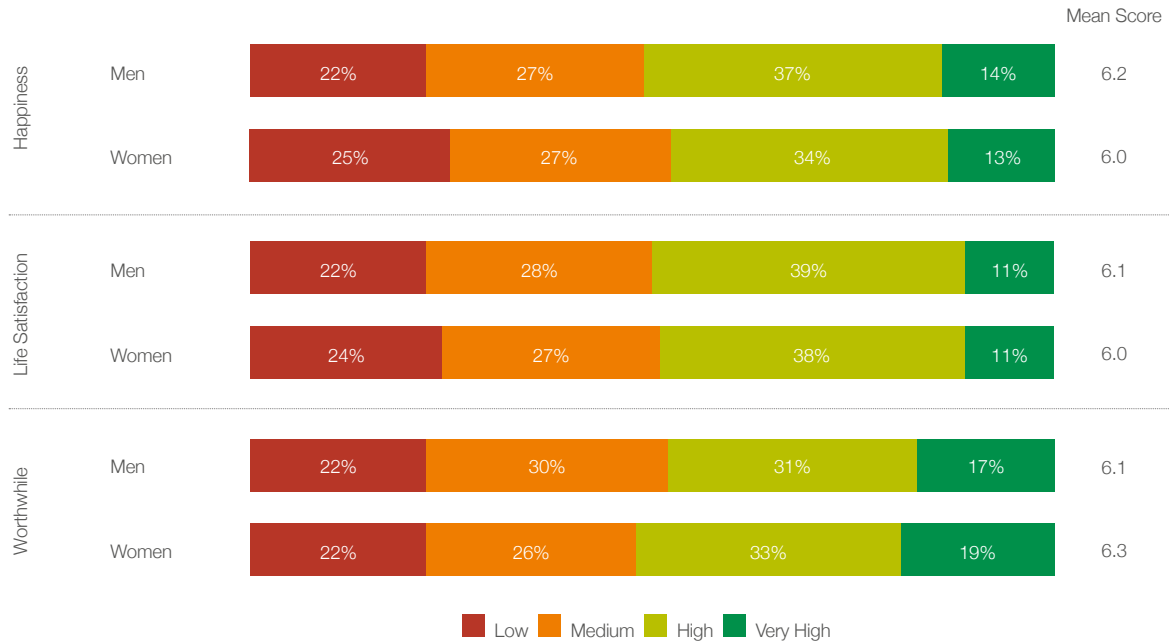
For Happiness, Life satisfaction & Worthwhile Low = 0-4; Medium = 5-6; High = 7-8; Very High = 9-10

For Anxiety Low = 0-1; Medium = 2-3; High = 4-5; Very High = 6-10

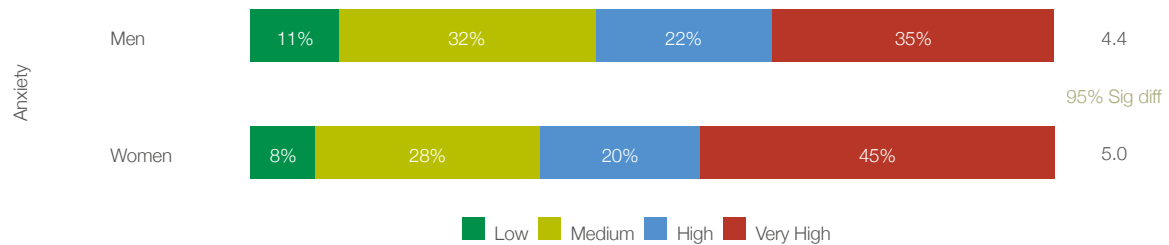
Women are more anxious than men, but otherwise equally happy, satisfied and rate things they do in their life similarly worthwhile:



Rating of happiness, life satisfaction and worthwhile



Rating of anxiety



Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Women 1142 Men 392; Data weighted by gender and age; Q3 on a scale of 0-10

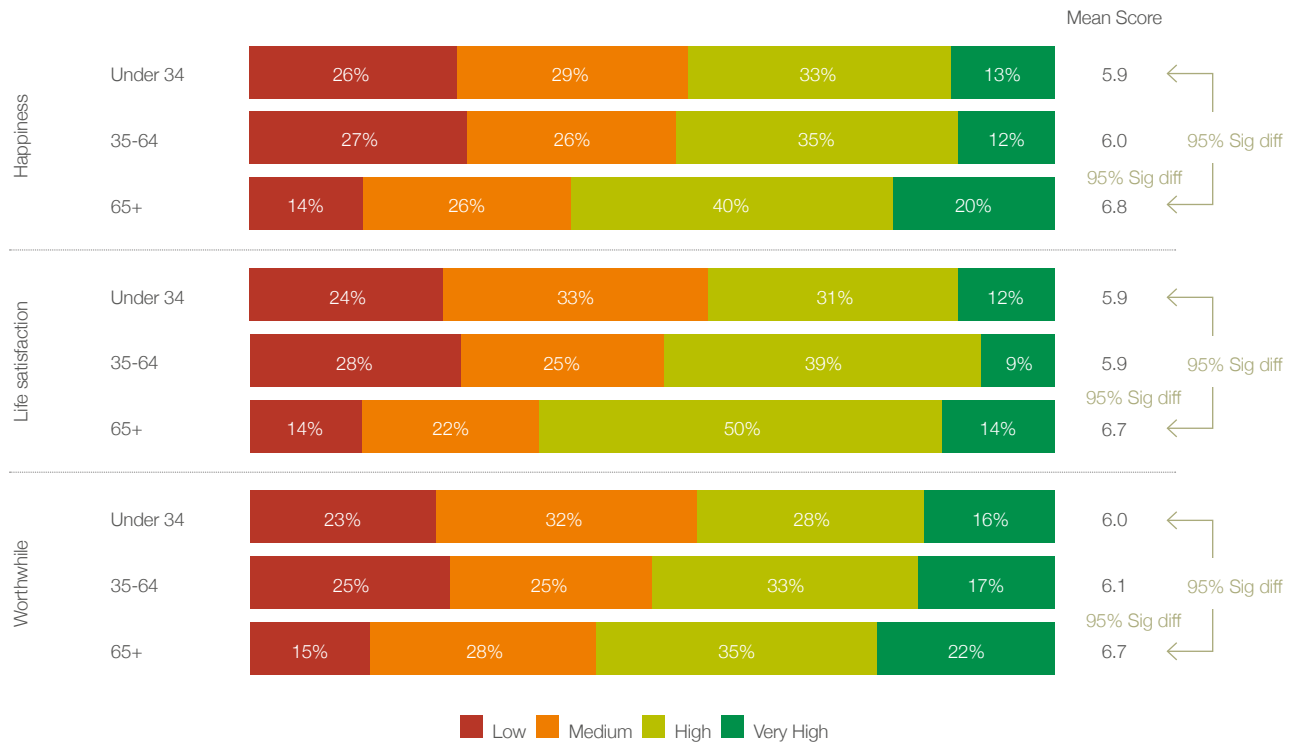
For Happiness, Life satisfaction & Worthwhile Low = 0-4; Medium = 5-6; High = 7-8; Very High = 9-10

For Anxiety Low = 0-1; Medium = 2-3; High = 4-5; Very High = 6-10

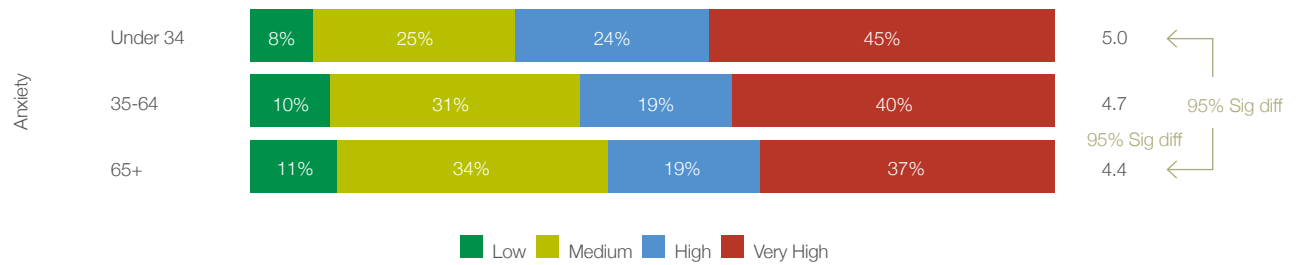


People over 65 are happier, find life more satisfying and worthwhile and are less anxious than younger age groups:

Q. Rating of happiness, life satisfaction and worthwhile



Q. Rating of anxiety



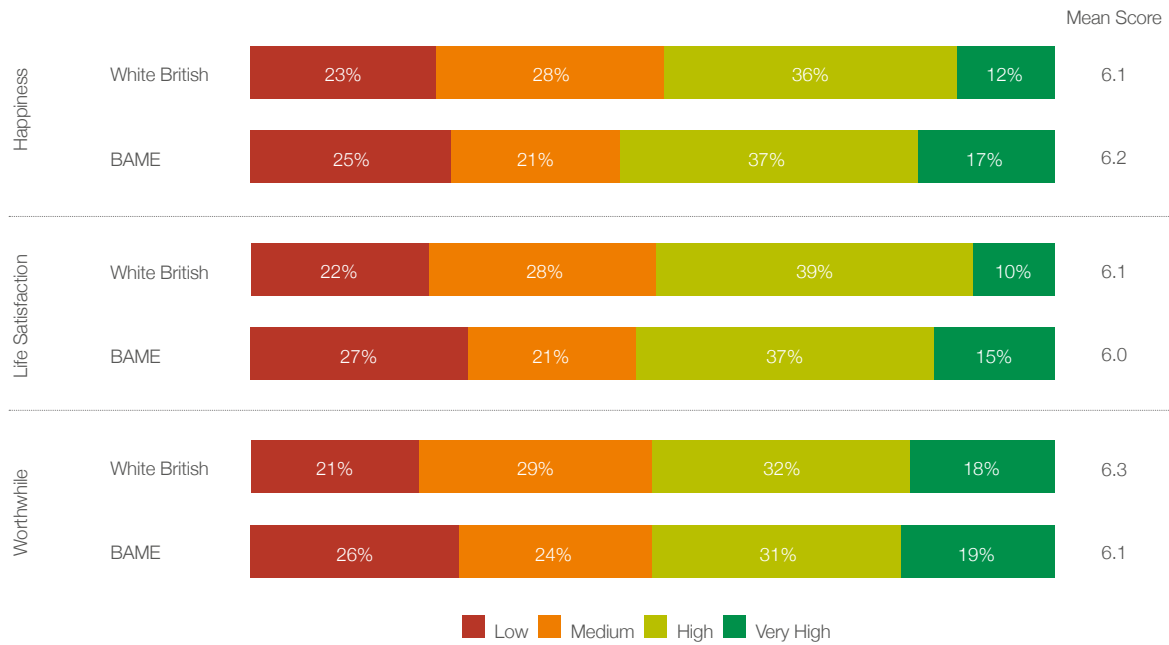
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Under 34 483, 35-64 985, 65+ 123; Data weighted by gender and age; Q3 on a scale of 0-10

For Happiness, Life satisfaction & Worthwhile Low = 0-4; Medium = 5-6; High = 7-8; Very High = 9-10

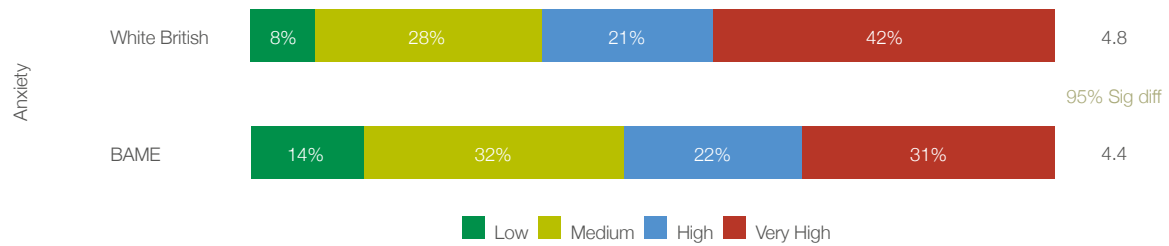
For Anxiety Low = 0-1; Medium = 2-3; High = 4-5; Very High = 6-10

There are no determinable differences evident between ethnicities regarding happiness, life satisfaction, worthwhile feeling, but White British have higher levels of anxiety than BAME:

Q. Rating of happiness, life satisfaction and worthwhile



Q. Rating of anxiety



Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; White British 1249 BAME 232; Data weighted by gender and age; Q3 on a scale of 0-10

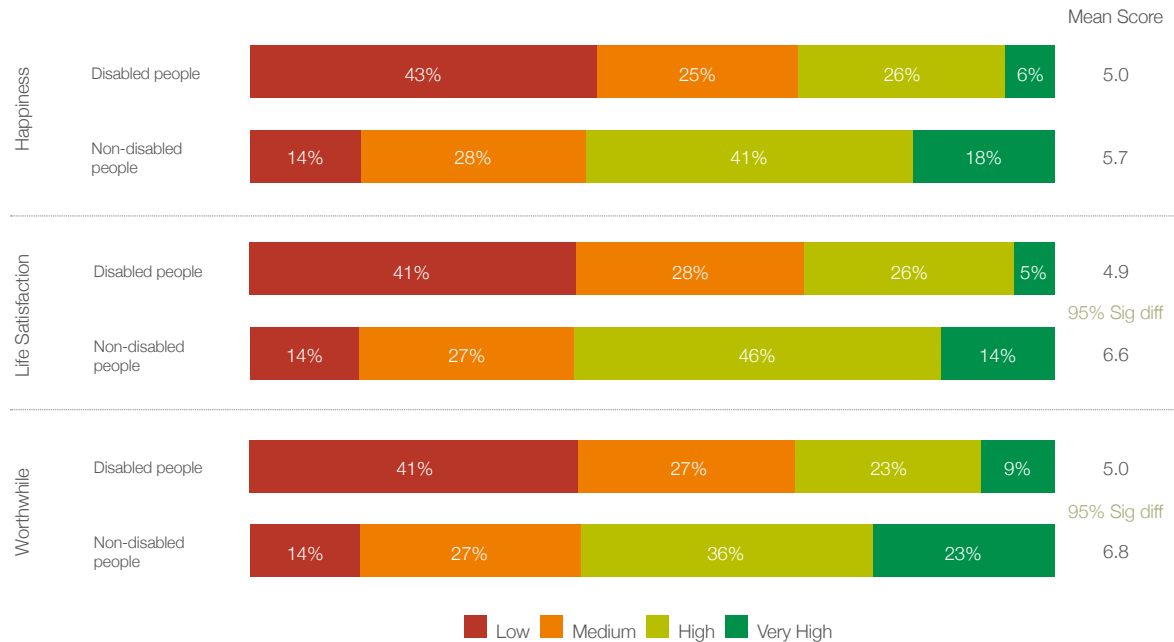
For Happiness, Life satisfaction & Worthwhile Low = 0-4; Medium = 5-6; High = 7-8; Very High = 9-10

For Anxiety Low = 0-1; Medium = 2-3; High = 4-5; Very High = 6-10

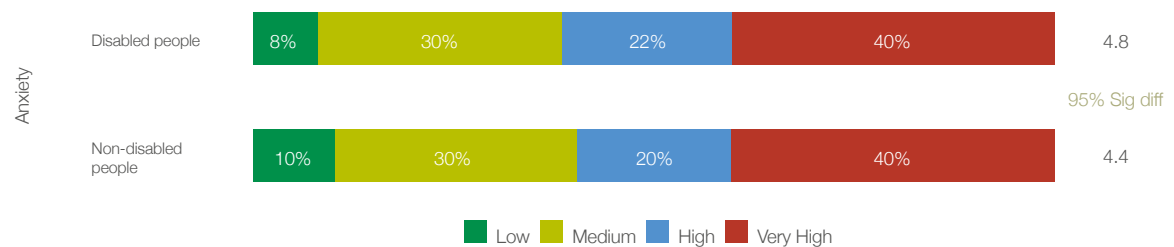


Disabled people are less happy, less satisfied and find life less worthwhile than non-disabled people. Levels of anxiety amongst both groups are similar:

Q. Rating of happiness, life satisfaction and worthwhile



Q. Rating of anxiety



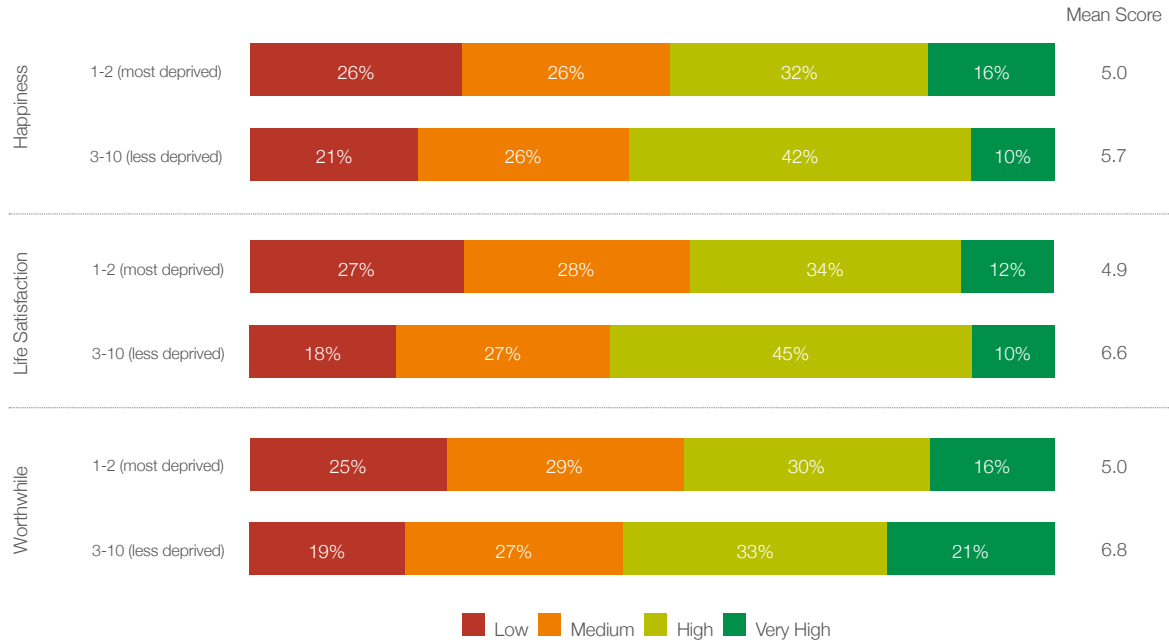
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Disabled people 436 Non-Disabled people 1098; Data weighted by gender and age; Q3 on a scale of 0-10

For Happiness, Life satisfaction & Worthwhile Low = 0-4; Medium = 5-6; High = 7-8; Very High = 9-10

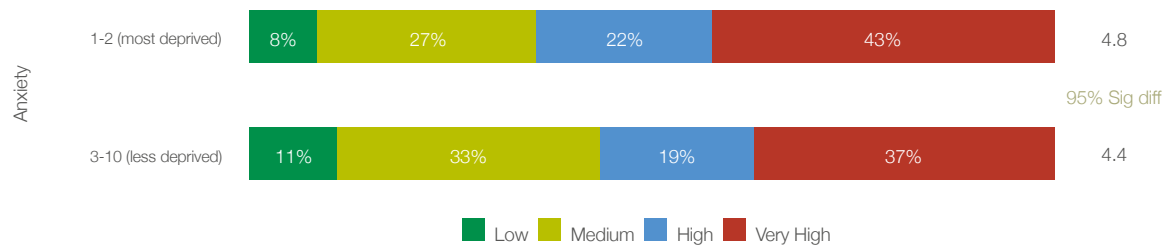
For Anxiety Low = 0-1; Medium = 2-3; High = 4-5; Very High = 6-10

There are no determinable differences evident between IMD deciles regarding happiness, life satisfaction and worthwhile feeling, but levels of anxiety are lower amongst people in areas of higher social deprivation:

Q. Rating of happiness, life satisfaction and worthwhile



Q. Rating of anxiety



Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; IMD Decile 1-2 879, IMD Decile 3-10 668; Data weighted by gender and age; Q3 on a scale of 0-10

For Happiness, Life satisfaction & Worthwhile Low = 0-4; Medium - 5-6; High = 7-8; Very High = 9-10

For Anxiety Low = 0-1; Medium = 2-3; High = 4-5; Very High = 6-10



Part 6: Strategies for protecting mental wellbeing

What do people do to stay well?



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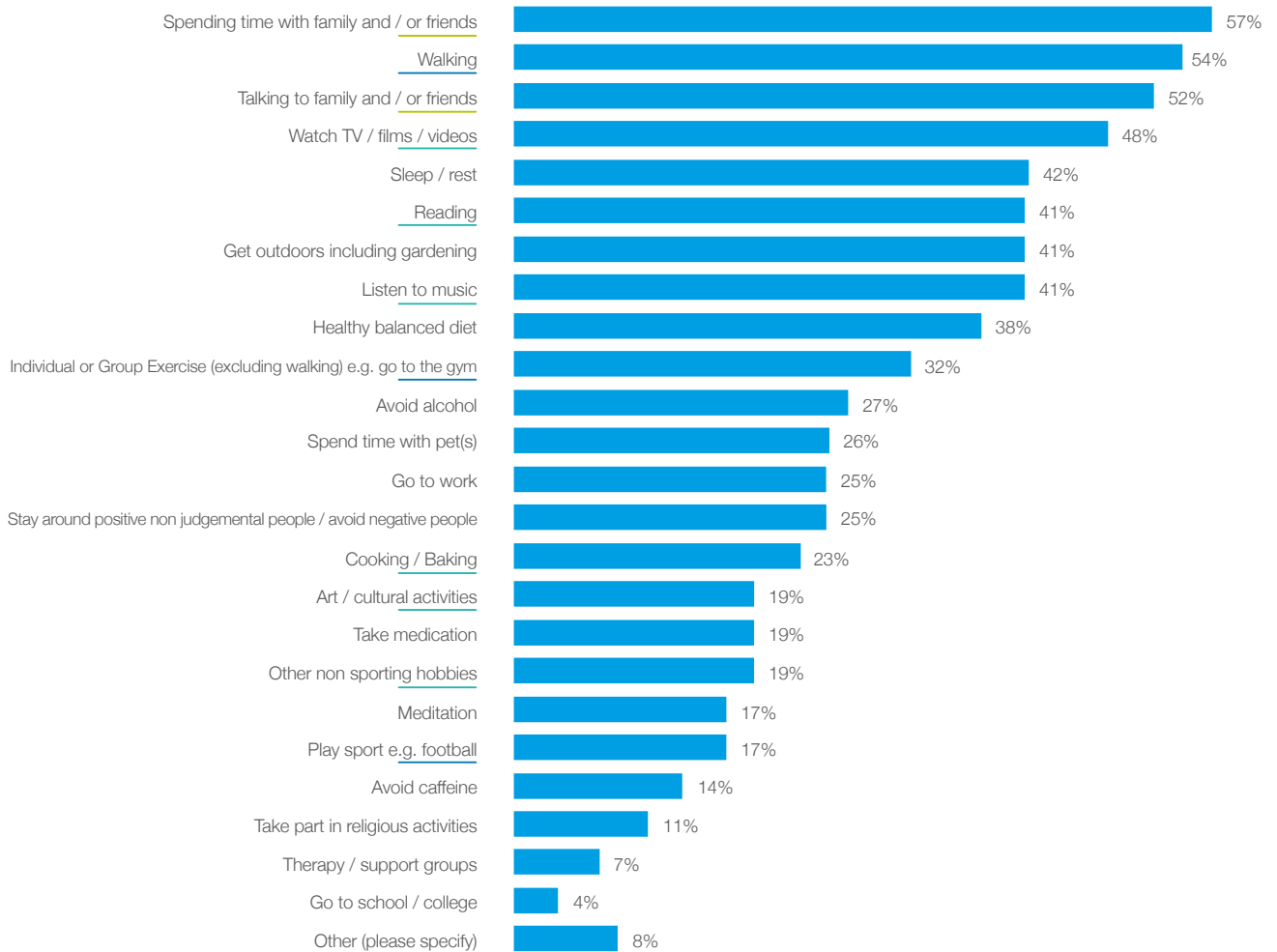
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Most people claim they stay well day to day through non-medical interventions. Popular choices are some forms of non-physical activity – 77%, (such as watching TV / films, reading, listening to music, hobbies), contact with friends and family – 73%, physical activity – 70% (exercise, sport, walking or other physical activity), getting into the outdoors – 41% and taking time out to relax or sleep – 42%.



What do people do to stay well?



77% non physical activity

73% contact with family & friends

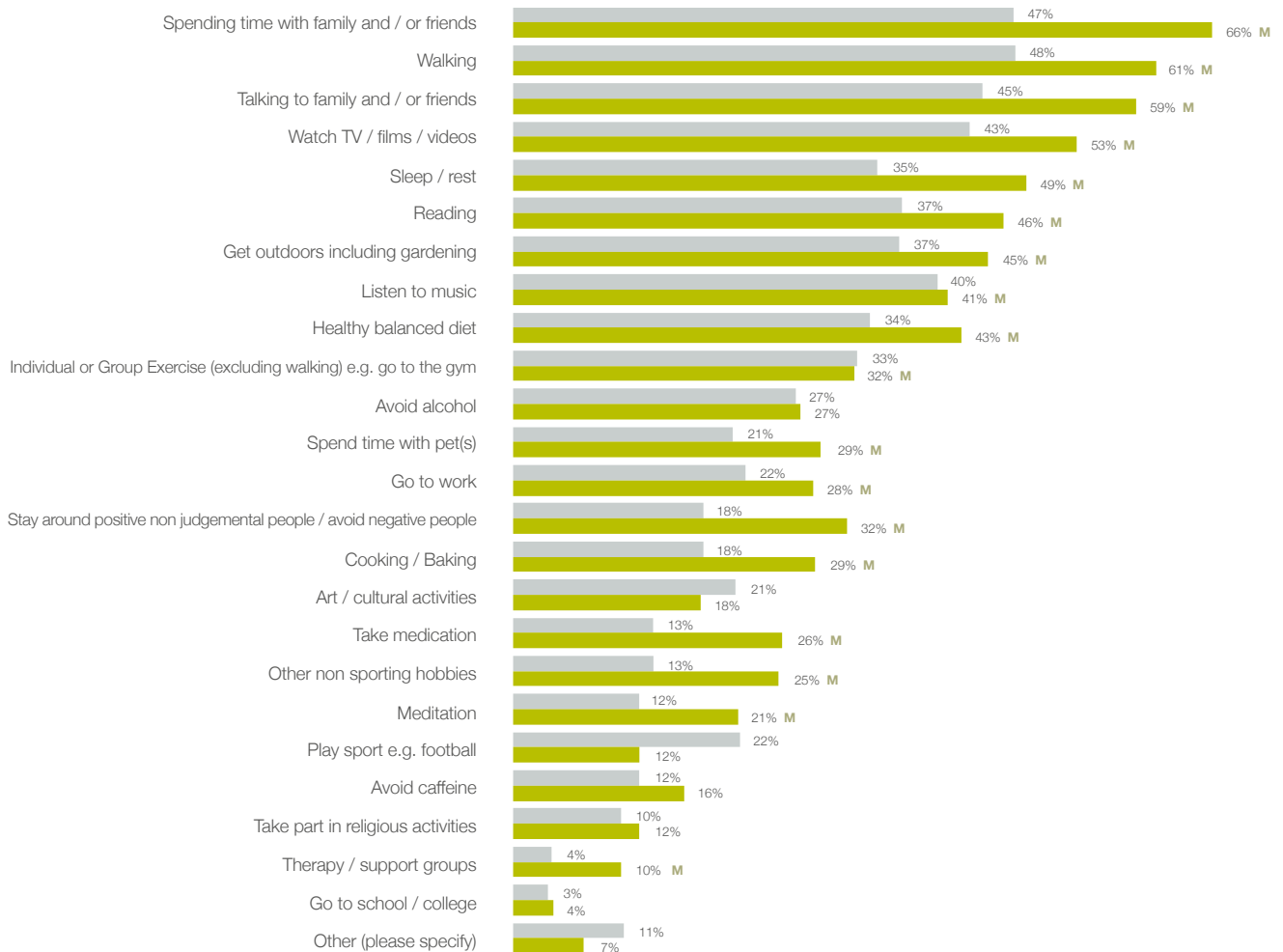
70% physical activity

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q1; Data weighted by gender and age



Top answers the similar for all demographic groups – non-physical activity, physical activity and staying in contact with family and friends. However, women more likely to do a greater number of things to stay well than men:

Q. What do people do to stay well?



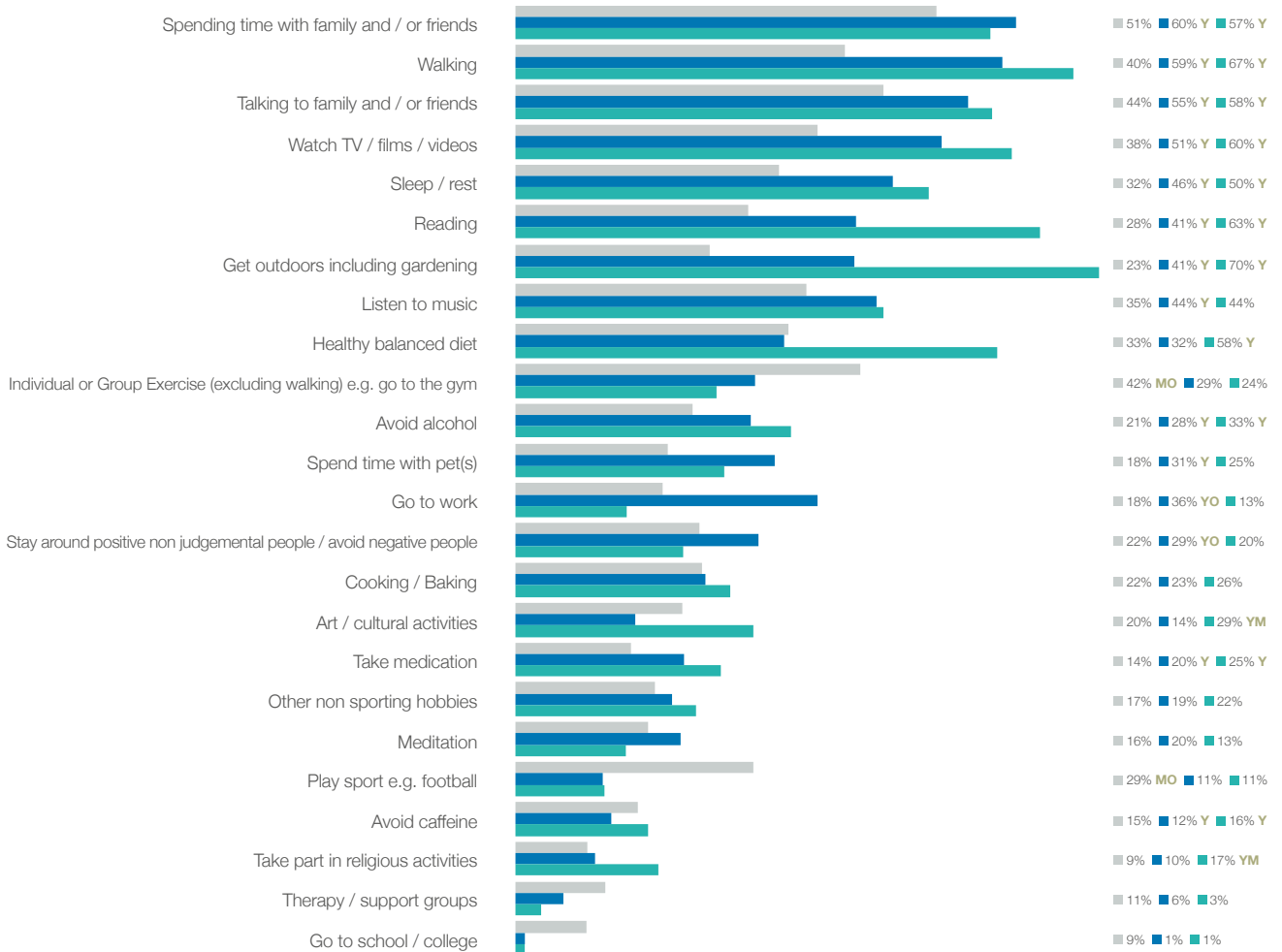
Men (M)
Women (F)
M, F = 95% sig diff

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q1; Women 1142 Men 392; Data weighted by gender and age



Over 65's more likely to stay well than younger counterparts by getting outdoors, walking, reading and a healthy balanced diet. Exercise and sport feature more highly in stay well priorities for under 35's:

Q. What do people do to stay well?



■ Up to 34 (Y)
■ 35-64 (M)
■ 65+ (O)

Y, M, O = 95% sig diff

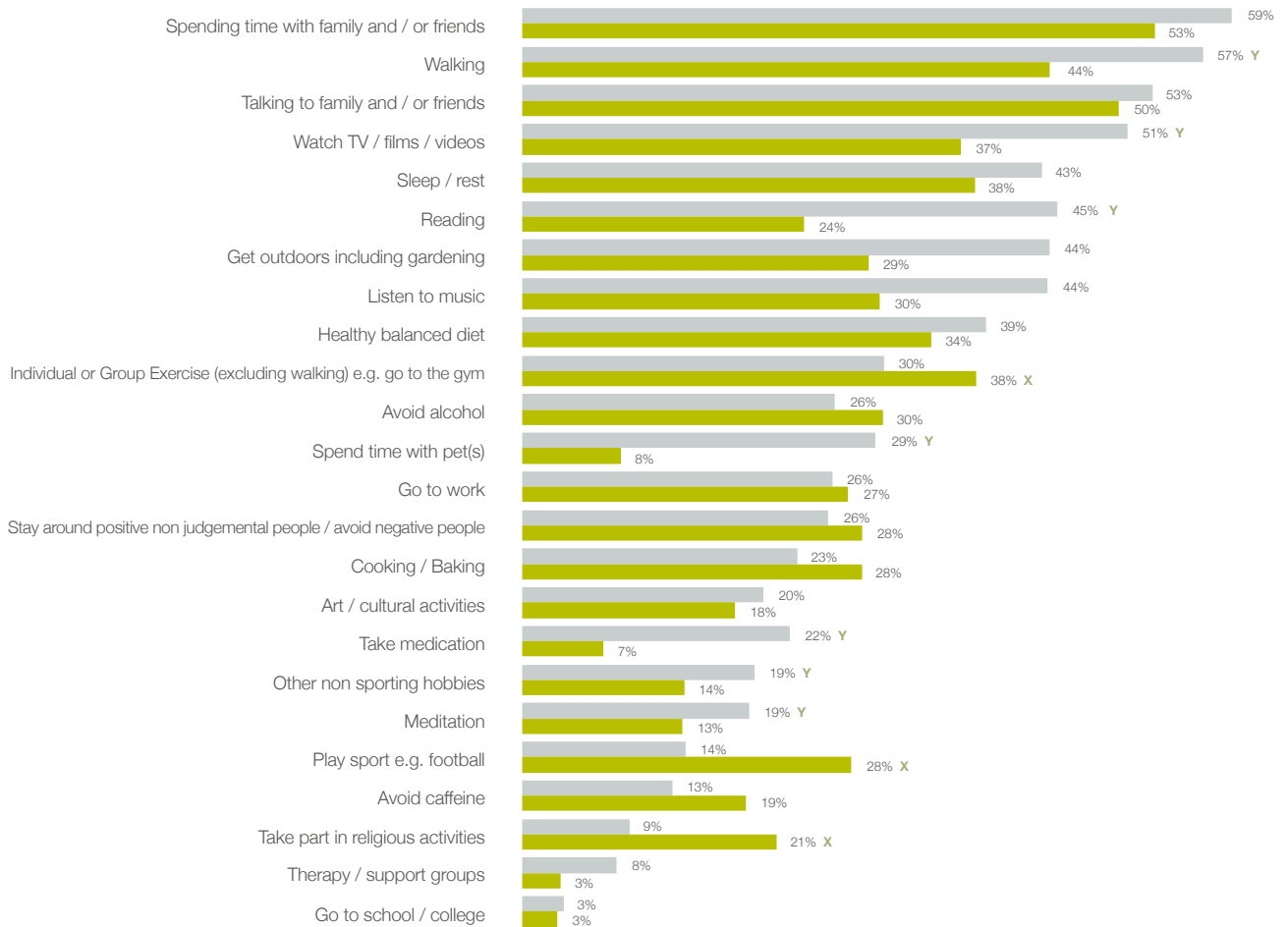
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q1; Under 34 483, 35-64 985, 65+ 123; Data weighted by gender and age



BOLTON'S
BIG
WELLBEING
CONVERSATION

White British more likely to do more things to stay well, albeit top priorities relating to non-physical activity, physical activity and staying in contact with family and friends are the same for both groups. Sport and Exercise feature more highly in priorities for BAME:

Q. What do people do to stay well?



White British or Irish (X)
BAME (Y)

Y, X = 95% sig diff

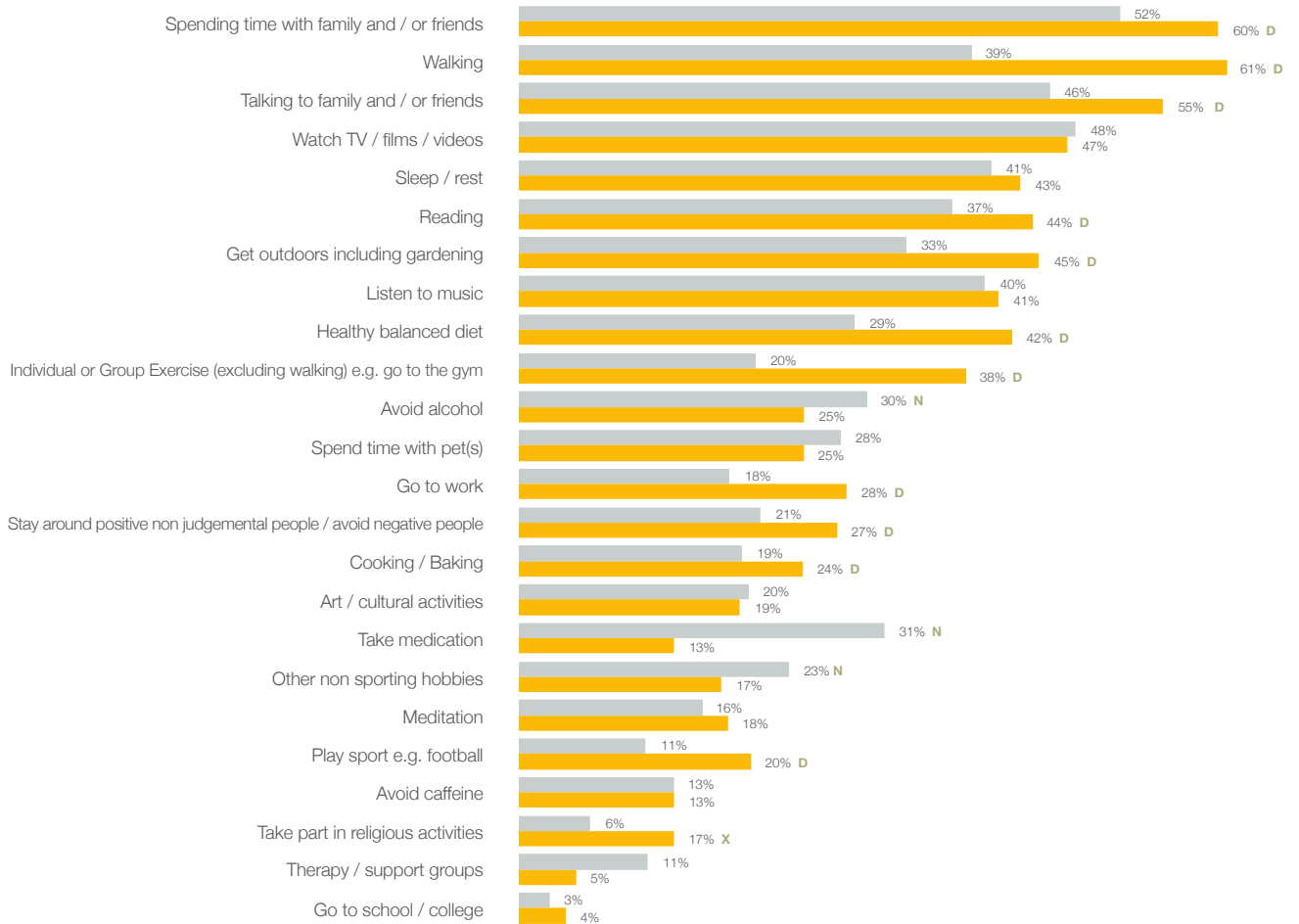
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q1; White British 1249 BAME 232; Data weighted by gender and age



Non-disabled more likely to stay well by exercising including walking, spending time with or talking to family / friends, ensuring a good diet, spending time outdoors, or reading. Disabled do rate time with friends as the top factor but are much more likely to do non-sport activities, take medication or avoid alcohol.



What do people do to stay well?



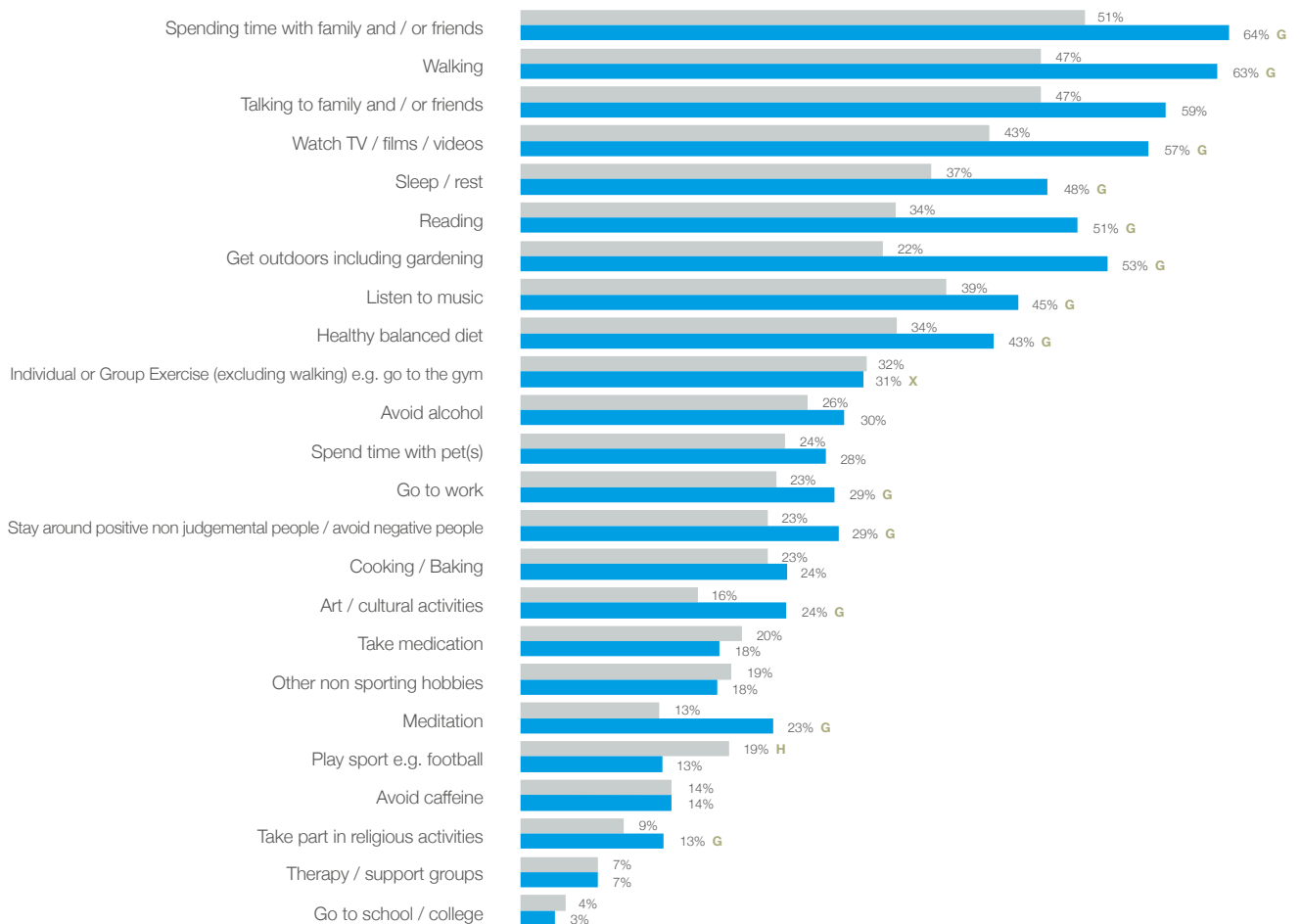
■ Disabled people (D)
■ Non-disabled people (N)
D, N = 95% sig diff

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q1; Disabled people 436 Non-Disabled people 1098; Data weighted by gender and age



In areas of higher social deprivation, they are likely to do less things to stay well than in other areas, albeit top priorities, (physical and non-physical activities and connecting with friends and family), the same and playing sport is something they are likely to do more:

Q. What people do to stay well?



1-2 (most deprived) (G)
 3-10 (less deprived) (H)
G,H = 95% sig diff

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q1; IMD Decile 1-2 879, IMD Decile 3-10 668; Data weighted by gender and age

In the focus groups people are echoing the survey and stay well through 'everyday' activities (exercise, walking, hobbies), contact with friends and family, a good diet and getting into the outdoors as well as support groups and supporting others for some:

The importance of connecting with other people and peer support

"People that you can speak to, that helps you a lot. People motivating you, helping you, driving you. And you can be appreciated too, because you have a chance to volunteer, and have responsibilities. Because I ain't got nobody else. Isolation is a bloody killer." G1

"Being in a music group and sharing my story with new friends. And one special friend - we've been friends and our friendship has grown and blossomed. We both have that driving passion." G1

"And not being judged. No-one judges you here." G1

"The camaraderie and love shown to me by other people and the staff here. And I've been able to volunteer as well. There has been a lot of love shown to me in this place." G1

"Family and friends are very important in the African Caribbean community. So being amongst people is important, conversation, having meals together, attending church." G2

"Seeing friends as well, outside of the house." G3

"There hasn't been anybody to talk to from the LGBT community, just my mum and dad. Not having someone to talk to has made me really sad." G4

"My mum helps out a lot at home when I am suffering from my disability, with the pain. She is very empathetic and always gives me a hug. She helps out with the housework and helping with the kids when I need it." G4

"The only thing that minimises my stress is spending time with my son, seeing him smile and giggle. He is only 1, but he is the one person who keeps me strong and sane. Nothing else really helps." G4



BOLTON'S
BIG
WELLBEING
CONVERSATION

“Coming to community/peer groups.” G5

“When I had my mental health problems, I had no communication with anybody professional, apart from this place. Everybody that knew me didn’t want to help, so I ended up here. The only place that I had support was from here. I can come here at 9 o’clock in the morning and I know someone is here to talk to. And they have the understanding, because they know me.” G5

“This is a place for anybody who doesn’t have the support of their family or their friends. Here there are people who do understand me, rather than the people outside who don’t understand me. I feel comfortable knowing I can get up in the morning and come here.” G5

“I don’t think that these support groups are being advertised enough. Not enough people know about it. They could do more like leaflets on all the groups there are.” G6

“One of the ladies who goes to my Tai Chi class asked if there would be more strength and wellbeing classes. There used to be a class in Blackrod or somewhere like that I think about an hour long.” G6

The importance of talking and keeping in touch & maintaining relationships

“There is a taboo in our community, but people do feel better when they talk about the way that they feel. Sometimes people can be reserved but social and family connections can make a massive difference.” G2

“We recognised that people felt isolated during COVID and created an online community, the focus was to get people talking on Zoom, because they couldn’t get together.” G2

“I enjoy going to the meetings with the other dads. It’s a bit different to everyday life. And I feel a lot better than I’m there, having conversations with other dads. It’s not like talking to your missus. They have been through what I have been through, and I can have a conversation about it. And everything is all normal and it’s not just me”. G3

“And coming to centres like these, it’s like an extended family. Getting out and talking to people.” G4

“Family keep ringing and texting to talk and make sure I am okay – asking questions to make sure I’m getting the best help I can.” G5

"I have grown up daughters and I tend to talk to them in real terms about not just how I am feeling, which is difficult for me. We tend to talk about practical things and how things impact on us practically. Not how our emotions are affecting us. So, talking about like how I am struggling because I have not slept or I haven't eaten properly, especially with my daughters, we try and be open about it. We assume that everything is emotional. We need to think about things in terms of mental illness and how it does affect us in different ways as people. Nobody owns the symptoms; we all have them differently." G3

"I live quite a distance from my friends and family, and lockdown has meant I can't see them. So, I have relied a lot on phone calls and things like that. So, it's being able to speak to people. I always have somebody somewhere to talk to online with social apps and things like that." G4

"I do a lot of socialising, that's the key thing. So, I am not on my own at home. It's getting out and about and having contact with people. I think that loneliness is a big cause of depression. Even if it's just texting people." G4

"We talk a lot, have lots of conversations. Just keeping in contact." G4

"Support from mother and step-dad." G5
"Talking to people." G5

"I do two hours every morning in Wetherspoons! Two coffees with friends! There are 5 or 6 younger women, it's not as if there were any age gap or anything, we talk about anything. And that keeps me young." G6

Keeping fit and healthy (diet and exercise)

"Eating healthy food." G1

"A walk each day, a bit of fresh air." G1

"I like to swim and go to the gym and be active every day. I need to keep busy. It's a good way to keep your mental wellbeing." G1

"I try and eat healthy, I drink a lot of water, I do narcotics anonymous. I just try and keep a balanced lifestyle. I don't go out all weekend. I make time for self-care at the weekends. So, I watch Netflix, have a bath and just relax." G1

"Going for a walk or going to the gym can make a massive difference to mental health. After exercise, people often feel much better." G2

"For me, it's a healthy diet as well. That has helped me in the last six months, just changes to my diet. And not drinking alcohol has played a massive part in me feeling well." G3



“What affects my mental wellbeing is swimming and exercising. That just helps me mentally. And it helps me to lose weight which is good for me because I am so self-conscious when I am overweight.” G5

“I go to Tai Chi, to keep myself fit. Anything like that helps to keep me mentally alert.” G6

“Exercise, it’s really, really important. I go to the gym and play football as well. I don’t think there is a day when I don’t exercise. When I don’t exercise, I get quite... my ability to deal with situations that are a bit more stressful like being at home with the kids... when I exercise its so much better. And I’m a lot calmer, more relaxed and able to listen to the kids and be supportive.” G3

“Getting out and about. During lockdown I was indoors at my parents’ and there was a lot of stress on me. I couldn’t even go to my own flat. I try to do my best to look after my mental health, but it’s been hard over this last 12 months, even to go for a walk. So, I’ve put a lot of weight on. That has affected me. Getting rid of the weight would make things a lot better for me.” G4

“I try and exercise to keep healthy, but over the last year it’s been more of a struggle. It’s hard to find exercise gyms that will accept people with disabilities.” G4

“Walking dogs.” G5

“Breathing exercises.” G5

“Boxing, swimming, football. I have played football for the last 8 years; I am very passionate about it. And the fresh air is good for you. And gym sessions are very good.” G5



Keeping up hobbies and activities

“We arrange days out.” G4

“I do art or listen to a lot of music. I also play video games.” G4

“I am good at doing hobbies.” G4

“Reading books.” G5

“Massage and aromatherapy” G5

“What helps me is adult colouring books. I just love it.” G5

“What I do is I make a schedule every day.” G5

“I get out as much as possible, because if I don’t keep busy, I keep thinking about what a crap time I am having.” G5

“Ruminating is not good. You have to find coping strategies, otherwise you can spiral.” G5

“I like to garden and listen to the radio.” G5

“How do you break the cycle, to get people to realise that they have to do something to help themselves? There is no magic wand. You have to encourage people to do something.” G5

“People should manage things to keep themselves occupied, mentally and physically. So many people just stagnate when they retire, they just sit and watch television. I don’t think that people do enough for their own sakes to look for various things to do.” G6

“I am always busy; I think that women can always find things to do. If you are physically well, you find things.” G6

“Playing video games” G7

**“Playing sport
in the park.”
G7**

**“Listening to music and
playing instruments,
I find that listening to
music is helpful.” G5**



BOLTON'S
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WELLBEING
CONVERSATION

The importance of helping and supporting others

“It’s all about your state of mind and how you’re feeling. My dog, my house, my job. Those are the things that I focus on” G4

“Mental wellbeing bridges quite a lot of things.” G4

“I suppose it’s about being happy and content.” G3

“It is important to give time to others, time to talk, sharing a cup of tea after church. That can make a massive difference.” G2

“In terms of helping other people, for myself its rewarding. I find that it really benefits myself. I am a firm believer in you have to give it away to keep it. I spend a lot of time supporting my brothers. It’s rewarding but it can be draining.” G3

“Helping other people has been a big distraction for me during lockdown.” G4

Ensure time for yourself

“I bought an incense burner; it’s supposed to be all different colours and fragrances. They all have different vibes; it’s supposed to help you sleep. So, I bought it just to see what it does, if it helps me relax. There is a lot of stress in my life, I have three kids and my partner is a police officer, so there are time schedules and things like that.” G3

“Meditation is a big one for me. I have ADHD, I was diagnosed in January. I am now taking medication and that has made a difference. But realising when I need time for myself, whatever that time is. Sometimes it’s an audio book when I am driving. Sometimes is just going for a walk. But when I need that time for me, I make sure that I don’t feel that I am being selfish” G3

“I like to have my time. To go outside to the shed and just fix things. I like spending time with the kids and my wife, but I need my time, to do my own thing.” G3

“For me, my wellness things are fresh air and space. I schedule space in my day, when I know that I won’t have the kids mithering me. Or having to make tea or answering emails. I could go for a walk or go out to eat. Or I might go on the PlayStation.” G3



Focus, routine and responsibility

"I've got my routine now. As long as I have my routine, I'm OK." G1

"Make my own bed, on my own, my own life." G1

"I have to have somewhere to go." G1

"Every day I get out of bed. That is really hard but it's really important." G1

"I break the day into three pieces, morning, afternoon and evening." G1

"I have been doing courses in a training centre. I have done the SIA course and CSCS course. They are going to book me in for a proper exam. Once I've done that then I go to counselling for an hour. From there I walk back to my house. Or if I need to do a bit of shopping, I can go out for half an hour and get a bit more exercise. Then I watch a bit of telly and have dinner. And the next day I do the same, so it's a routine. I used to have a job, a family, kids. But now there is no-one there. So, my jigsaw at the moment is halfway there, but there are a few pieces missing. It does take time but getting your life back on track keeps you going." G1

Find available and open support

"Being able to have mutual aid here, which is not available in other places. This is the best charity going. I have never experienced anything like this. When you come in here, they put the music on, and everyone collectively joins in. And the atmosphere is great." G1

"This place has got hope for me. Mark here does talk about Jesus Christ. I am a Muslim myself but the best thing is that it doesn't matter in this place. That does help people like me. That is one of the benefits of this place." G1



Get outdoors

“Fresh air as well, sometimes it’s just stepping into the garden in the rain and taking time to do some breathing exercise, really simple stuff. It’s like a re-set if you like.” G3

“When it gets on top of me, I just go outside and get some air. And that just helps me. Even just 5 minutes outside, away from the kids and the noise, just sort of sorts me out. Then I can go back in and I’m fine again and I can cope.” G3

Financial security

“Wellbeing for me is things like sorting your money out and food and basic stuff.” G1

Using alternative therapies

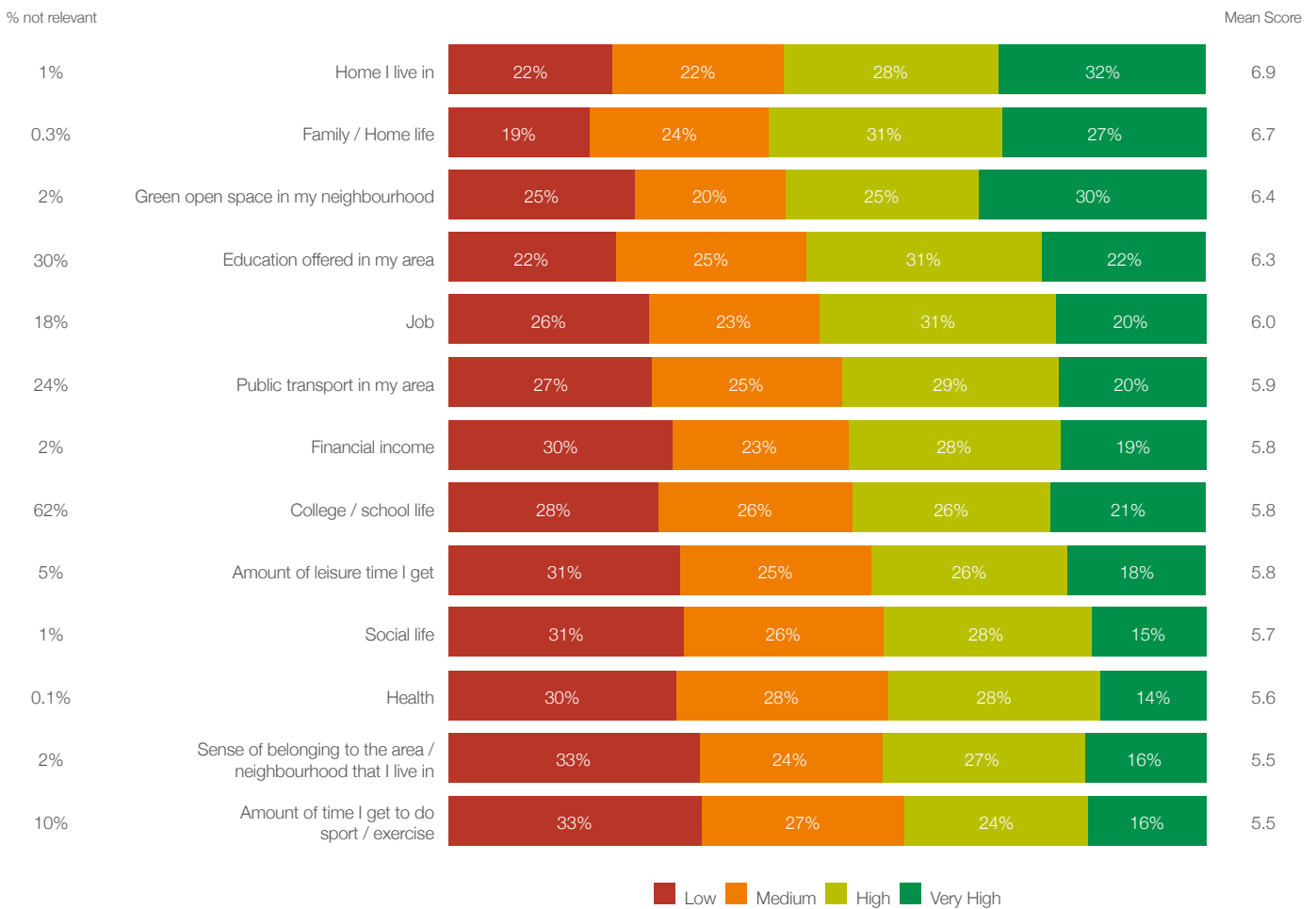
“I lost my mum last year. With regards to my mental health, I stopped sleeping. It was the same when my dad died 10 years ago, so this time I thought I would do something about it. I got in touch with the doctor, and he put me onto a thing called ‘sleep station’. It an app on your phone. It really helped by teaching me how to get into the sleep routine. My granddaughter also used it, because she has been affected by not going to school and COVID.” G6

The question exploring satisfaction regarding key factors impacting wellbeing showed people are fairly satisfied with People are fairly satisfied with where they live, (6.9 out of 10) their home life, (6.7 out of 10), green space in their neighbourhood, (6.4 out of 10) and education offered, (6.3 out of 10).

Areas that they are generally less satisfied with are the amount of time to do exercise / sport, (5.5 out of 10), feeling a sense of belonging, (5.5 out of 10) health, (5.6 out of 10) and social life. (5.7 out of 10).



Satisfaction regarding key factors impacting wellbeing (amongst those for whom relevant)



Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Data weighted by gender and age; Q4 on a scale of 0-10; Low = 0-4; Medium = 5-6; High = 7-8; Very High = 9-10

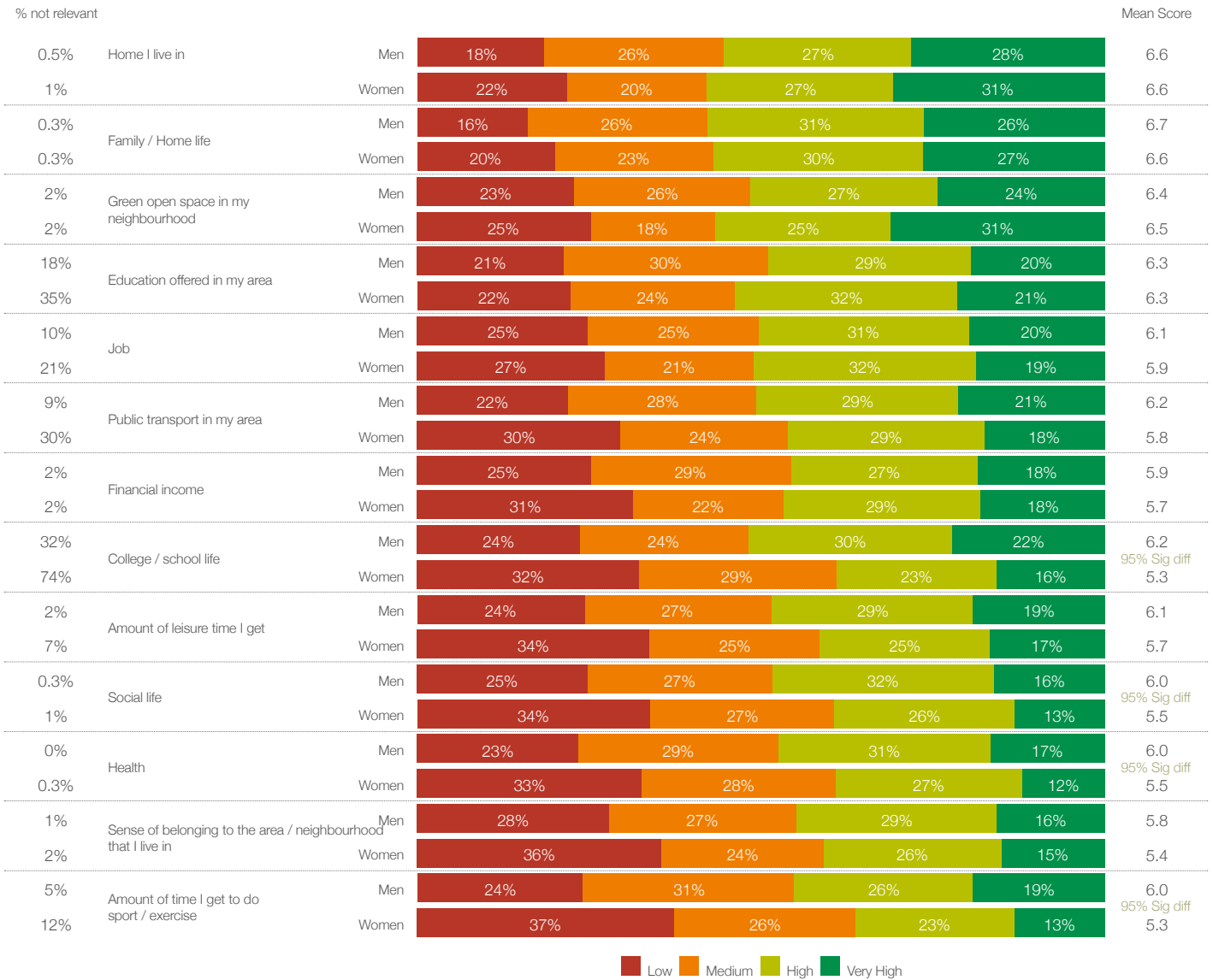


**BOLTON'S
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WELLBEING
CONVERSATION**

Women are less satisfied than men with college / school life, amount of leisure and exercise time, social life, health and public transport:



Satisfaction regarding key factors impacting wellbeing (amongst those for whom relevant)

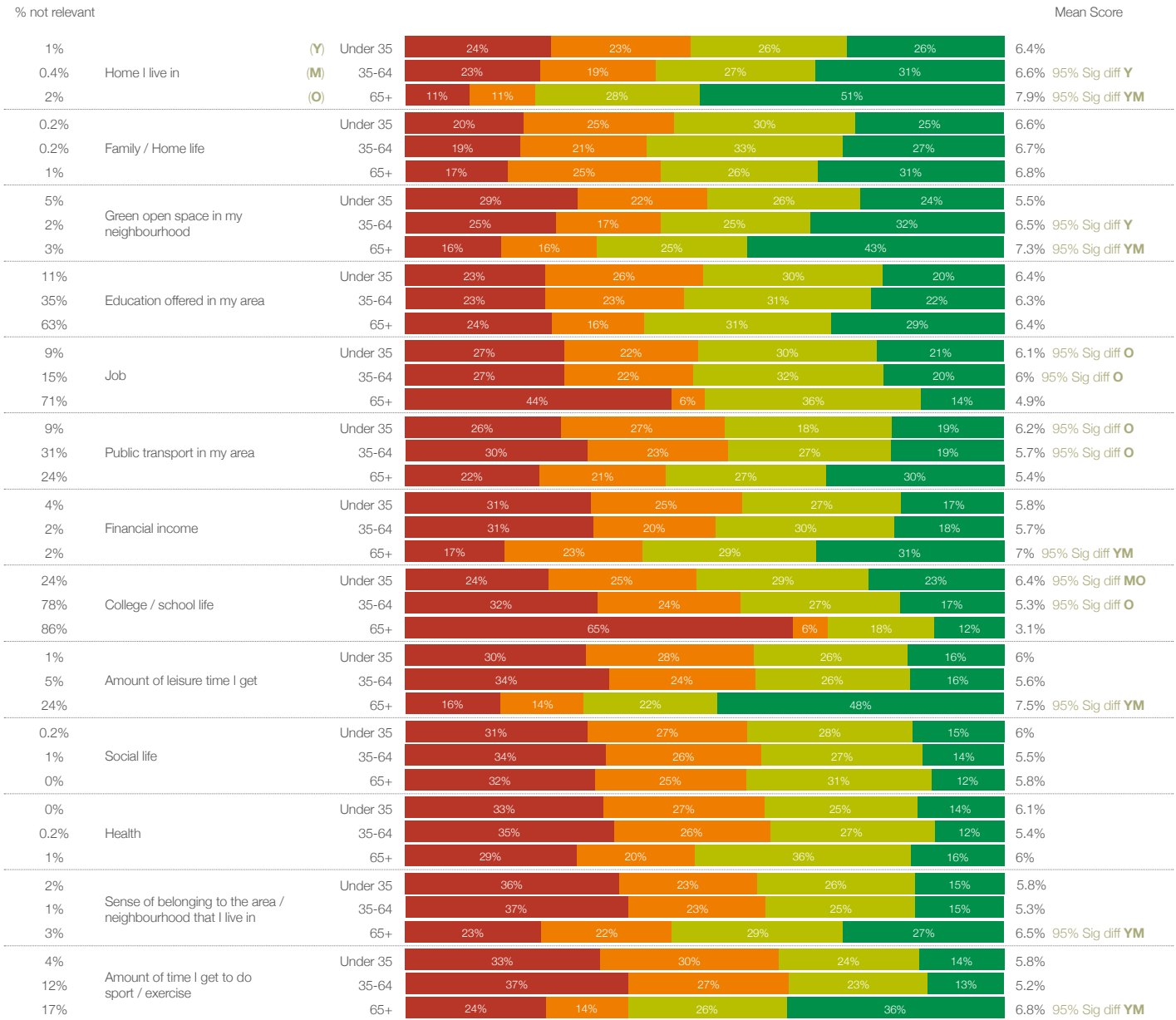


Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Women 1142 Men 392; Data weighted by gender and age; Q4 on a scale of 0-10; Low = 0-4; Medium - 5-6; High = 7-8; Very High = 9-10

Younger people are less satisfied with the home they live in, green space, amount of amount of leisure / exercise time and sense of belonging whilst older people are less satisfied with work and public transport:



Satisfaction regarding key factors impacting wellbeing (amongst those for whom relevant)



Low Medium High Very High

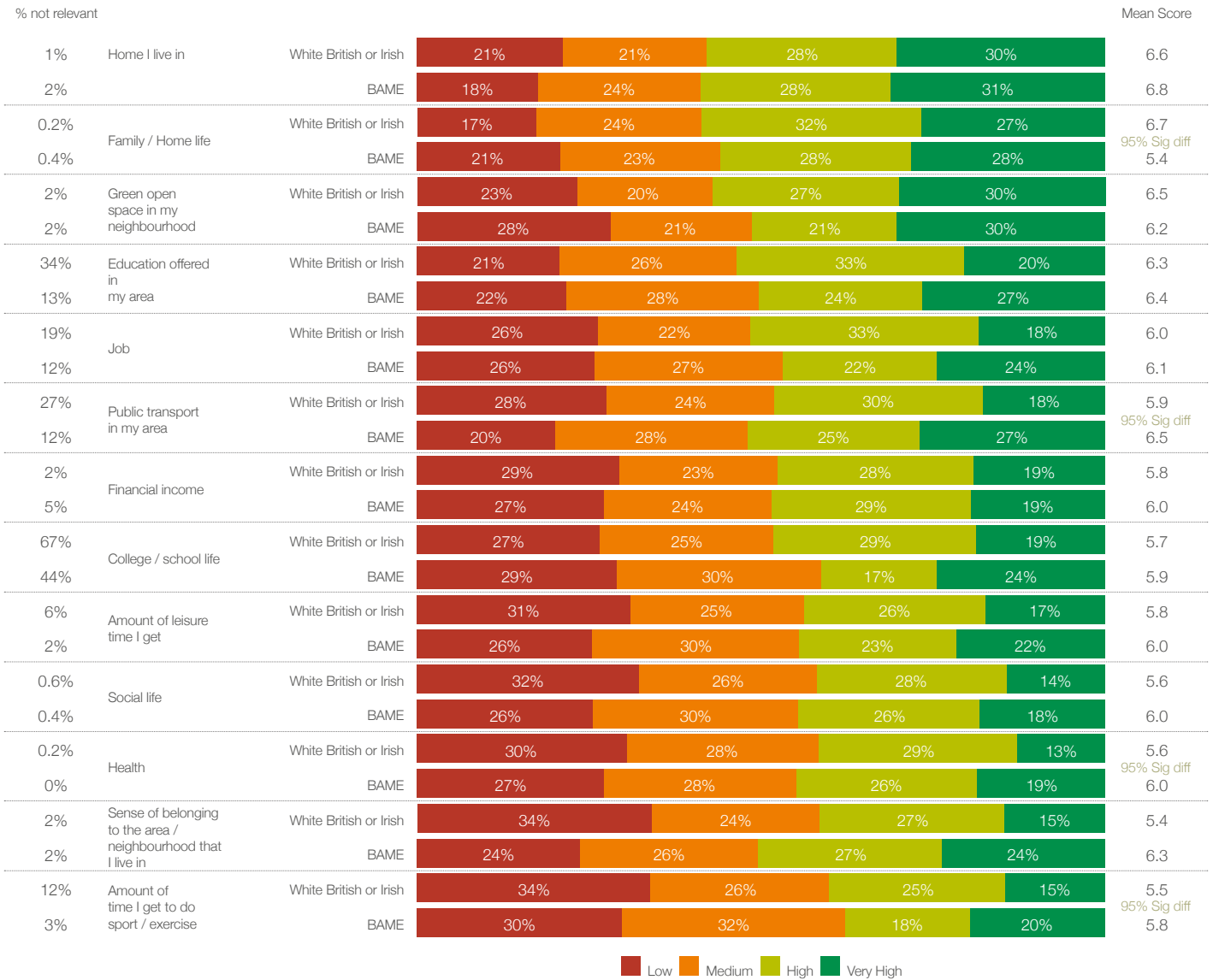
Source: Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Under 34 483, 35-64 985, 65+ 123; Data weighted by gender and age; Q4 on a scale of 0-10; Low = 0-4; Medium - 5-6; High = 7-8; Very High = 9-10



**BOLTON'S
BIG
WELLBEING
CONVERSATION**

White British are more satisfied with home life and green space whilst BAME are more content regarding public transport, social life, sense of belonging and health:

Q. Satisfaction regarding key factors impacting wellbeing (amongst those for whom relevant)



Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; White British 1249 BAME 232; Data weighted by gender and age; Q4 on a scale of 0-10; Low = 0-4; Medium - 5-6; High = 7-8; Very High = 9-10

Non-disabled people are more satisfied with all aspects than disabled people:



Satisfaction regarding key factors impacting wellbeing (amongst those for whom relevant)



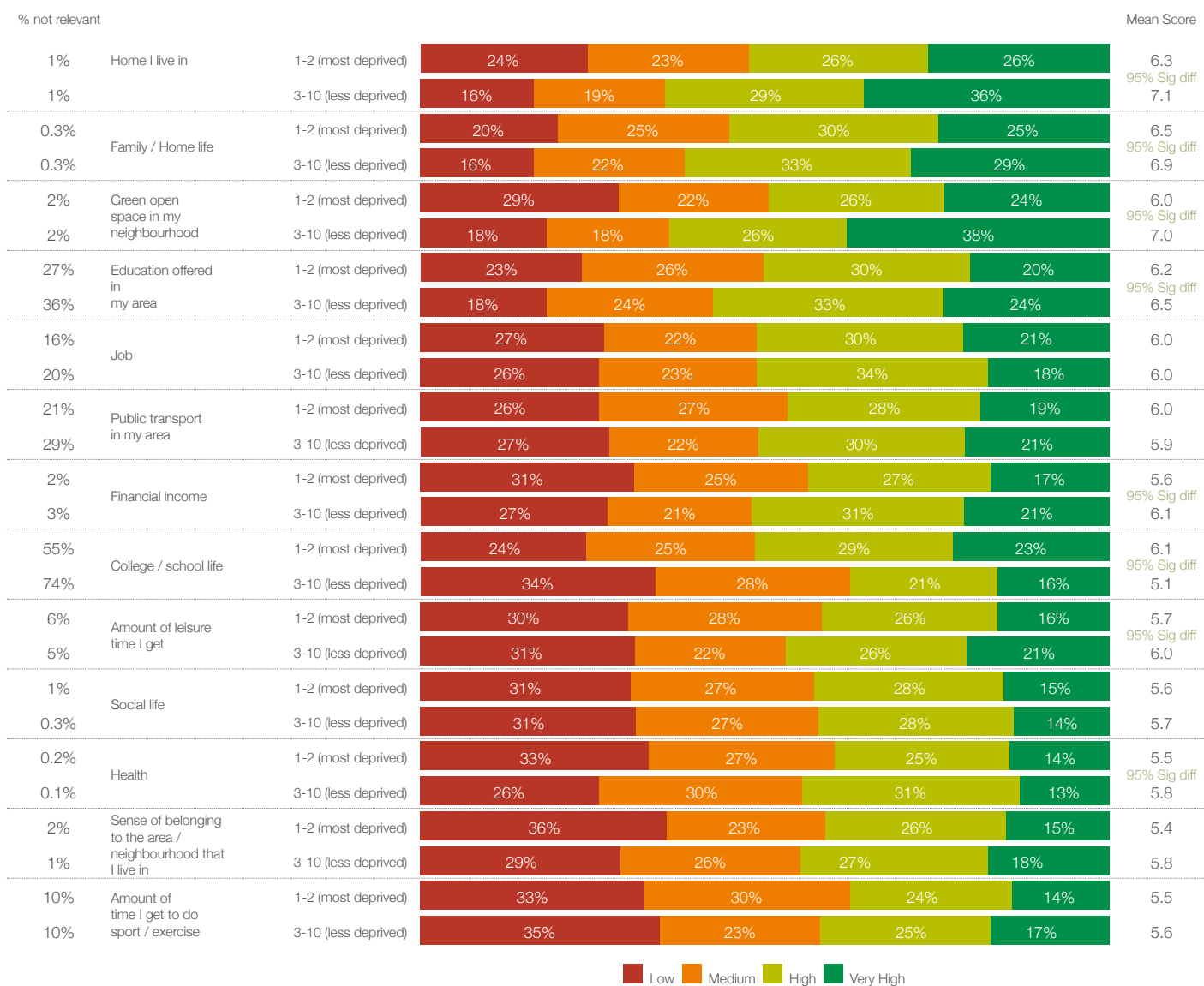
Low Medium High Very High

Source: Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Disabled people 475 Non-Disabled people 1053; Data weighted by gender and age; Q4 on a scale of 0-10; Low = 0-4; Medium = 5-6; High = 7-8; Very High = 9-10



Those living in areas of higher social deprivation are less satisfied with their home, home life, green space, education, financial income, amount of leisure time and health. Those for whom college is relevant, however, have a greater satisfaction with this aspect of their life in areas of higher social deprivation than other IMD deciles:

Q. Satisfaction regarding key factors impacting wellbeing (amongst those for whom relevant)



Source: Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; IMD Decile 1-2 879, IMD Decile 3-10 668; Data weighted by gender and age; Q4 on a scale of 0-10; Low = 0-4; Medium = 5-6; High = 7-8; Very High = 9-10

Part 7: Drivers of poor mental wellbeing



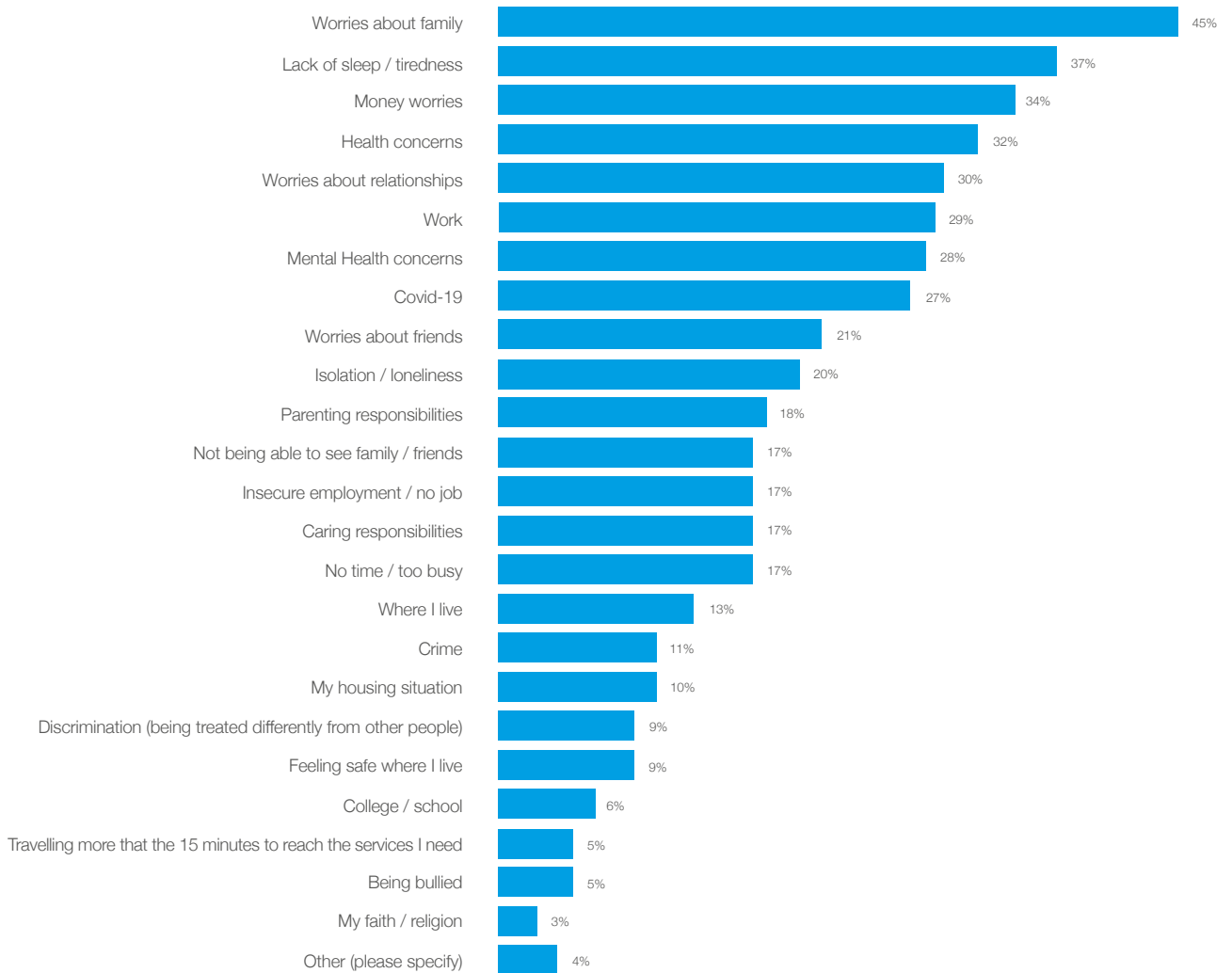
BOLTON'S
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WELLBEING
CONVERSATION



What gets in the way of people's wellbeing?

Family worries, (45%), is the single biggest factor associated with poor mental wellbeing followed by tiredness / lack of sleep (37%), money worries (34%) and health concerns, (32%).

Other key areas affecting around 1/3 of all respondents surveyed were relationship worries, work, mental health concerns and the current COVID19 pandemic and associated restrictions impacting day to day life.



Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q2; Data weighted by gender and age

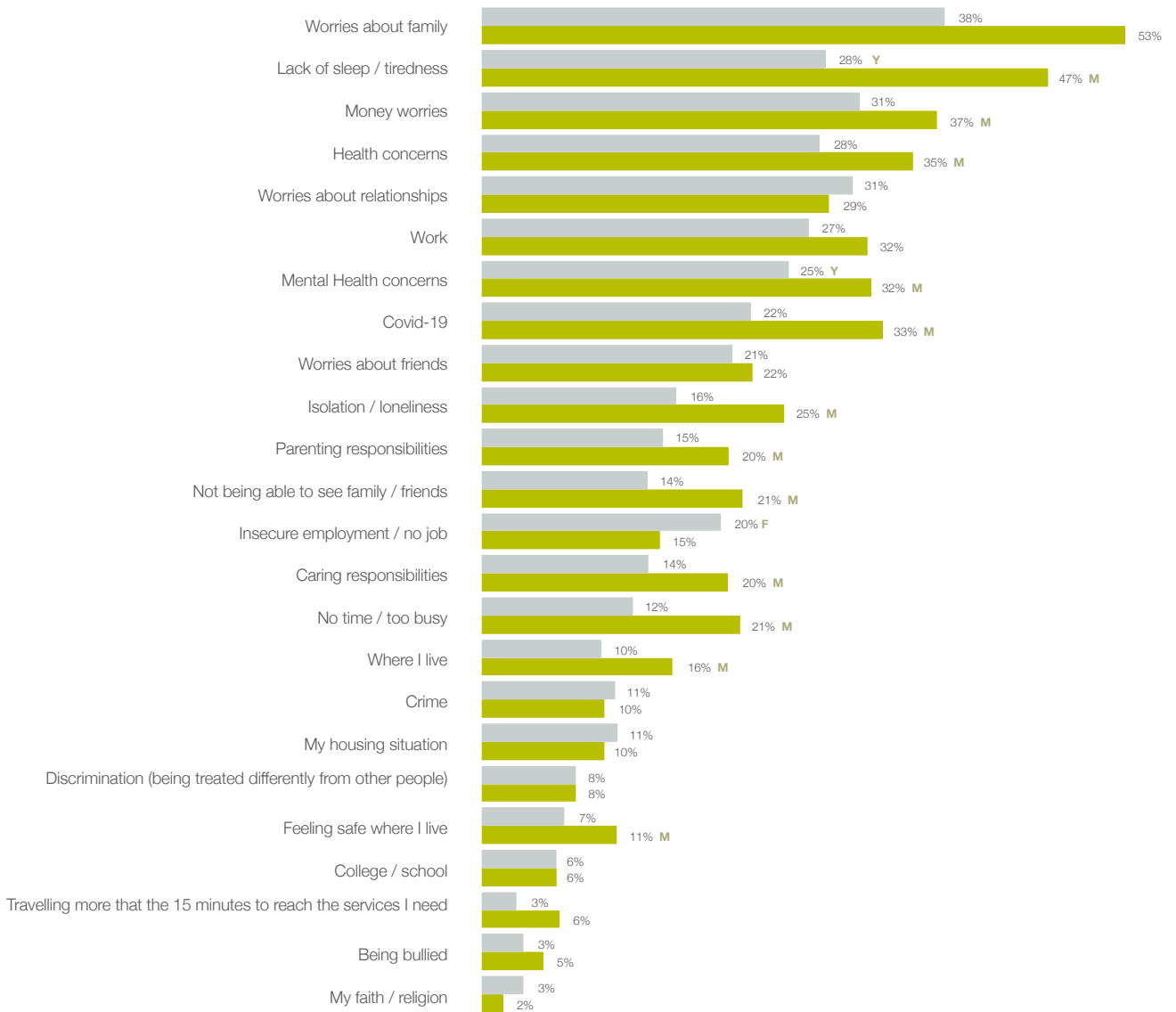


Top answers to things that get in the way of wellbeing the similar across demographics.

Women more likely to allow more things to worry them than men and except for work / employment women let more things get in the way of their wellbeing than men do.



What gets in the way of people's wellbeing?



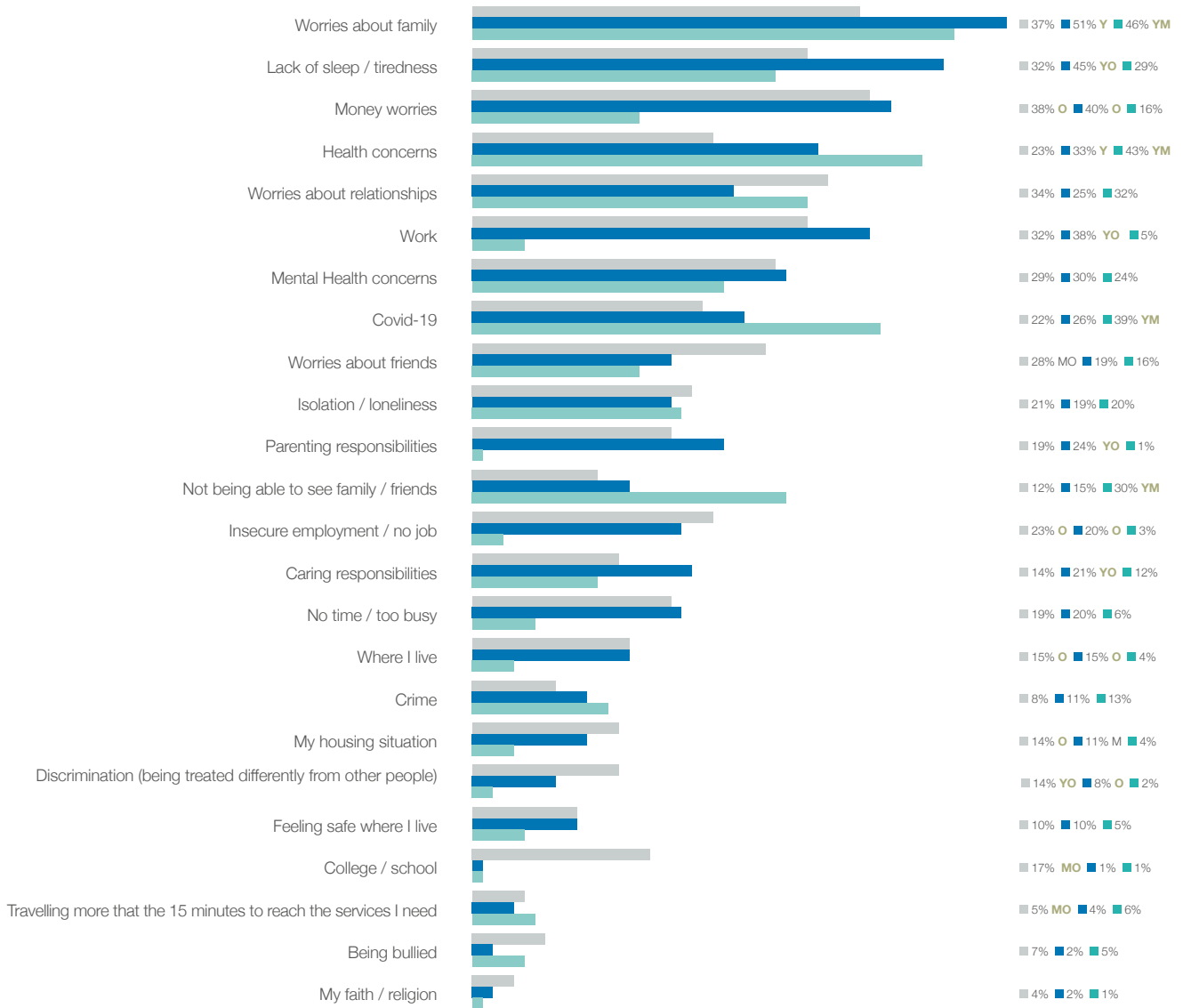
Men (M)
 Women (F)
 M, F = 95% sig diff

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q2; Women 1142 Men 392; Data weighted by gender and age



Over 65s more concerned about health, Covid-19 and being able to see family and friends, whilst 35–64-year-olds have greater work and parenting worries and under 34's are more concerned about college / school than older age groups:

Q. What gets in the way of people's wellbeing?



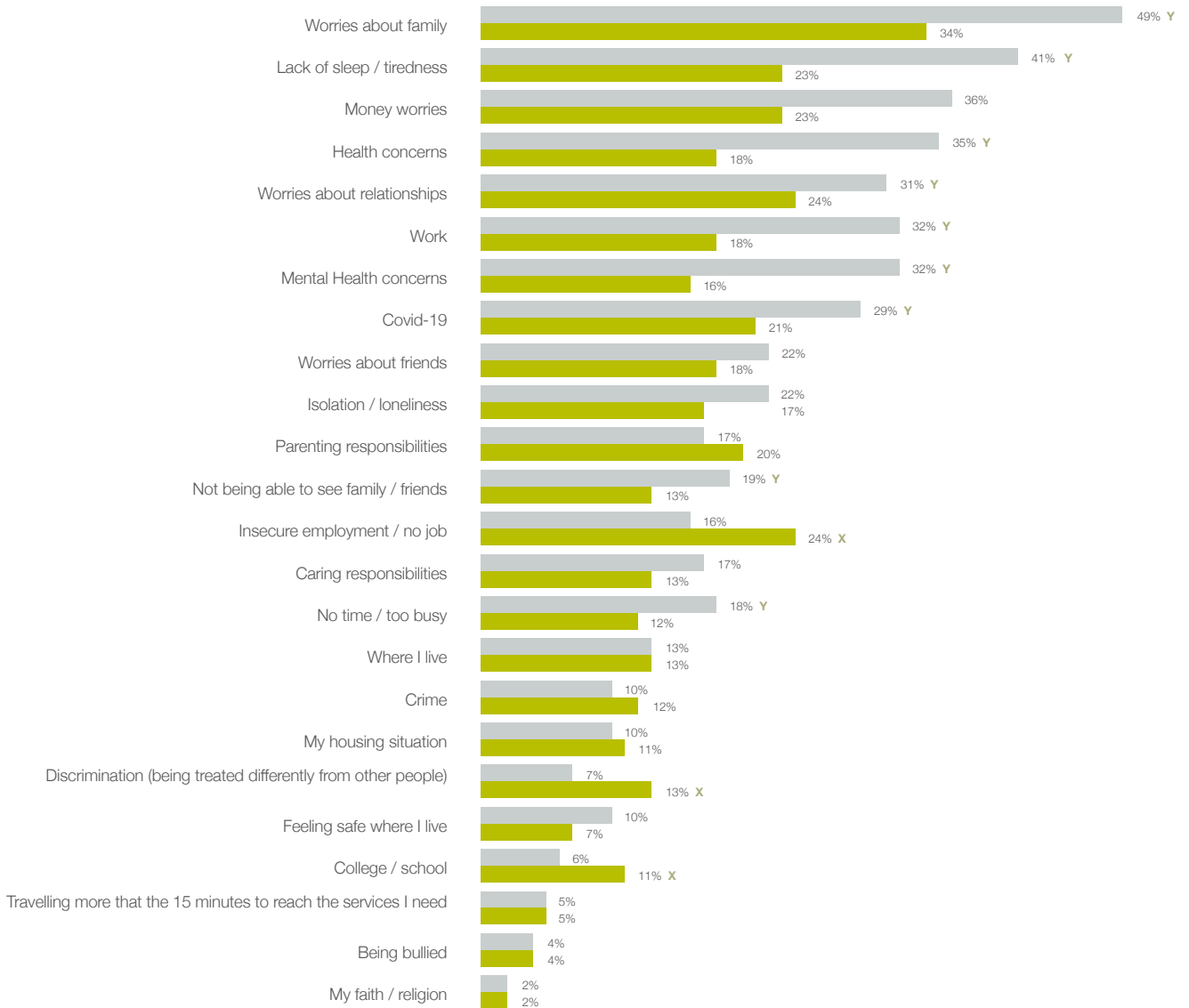
■ Up to 34 (Y)
■ 35-64 (M)
■ 65+ (O)
Y, M, O = 95% sig diff

Source: Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q2; Under 34 483, 35-64 985, 65+ 123; Data weighted by gender and age

White British more likely to let more things get in the way. Work / College and Discrimination feature more highly in concerns for BAME:



What gets in the way of people's wellbeing?



White British (X)

BAME (Y)

Y, X = 95% sig diff

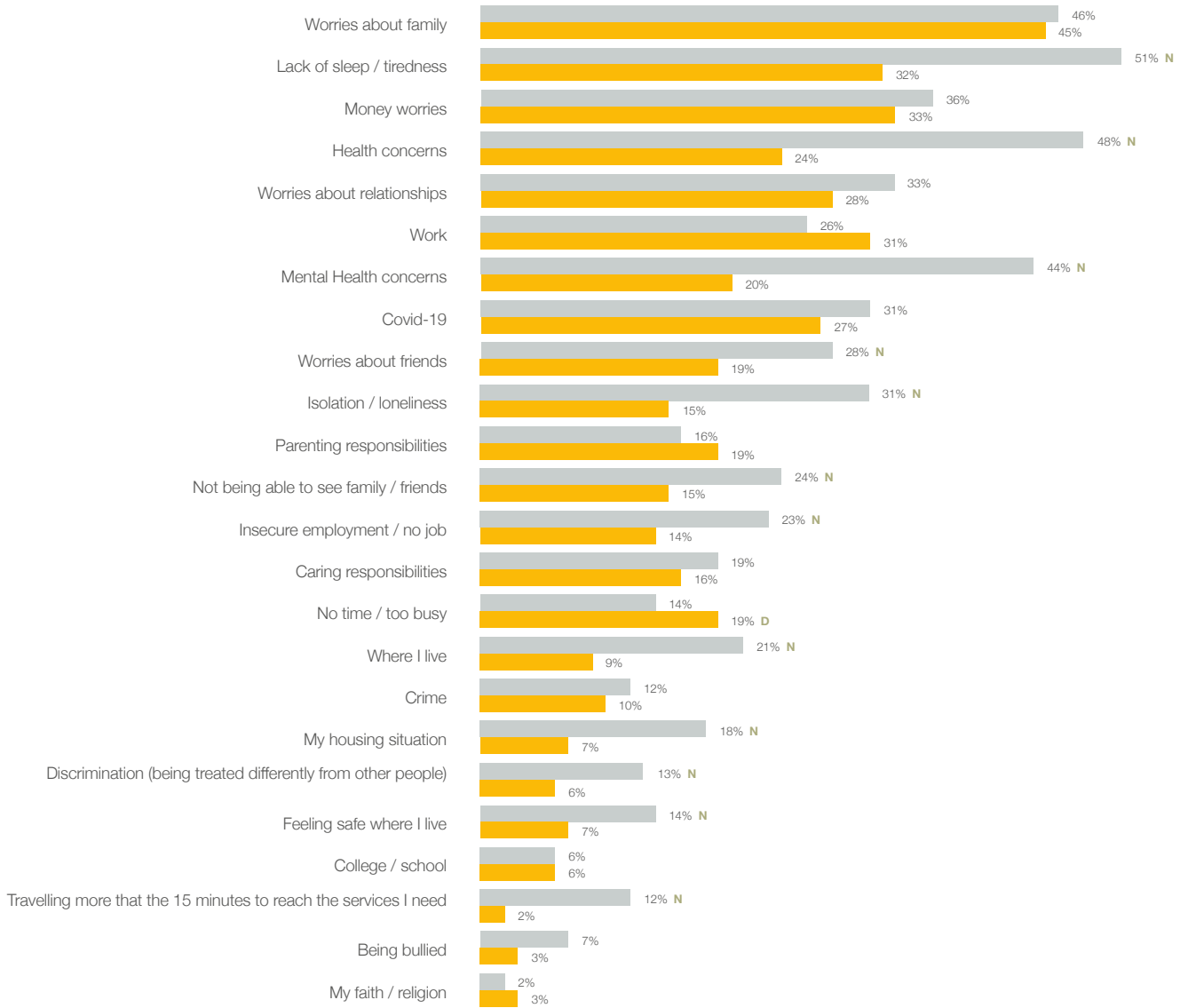
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q2; White British 1249 BAME 232; Data weighted by gender and age



BOLTON'S
BIG
WELLBEING
CONVERSATION

Disabled people more likely to have more concerns especially regarding health, sleep, and isolation.

Q. What gets in the way of people's wellbeing?



■ Disabled people (D)
■ Non-disabled people (N)
D, N = 95% sig diff

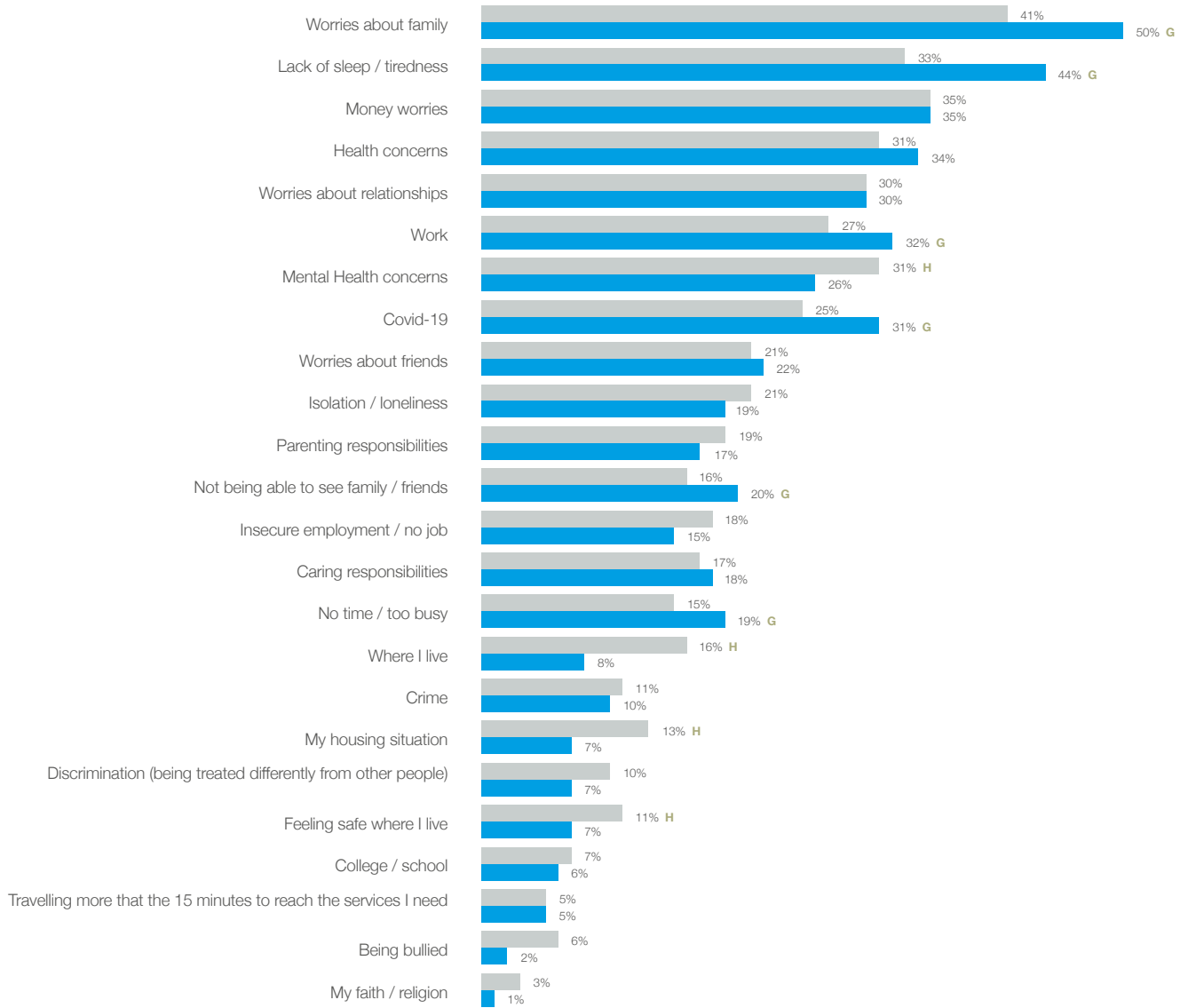
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q2; Disabled people 436 Non-Disabled people 1098; Data weighted by gender and age



In areas of lower social deprivation, they are more likely generally to let more things get in the way of their wellbeing:



What gets in the way of people's wellbeing?



1-2 (most deprived)
 3-10 (less deprived)
G, H = 95% sig diff

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q2; IMD Decile 1-2 879, IMD Decile 3-10 668; Data weighted by gender and age



In the focus groups the key concerns centre around awareness and recognition of mental health illness as well availability of appropriate services. There is also a concern that issues are exacerbated by financial means, culture and gender as well as COVID-19:

Lack of understanding of mental illness and how to treat it

“We are now seeing young people coming to us with mental health issues because of COVID. But they won’t talk about it because of fear of being sectioned or being sent to a mental health hospital. And that would curtail all their youth life in terms of activities, mingling with their peers and everything.” G2

“Families with mental illness also don’t seek help because they believe that they will lose their children or be hospitalised. Or they fear that they will be ridiculed by their families.” G2

“People are afraid that their children will be taken away if they need to go to hospital. The support system is not there to make them understand that if they don’t do anything about mental illness it will get worse. It’s not just about asking people how they feel.” G2

“When it comes to personal problems, I haven’t got anybody to talk to. I can’t ring my sister or my brother, I can’t ring anybody.” G5



BOLTON'S
BIG
WELLBEING
CONVERSATION

“It’s knowledge by the health services as well, how well GPs are able to deal with mental health issues. When you go to your doctor with poor mental health, there is often a flippant comment. Men won’t go to the GP if it’s for their mental health, because they are pretty sure that they will just get met with a waiting list and some medication.” G3

“My friends and family do nothing at all to help me, nothing at all. I have to do everything myself.” G5

“It’s about GPs knowledge. I’ve changed doctors, and the new GP doesn’t have my medical records. So, I have had to use Dr Google. That doesn’t really help. You read one thing, then something else that contradicts that. Then when you do speak to a doctor, everything you have read isn’t right! So not having the right information doesn’t help.” G4

“My family basically didn’t understand my mental health problems, so they basically just kept away from me. I had different moods; I suffered from mood swings and stuff like that. Only my sister helped, she would ring up and ask if I had had my medication, had I washed my clothes. Family and friends’ support I don’t get.” G5



BOLTON'S
BIG
WELLBEING
CONVERSATION

The problem of social and cultural norms and taboos

“In our culture, there is an issue of recognition of mental ill health. Doctors may not be aware that there is a mental health issue because of cultural differences. And even expressing ourselves is difficult. So being understood is a problem.” G2

“The other issue is about denial and acceptance, especially from black communities. For example, stress. When you observe a person with the consequences of being stressed, we tend to dismiss them. But unless you address this from the very beginning, you have less chance of good mental wellbeing. It is about accepting what could be the consequences of stress.” G2

“In our community a lot of people believe that mental health problems happen because people are bewitched. When you talk to people with lived experience of mental ill health, it needs to be with people from this perspective.” G2

“I think there is a generational stigma, particularly with older men, about sharing emotions. I was not brought up to think it’s OK to open up; it’s not a natural thing to do. And it’s a generational thing with our parents, they weren’t brought up to think like that. Men are blokes and girls cry. Things are changing like around racism. So, going forward it will get better, but right now there is still a stigma attached to blokes opening up.” G3

“With the Asian community, I find that mental health is a big taboo. I am constantly fighting against it. They don’t understand it.” G5



The detrimental effects of lockdown

“Maybe it’s my own personal mindset that gets in the way. You have to be in the right mindset to look after your wellbeing. To get the help I need, I have to want to. But living alone and going through lockdown, I would just stew, then it would all boil over. You can never let that happen to yourself. And only so much medication will help.” G4

“I miss my routine. During lockdown I had to live with my parents. I missed my normal routine. Routine is something.” G4

“In the pandemic, I wasn’t well. They changed my medication and stuff like that. And I didn’t have my family or my friends to support me. It’s almost like they were against me.” G5



Lack of appropriate mental health support

“For me its lack of direct mental health support. Whether its speaking to a counsellor or speaking to the relevant person. I have experiences of waiting for therapy, then going into crisis and not being able to access therapy for 3 or 4 months. That has happened 3 or 4 times. So how quick you can access therapy when needed is an issue.” G3

“It’s a lot to do with support offered and different groups not offering what they should. For example, the police have not been very helpful with on-going hate crime with a neighbour. We feel that we’ve not been given enough support by the Housing Association. She has threatened to kill us, and said nasty, horrible things. But as she is considered to have serious mental illness, they won’t do anything. So, we have been left sacred and suffering. We are scared to go out of our front door.” G4

“Having to talk to someone who you don’t know and you have never spoken to before, just a voice on the end of the phone. And when people are working from home, you can hear things in the background. It’s supposed to be confidential but it’s not. And I know that they are not supposed to judge, but when you tell them something, you don’t know if you’re being judged.” G4

“At the moment, the lack of opportunities to exercise limits my mental health. It’s hard to find gyms for someone without full use of their legs. There are specialist gyms but you need referral, and then the gyms say that they are full. Normal gyms just don’t have the right facilities.” G4

“It’s everybody, all the services that won’t support me. People keep calling me by my old birth name, not my new trans name, even though I have legally changed it. There is not nearly enough recognition for people like me. They say that I just think that I am trans but it’s really PTSD because I was abused as a child. But I know who and what I am.” G4

“There is not enough help out there. If I wanted to go to the NHS Mental Health Service, I would have to wait 6 months just for the initial appointment. And then wait more months before I get the first appointment. And people will intentionally misjudge me because I am Trans. CAHMs especially said it was not real, and kept making me feel bad, saying that I had serious mental problems. They made me feel like in was an alien.” G4

“CBT is a great resource, but I had to wait for two years for the NHS to give me CBT. That’s a big problem.” G5



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“Also, psycho-therapists. The trauma that people experienced as a child, sexual abuse, domestic abuse, neglect, all these sorts of things affect mental health when you’re a child. And they are not being discussed. That is a big issue.” G5

“Everything to support you is slow. If you are ill, you go to the doctor, but with mental health, nobody understands that you want to get better. I am still waiting for appointments. I have mild depression; my problem is that I over-think everything. So, for me, having to wait so long is not a good thing, for me or other people who have mental health issues. People with mental health issues should be prioritised by doctors, especially when it comes to the money being paid to them. They need to take it more seriously.” G5

“There are not enough trained counsellors for support groups. For people like us who run groups, we should be prioritised in terms of training and courses, so that we can help others. I have done small courses in mental health counselling but to do a big one is going to cost me about £7000. If people who run groups could be supported more or subsidised like they do the nursing courses, then we could help others more.” G5

“Spaces like the community halls need to be more affordable and accessible. I don’t think that the council cares about things like that.” G6

The damaging effects of social deprivation

“There is no wellbeing without good mental health. The Afro-Caribbean community are at the very low end of the income spectrum. So, things like homelessness, education. The less money you have, the less you are prepared for the mental health needs.” G2

“The issue is not just one of language, it’s one of survival. We are not being supported whatsoever. So, it’s not just an issue of mental health, it’s everything. You cannot just look at one thing, you have to look at it holistically. The council is only looking at it from one angle, they need to look at it in its entirety.” G2

“Yes, definitely we need more opportunities to be able to go to things.”
G6



The lack of culturally appropriate information and champions including language barriers

“There is no information coming to our community. And even if there was, whatever is out there is not for us.” G2

“The big issue for us in terms of mental wellbeing is the knowledge of that. And the big issue is language. Many of our people come from French speaking countries and everything that we get is in English. Add to that the stigma of mental illness, then the lack of knowledge is very difficult and frustrating for our community. We need to inform people in the language that they can best understand.” G2

“The black community needs people who can inspire them. There are very few people from the black community working for the Council. There are people with degrees out there but we need to see them.” G2

“It’s about building a network of mental health champions across the BAME community who people who are experiencing poor mental health can relate to and can understand through their traditional culture and language. They can bring forward change in terms of what service providers give to our communities.” G2

“If people are unwell, then they need support. And the Council needs to be ready to support those people. If the Council wants to improve the wellbeing of people, they need to be ready to spend time and money to support those people. When I go to see my GP, I see people can come and talk to the receptionist in their own language, because people who work in reception talk their language. I even saw a doctor talking to a patient in their language. We need to be honest and say that the Council needs to support us.” G2

“Quite often we get patients who need an interpreter. But we should be working towards people in our community understanding and speaking better English.” G2

Failing to take care or make time for myself

“For me, it’s time to fit everything in. I try and schedule time into my diary, so I know that it’s there. Time is one of the biggest barriers for me in looking after my own mental wellbeing.” G3

“And personal pressure. I feel that I have to do things for my family, I have to do things for work, for colleagues and friends. And I will put them in front of my own mental wellbeing. So, it’s about acknowledging that I am putting my own wellbeing behind doing things for other people.” G3

” For me, my partner is in the police and has long shifts, I tend to do a lot at home. So, I miss out on gatherings with friends. Its little things like that, having to put other people first all the time, that affect me. I always say that I am at the bottom of the pile; everybody else is in front of me. Its normally 10pm before I get any me time, and I’m knackered. So, the me time becomes dropping asleep time. That is one of the things that can set me off.” G3

Not enough time with parents and family

“I want to spend more time with my mum, but I can’t because of my little sister” G7 “

The lack of control

“Not being able to be in control. Something has happened outside of what I can do. Like children getting bullied or demands from work.” G3

“Or it could be something as simple as the weather. You plan to go for a walk but it’s raining. It’s difficult to not be in control when you know that you need something in your life that you know has a positive impact. Sometimes I have to accept that on certain days there are some things that I can’t do.” G3

“I am the same, at the end of the day with work and the kids, I am that drained that I just want to go to sleep. So, there is no time for me time.” G3



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The loss of community cohesion

“We used to have really good communities where we looked out for each other’s kids and stuff like that. But now, it’s sort of like what is she doing letting her out on her own at this time. Nobody is bothered about the neighbours’ kids; you just comment on it!” G6

“When I was young, the mum stayed at home and looked after the house, things like that. But today they are both working.” G6

“I have found that it’s all about technology now. It’s changed our lives. Everybody is on their phone texting. People don’t talk anymore.” G6

The limitations of being a carer

“It depends on people’s health. You can be disabled. My husband for the last five years was poorly, and he couldn’t go anywhere without me. There are a lot of things on, but it’s harder to go to them when you are disabled.” G6

“My husband is disabled; he doesn’t get out much. Things like hospital appointments restrict what you can do. So, you fit in with what you can do to keep your own mental stability but it’s not easy.” G6

Pressure of school

“I wish there was no school.” G7



Part 8: Do things differently

What do
people want?



Do people feel they are being listened to when they talk about their mental wellbeing?

Around 1/5 of people do not talk about their mental health – especially older residents. Of those that do talk about it over half, (53%), feel they are being listened to whilst just over ¼, (26%), don't feel like they are being listened to:

% not feel listened to
(of those who talk)



- Yes - I feel like I am being listened to
- Yes - I feel like I am being listened to quite well
- No - I feel like I am not being listened to much
- No - I feel like I am not being listened to at all
- I do not talk about my mental wellbeing
- Not Sure / Other

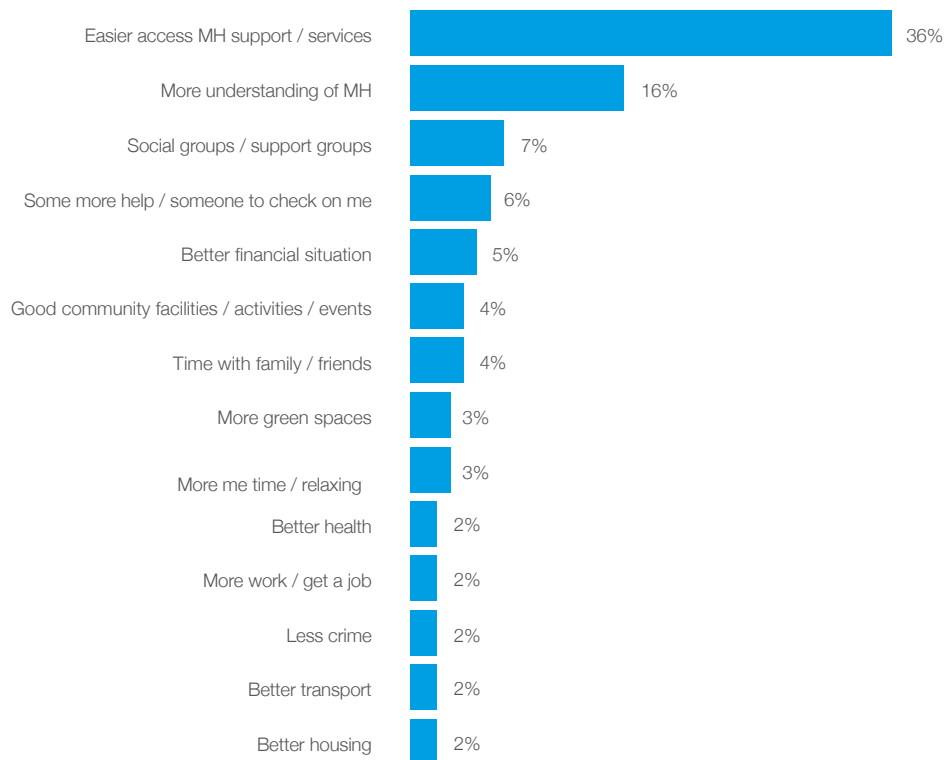
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Q6; Women 1142 Men 392; Under 34 483, 35-64 985, 65+ 123; White British 1249 BAME 232; Disabled people 436 Non-Disabled people 1098; IMD Decile 1-2 879, IMD Decile 3-10 668; Data weighted by gender and age

Not talking about mental wellbeing rises for older people (39%), Men, (22%), and those living in the less socially deprived areas, (24%). When they talk about their mental wellbeing, younger people really feel like they are being listened to - 65% of those who talk about their mental wellbeing feel they are being listened to. Conversely disabled people do not feel their voice is always being listened to with almost 2 out of 5 (37%) saying they do not feel like they are being listened to Vs 19% for non-disabled people.

Less than 1/5 (18%) of people mentioned anything that would help them feel listened to and most of these would like better or easier access to Mental Health service and more awareness and understanding of Mental Health illness:



What if anything would help?



Source: Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q7 amongst 287 people who answered, Data weighted by gender and age



In focus groups there was consensus that mental health services were not positive listening places whilst support groups are and family can be:

Poor or inappropriate listening from mental health and community services

“The only time I feel really not listened to regarding my mental health is with professionals within the mental health service. I have had quite a varied experience, going from a home treatment team to being a patient in a mental health ward. When I look back at those experiences, I think how did they get that idea from what I said? That’s not anything that I said! When I was really unwell, my wife rang the ward one day, and the lead psychiatrist told her I couldn’t be depressed because I had been playing football that day! That is a good summation of my experience with mental health professionals.” G3

“My wife has had some mental health problems. There was a psychiatrist on the ward who said she was fine, but I knew no she wasn’t. She was like a completely different person.” G3

“No generally services don’t listen. My friends and family do, but services very much no.” G4

“I was offered telephone counselling; I never met the person. It was all very monotone. It made me feel worse afterwards.” G4

“The support services, hotlines and things like that, or places to go, all they can do is listen, then ask you how does it make you feel? Someone just asking that every two minutes doesn’t help! Now we keep ourselves to our own little family. With the complex needs that our family has, we don’t find a lot of people that understand. We do have my uncles to turn to with money worries, they can help us there.” G4

“Close friends or other people who have had issues before tend to listen more. From experience I believe that doctors and counsellors do listen to you, but they are just looking for markers or flags, boxes to tick.” G4

“No, people don’t really listen. They just say that I am being a drama queen because I am trans. Or they intentionally ignore it. The current therapist that I have has been really good and accepting, it’s good to have that sort of support, but I am not going to have that anymore.” G4

“Doctor’s struggle because they don’t know about CBT. They just refer you on.” G5

“I have been to the doctors with my mental health, they just ask if I belong to any organisation to do with mental health. As soon as I mention BAND, they just say it’s the right organisation for me. But it’s not there exclusively for me, they are a busy organisation and there are other people there who need it more than me. I feel like saying to them ‘this is why I come to you!’ I think that the doctors don’t understand mental health.” G5

“I think that GPs, even if you could see one, don’t listen to you. Its only if you get the right doctor, so they listen.” G6

“GPs are just not seeing people anymore. Its only if they need to treat you that they will see you. Otherwise, you are lucky if you manage to get a call back. I am frightened of ringing them up these days because I feel like they just wat to push you away.” G6

“The council do consultations, but the people who really need the help never get it. Like with my mental health group, we got shoved from one place to another. Finally, I can now run my group here, but my women were suffering. I am wary of the Council now, because they just won’t help.” G5

“It is more difficult to get problems sorted out now than it used to be. You can’t just phone up for an appointment. They want an email, they want different forms, computer work. It’s very difficult on the phone. And on the phone, they can’t diagnose weeping, they can’t see what the problem is.” G6

“We need service user representatives to be appointed to council committees. So, the service user voice can be heard. The old PCT used to communicate with service users, I was on the Board, and I had discussion input. I could speak to people and then articulate what was going on. But the CCG just want to pay lip service to us. It’s tokenism, just tick a box, and that’s all that seems to happen.” G5



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Support groups are seen as positive listening places

“For me, when I need to talk about my wellbeing, I find it hard to talk directly. When I am struggling with my mental health, I do need to talk about it. In the past, I would go to the GP and want him to sort me out. He would recommend counselling or CBT therapy or medication, and I was entirely up for it. But now that I am older, I have realised that I can open up to mates and tell them if I am really struggling, and I don't feel like I need them to fix it. I just need for me to talk about it, and that helps me to figure things out.” G3

“It's peer support groups that I am involved in. I am involved in a men's fellowship. It's listening and understanding. I feel that people I share with have also experienced it themselves. They understand as well as listen.” G3

“Support groups listen to you, that is what they are there for.” G4

Family and friend listening is mixed

“I do have some very close mates who are the same age as me and have kids the same age. I do speak to them and I am open about things. I do open myself up to them. When I do start to talk about things, my friend also says stuff as well.” G3

“I tend to talk more to my mates when we do meet up. It's very rare, it's not routine. But we do tend to talk more openly as a group of guys. It's not just about music and football. We do talk about other stuff, especially because we have been through a lot as a group. Friends dying as well. It's opened us up a bit more. I tend to talk about stuff more openly than what I do to my partner. I tend to speak to my group more about things, because it's the fact that when you're at home, it's all about the kids and getting things done.” G3

“I can't really talk to my parents because they are too busy looking after my little brother and sister. And my friends don't understand. I am usually on my own for most of the time.” G4

“At home there's a lot going on right now, I can't talk about... to do with next year... personal problem, so it takes it off being here.” G7

“Only some of my friends listen to me.” G7



There are social taboos which prevent discussion around mental health issues

“Men don’t talk about feelings. We keep it all in here, which is a problem in itself. I don’t talk to people about my problems, I just think that I will sort it out myself.” G6

“Yes, it was the way we were brought up, our generation, not to talk about your problems.”
G6

“I don’t feel like I have mental health problems. Mental wellbeing is just about keeping your mind healthy and happy. Mental illness and diagnoses are a different kind of calibre.” G6

Religious organisations perceived as listeners

“I have been a practicing Catholic for 70 years. The priest is down to earth, I can talk to him. And they do seem interested. You can talk to certain ones.” G6

“Yes, they are there if you really need someone to talk to.” G6

Teachers listen sometimes

“Most teachers don’t listen to you. It depends on which teacher it is.” G7

“Teachers do listen to you.” G7



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What about improving people's wellbeing?



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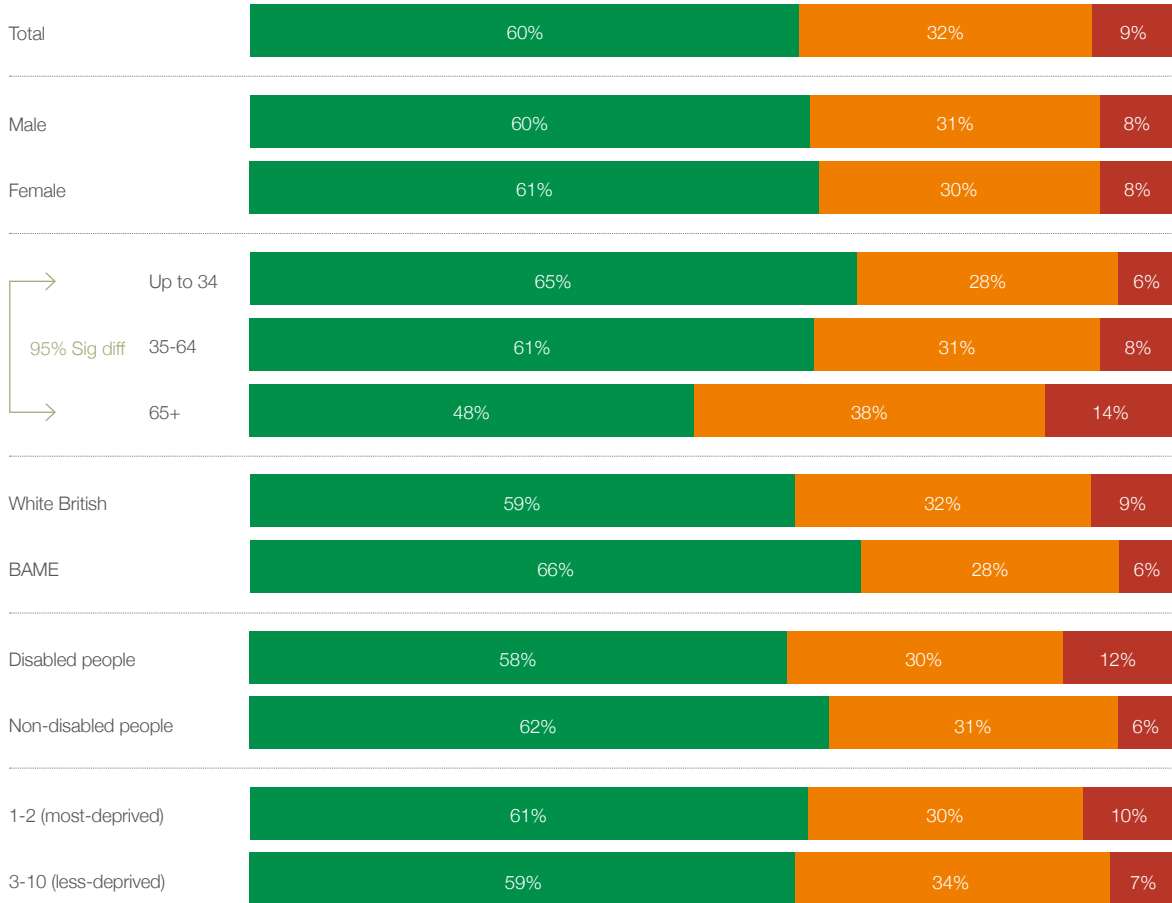
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Whilst significantly more people know what to do if they wanted to improve their mental wellbeing, there are 32% who are unsure and a further 10% who have no idea:



If you wanted to improve your mental health, would you know what to do?



- Yes
- Not sure
- No

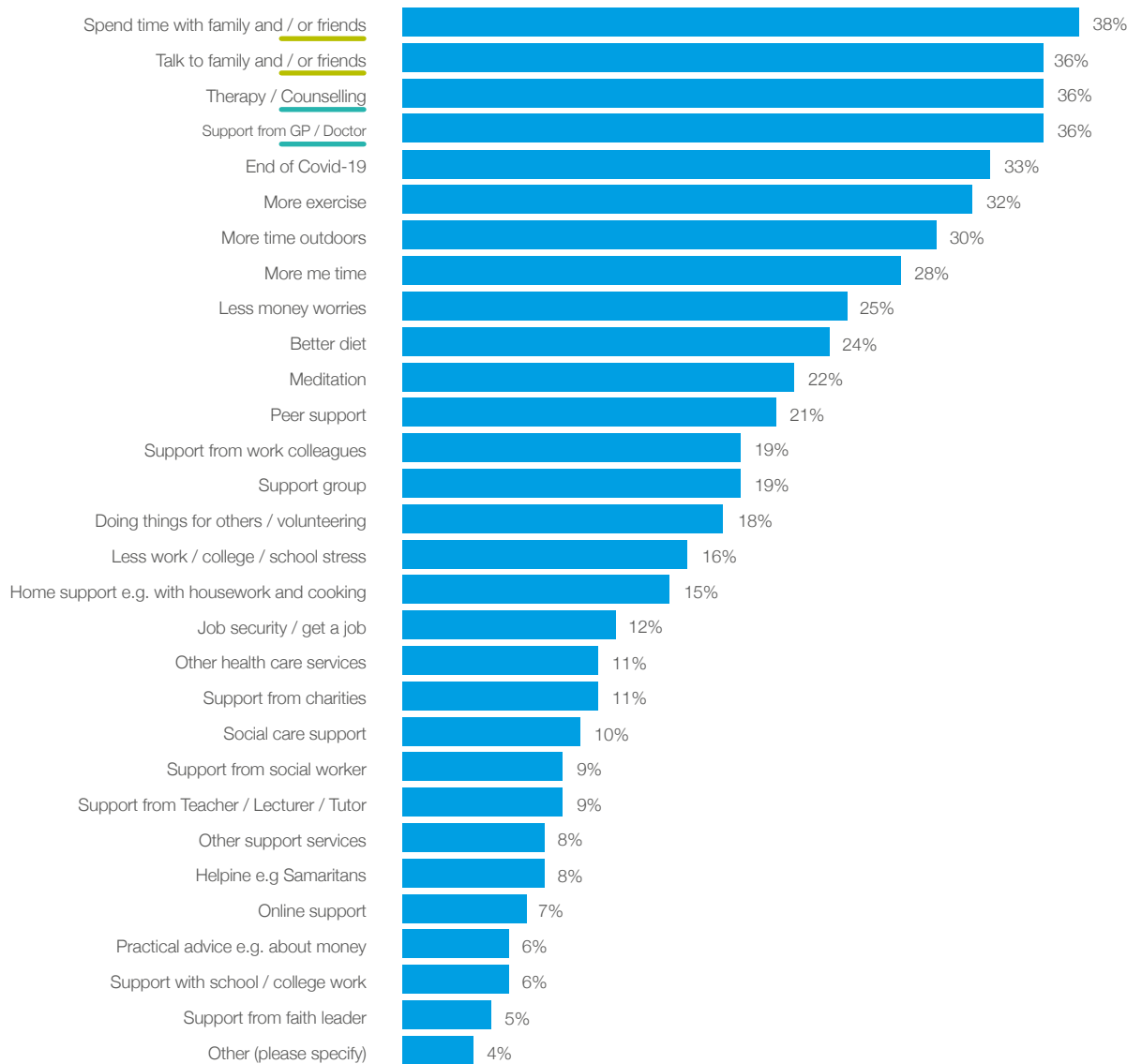
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; Q8; Women 1142 Men 392; Under 34 483, 35-64 985, 65+ 123; White British 1249 BAME 232; Disabled people 475 Non-Disabled people 1053; IMD Decile 1-2 887, IMD Decile 3-10 649; Data weighted by gender and age



Whilst it is clear that better health services, (52% said support from GP and / or therapy / counselling), could improve people's mental wellbeing, there are equally things closer to home – more contact with family and friends, (52%), that would greatly help people's wellbeing. The end of COVID-19 would also greatly improve things for around 1/3 of residents.



If Bolton was a place of positive wellbeing, what would this look like?



Top answers regarding things that would improve wellbeing similar across demographics.



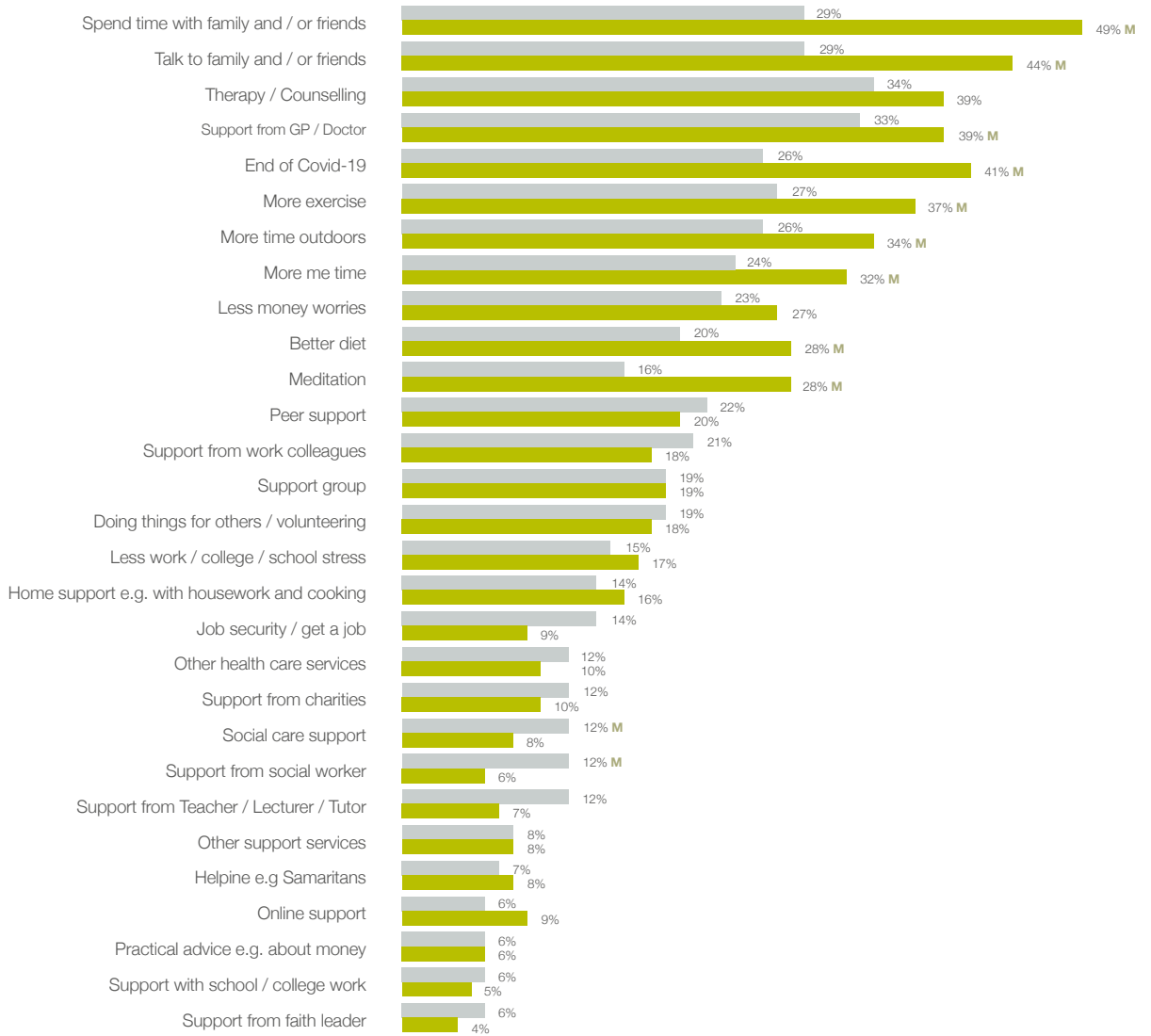
- 52% medical intervention
- Contact with family & friends

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q9; Data weighted by gender and age

Whilst top answers regarding things that would improve wellbeing similar across sexes, (more time with family & friends and better health & therapy services), women think that a greater number of aspects would help to improve people's wellbeing whilst men appear more focused in their views:



What would help improve people's wellbeing?



Men (M)
Women (F)
M, F = 95% sig diff

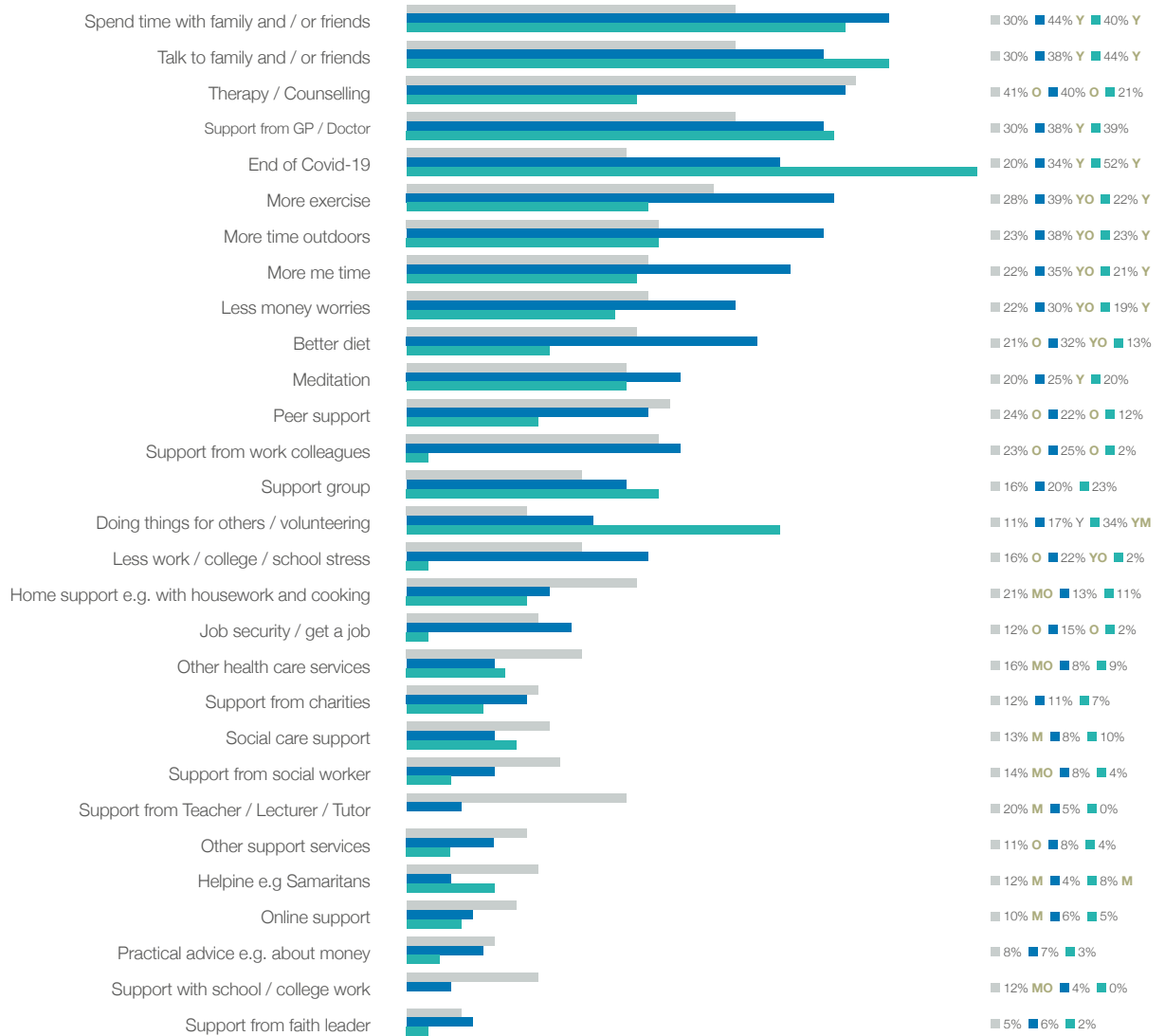
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q9; Women 1142 Men 392 Data weighted by gender and age



Over 65s more likely to cite end of COVID-19, talking to family & friends and doing things for others whilst younger generations would seek more professional mental health services and 35-64 want more time to do things, a better diet and less money worries:



What would help improve people's wellbeing?



Under 34 (Y)
35-64 (M)
65+ (O)

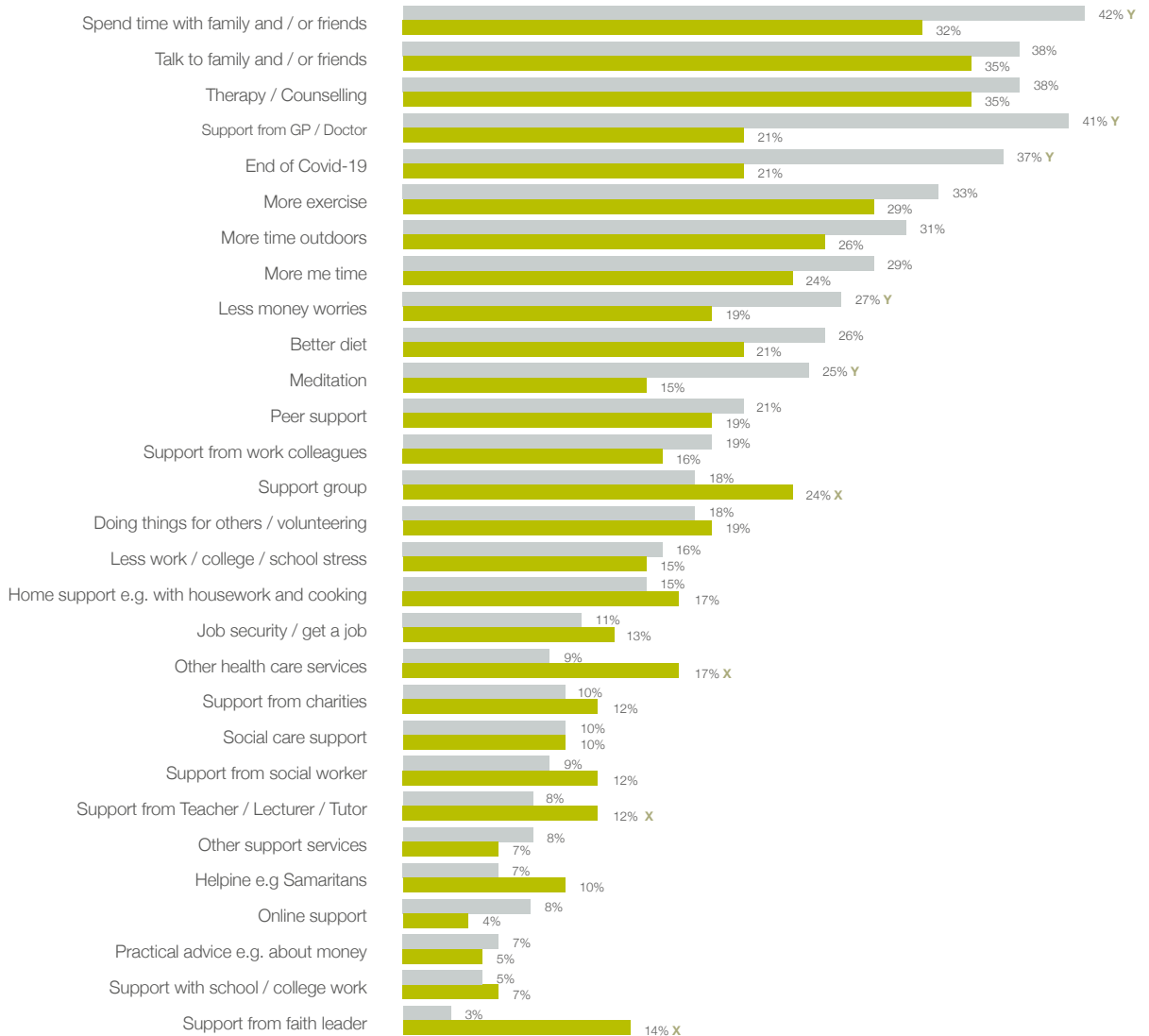
Y, M, O = 95% sig diff

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q9; Under 34 483, 35-64 985, 65+ 123; Data weighted by gender and age

Top improvements similar for both White British and BAME - better health services and more connections with family and friends. However, white British more likely generally to cite more things requiring improvement than BAME. BAME are more likely to use support groups & health care to improve wellbeing.



What would help improve people's wellbeing?



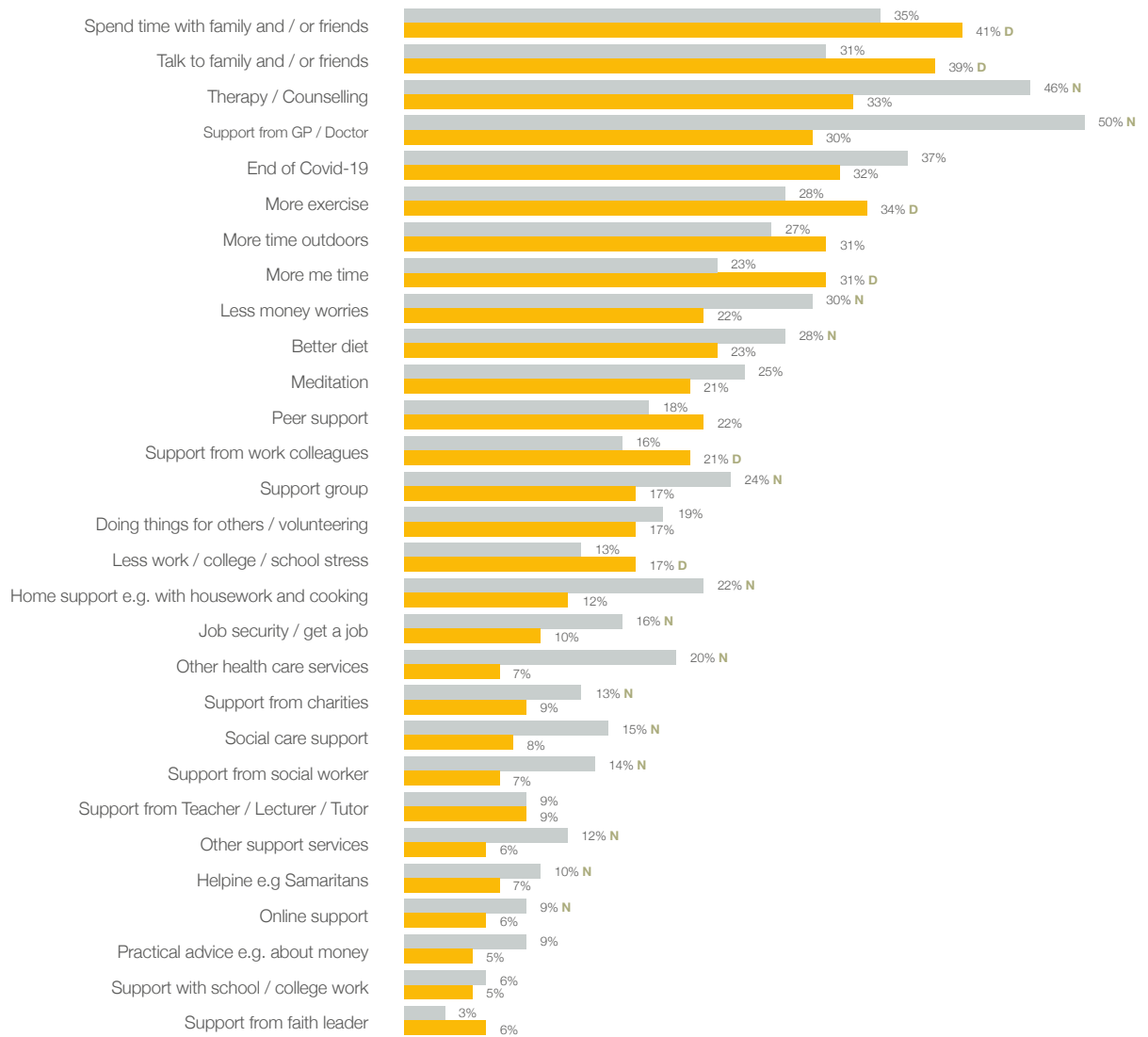
White British (X)
 BAME (Y)
Y, X = 95% sig diff

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q9; White British 1249 BAME 232; Data weighted by gender and age



Disabled people more likely to cite improvements in services and support, (e.g., therapy, GPs, support groups, other health services), whilst non-disabled people seeking more personal / family improvements:

Q. What would help improve people's wellbeing?



■ Disabled people (D)
■ Non-disabled people (N)
D, N = 95% sig diff

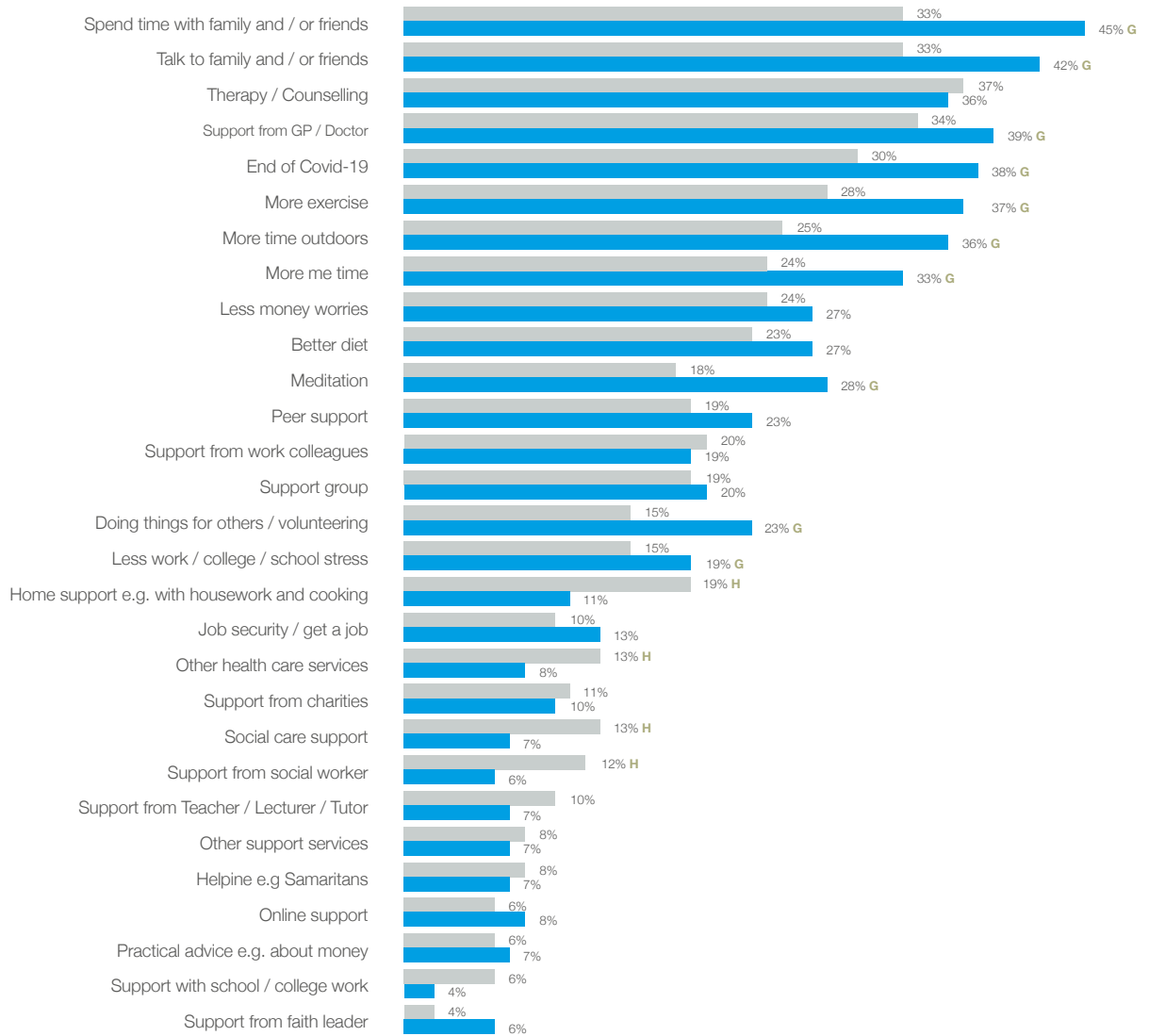
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q9; Disabled people 436 Non-Disabled people 1098; Data weighted by gender and age



Top improvement desires similar for all IMD deciles - better health services and more contact with family and friends. However, in areas of lower social deprivation, they are more likely to have greater expectation of improvements:



What would help improve people's wellbeing?



1-2 (most deprived)
 3-10 (less deprived)

G, H = 95% sig diff

Source: Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q9; IMD Decile 1-2 879, IMD Decile 3-10 668; Data weighted by gender and age



The focus groups identify not only the need for more support, but earlier, easier and more integrated access to the right kind of support on an individual basis. It's also clear that being able to access the other things that contribute to positive mental wellbeing helps.

Provision of professionally staffed support groups and other mental health services

"In 2014, when I first asked about support groups, there was nothing. And up to now, there were none. But now the only ones are within the churches. We are not being supported by the Council. And there aren't trained people to look for the tell-tale signs of mental illness. So, we need proper support groups. It can be through the churches, the religious organisations. The main mental health charities have no experience of helping people from the BAME communities. They talk about equality and diversity, but there is no support. We need the grass roots support systems. But we need the Council mental health people to set up support groups in Bolton." G2

"We run youth groups in Bolton. We did some research in the community and we were shocked to find an absence of any mental health support group in Bolton, especially after COVID. So now one of our projects is to address mental health in our community, but mainly focussing on young people, because they are one of the silent voices forgotten in our community." G2

"If I was getting unwell, I would speak to Dan or Kieran in the group first. I know that if I am not unwell and I do need to speak to someone, I know there are services out there, but I would first use Dads Matter." G3

"If I was getting unwell, I would speak to Dan or Kieran in the group first. I know that if I am not unwell and I do need to speak to someone, I know there are services out there, but I would first use Dads Matter." G3



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“For me, now that I have joined the group, I understand more about what goes on. It’s nice to know that there are guys around me who have been in exactly the same position. I feel comfortable in opening up to the guys there, just giving them a text or a message. They give me a chat straight away. That is pretty good for me at the minute.” G3

“What we do at Dad Matters is we see dads universally about being a dad, but they also come to us when they have struggles with their mental health. We can signpost them and support them into services. But dads see mental health services as a stand-alone, isolated service that they access, get support from, feel better, then stop accessing. But actually, there is a continuum. Being able to speak to blokes in a similar situation is a massive part of being well, but it’s not limited when we are unwell. We have networks that can support us in that as well.” G3

“Speaking to Luke and belonging to a group like this, just being able to sit and listen and being able to contribute, it sort of helps to break down the walls inside. Then not everything is all on top of you.” G4

“To be able to have more help to learn how to cope with my mental health.” G4

“For me, it would be if there were more mental health groups in the communities in Bolton. At one time we used to have them all over Bolton. But now there is only one. So, centres where people can come in and talk.” G5

“What I think we need for mental wellbeing is fast-paced processes and systems of professional support. We can all go to these little groups and everything, but the problems are still there. Professional help is too slow.” G5

“And services need to be able to work together. Especially when there is a lack of resources.” G5

“Creation of an umbrella where all services are connected, sharing information with a designated case worker.” G5

“Now that I’m in recovery there is no support from nurses or support workers.” G5

“I think that over £1.5m has been given to groups for activities in Bolton this year. And a lot of them say it’s for mental health but they are not mental health groups.” G5



Provision of other relevant and appealing activities and services

“We have a series of activities and workshops where we bring a therapeutic approach that addresses both physical and mental wellbeing of our users. So, we ensure that we are addressing all their needs from a holistic point of view. We provide them with a platform where they can benefit from our activities. Sport is important, especially for families and young people.” G2

“I am struggling to find facilities where a disabled person can exercise” G4

“I think that a lot of people find it helpful to have access to fitness training and exercise. But there is often not the funding to get professional exercise classes going. Or people don't have the money to pay for it.” G5

“Participate in organised activities such as Art groups/activities, Dancing, Come here (to Believe Achieve) or Music/fun/making music/singing.” G7

Many gain benefit from peer support

“Talking to other people and not to be made to feel ashamed for your mental health issues.” G4

“Being able to find people who fully understand what I'm going through. The only ones now are my friends and family.” G4

“I would find it difficult to speak to professionals about my problems, because I don't like one-to-ones, a face-to-face. For me, that is very hard, and my stress levels would go up, the anxiety would kick in. So, somebody else not professional is much easier for me.” G4

“Personally, it helps if I don't have to talk face-to-face. I feel like I am being judged. I find tech support groups more helpful, where you can post and message.” G4

“What would help improve wellbeing in Bolton is more jobs in here, more volunteers. In places like this you need more volunteers, more resource.” G5

“Yes, I think what would help me is having a specific person to motivate me to do things.” G5

“Like I said, get together as groups. I loved it, because it's what I did, I had never met the guys before but we were all on the same pathway.” G6

“Yes, groups take your mind off your worries. This is a good thing, the Tai Chi itself. I feel better here.” G6

“Yes, they are good for people who don't have anybody. Even if you don't see those people every day, it's nice to see the familiar faces when you do see them.” G6



Better awareness and integration of services

“Lack of knowledge of what is out there and perceptions of it are often a barrier to mental wellbeing. There services are there that can support men, but we just don’t know about them.” G3

“We at Dads Matter have access to a lot of services, at a strategic level, as well as dads accessing them on the ground. But we need more integrated support. We need other services to start dads accessing all the services. There are too many that are grant-funded that feel that they need to keep all of their users to themselves. They won’t signpost them to other services, they feel that they are the only people who can work with them.

But it doesn’t work for anyone, because not one size fits all. We need a breadth of integrated services.” G3

Elimination of stigma around mental health

“Yes, I think that there is a lot of stigma and shame around mental health. With mental health, a lot of people still do not admit that there is something wrong with them. They try and block it.” G5

“Having equal opportunities, equal diversity, people being decent human beings.” G5

The importance of mental health services listening to and involving service users

“How many people who work in the mental health services actually have had mental health problems? They need to involve service users more.” G5



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Creating a place of positive wellbeing



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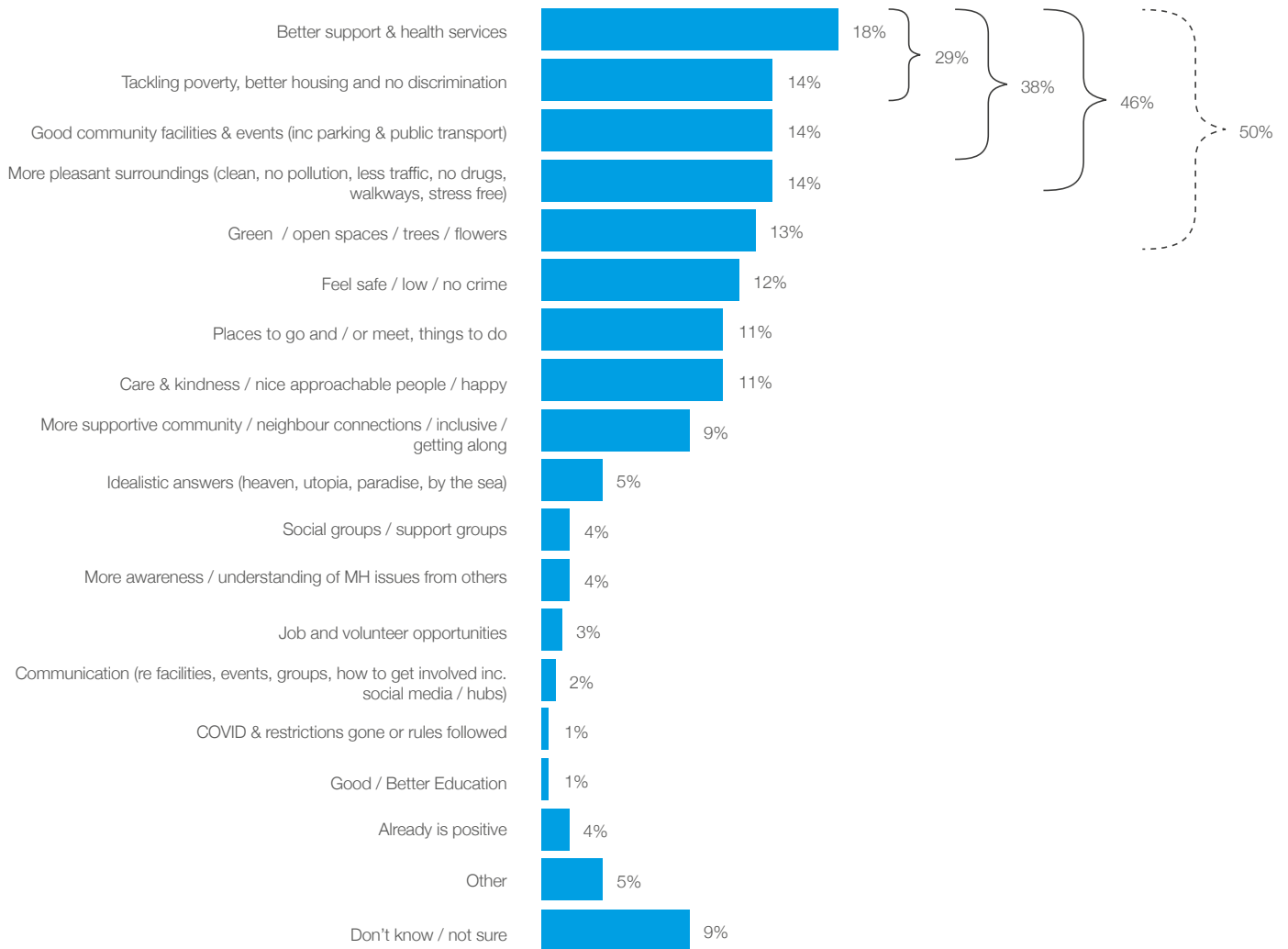
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How could the local area and services be enhanced to make a difference to wellbeing?

To make the Bolton area a place of positive wellbeing better support & health services, tackling poverty, better housing, no discrimination, good facilities & events, more pleasant surrounding / town centre and more green open spaces would meet half Bolton people's needs. Suggestions after these are fragmented and none adds significantly to the overall total.

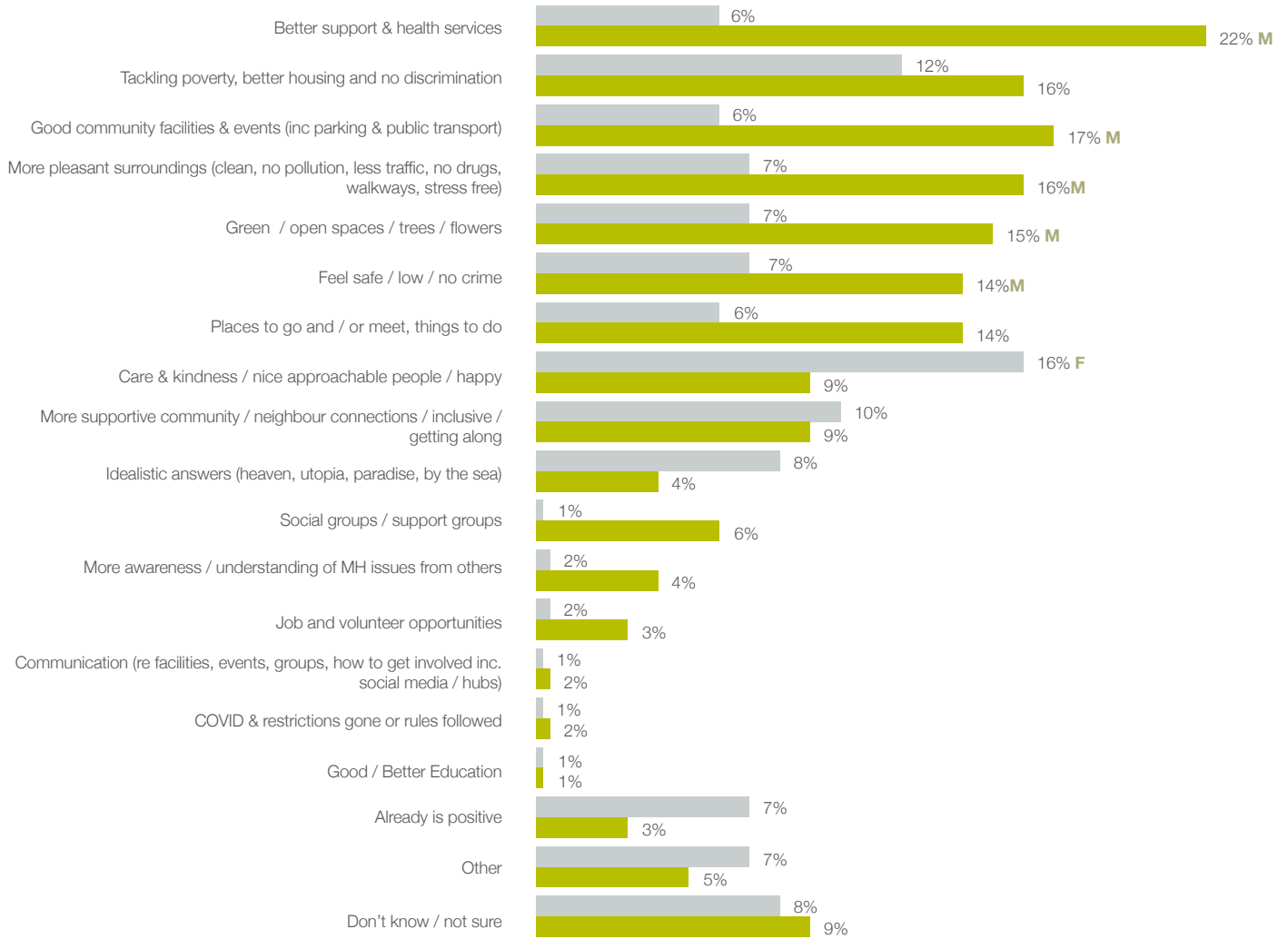


Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; 1470 who answered question Q10



Women are far more vocal than men when it comes to suggested ways to make Bolton a place of positive wellbeing. Top suggestions from women are better support & health services, tackling poverty, better housing and no discrimination, good facilities & events, more pleasant surrounding / town centre and green open space. Men, on the other hand, think that more care, kindness and friendliness would go a long way to making Bolton a place of positive wellbeing.

Q. If Bolton was a place of positive wellbeing, what would this look like?



Men (M)
Women (F)
M, F = 95% sig diff

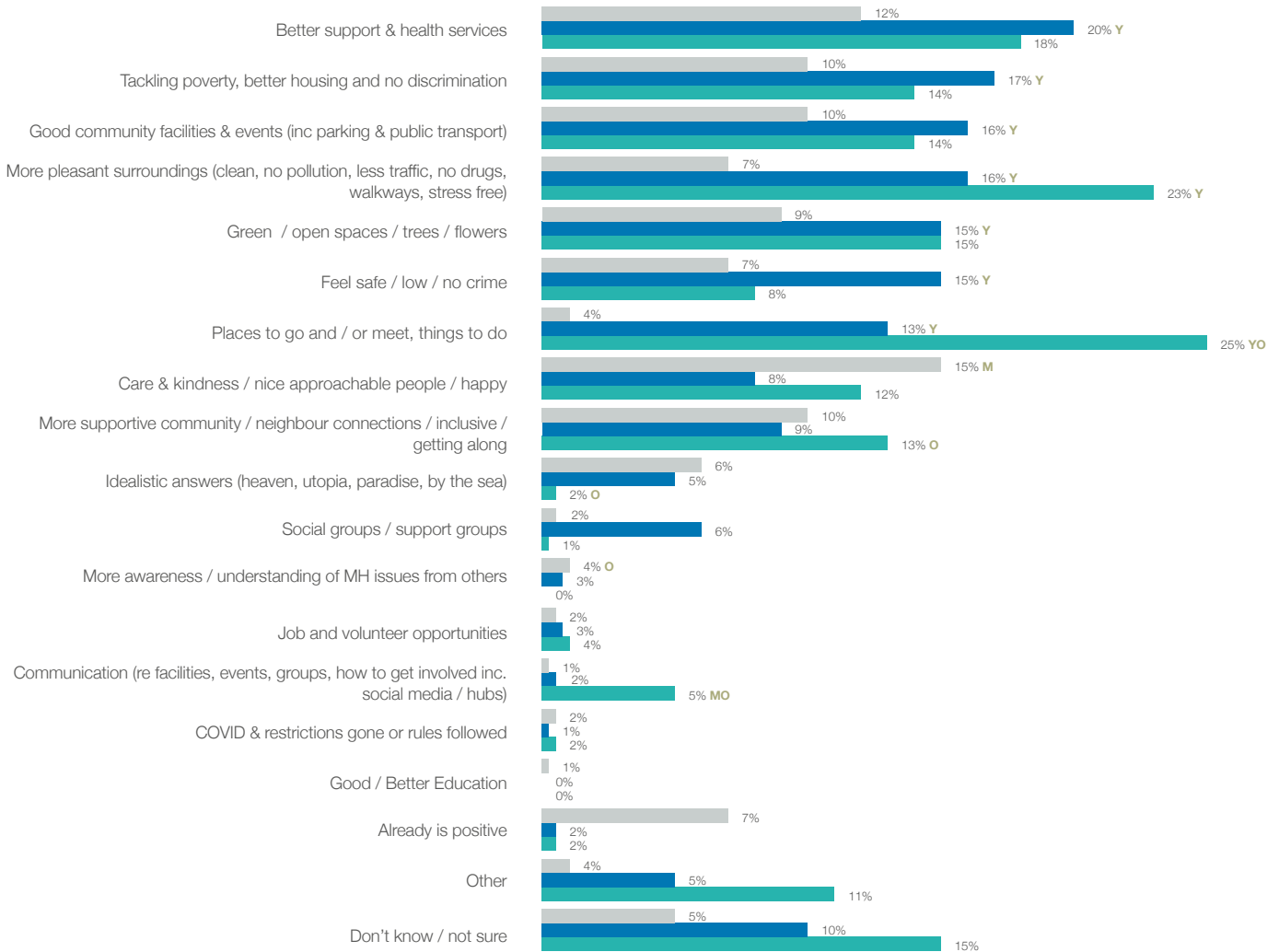
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area Q10; 1470 who answered question Q10; Women 1050 Men 362



Over 65's are more inclined to cite places to go and meet and more pleasant surroundings along with better support and health services as top elements that make up a place of positive wellbeing:



If Bolton was a place of positive wellbeing, what would this look like?



- Under 34 (Y)
- 35-64 (M)
- 65+ (O)

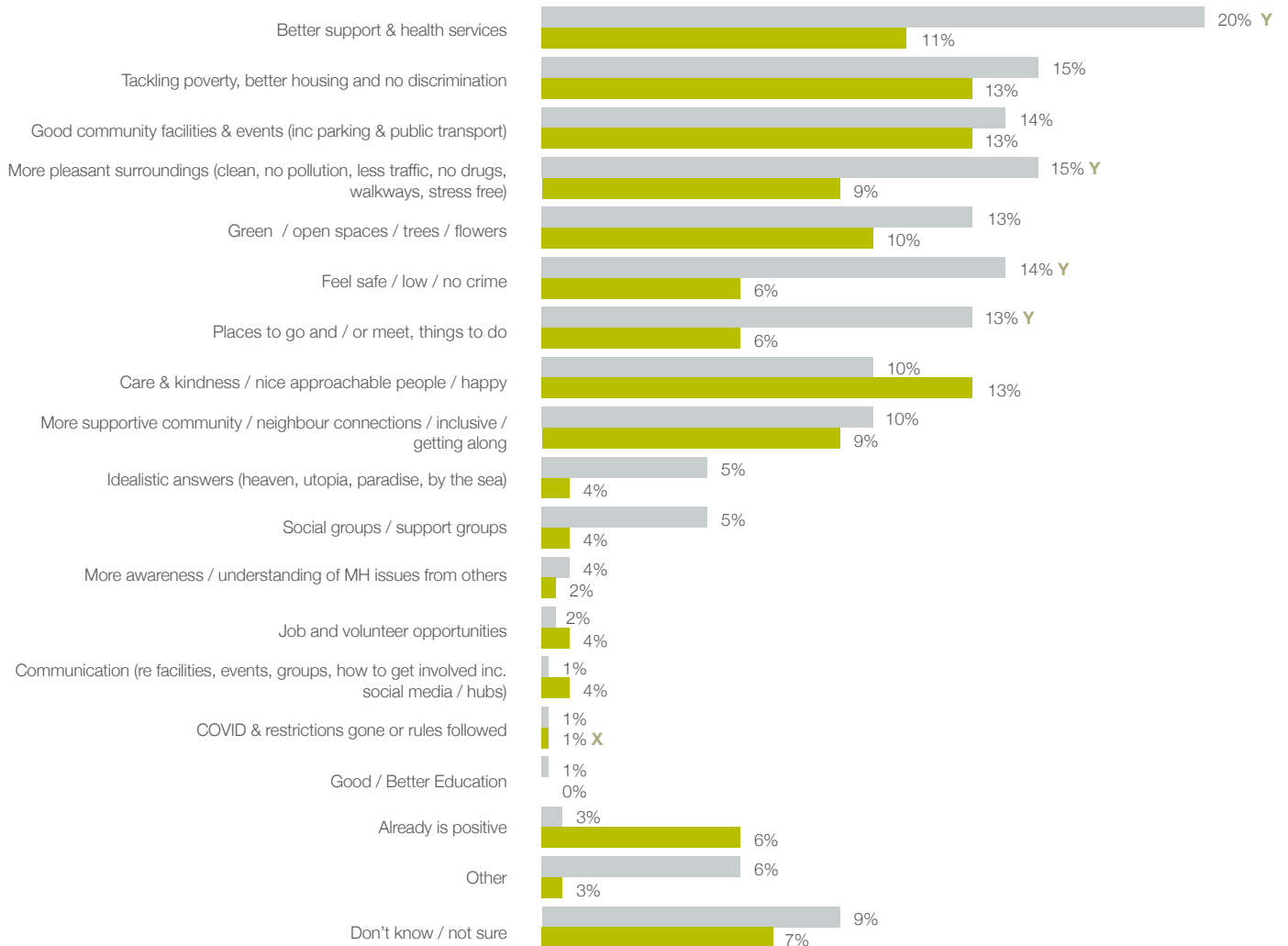
Y, M, O = 95% sig diff

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; 1470 who answered question Q10; Under 34 458, 35-64 899, 65+ 107



White British have greater desire for better support and health services, more pleasant surroundings, place to meet and safer crime free environment than BAME, but similar priorities amongst both groups:

Q. If Bolton was a place of positive wellbeing, what would this look like?



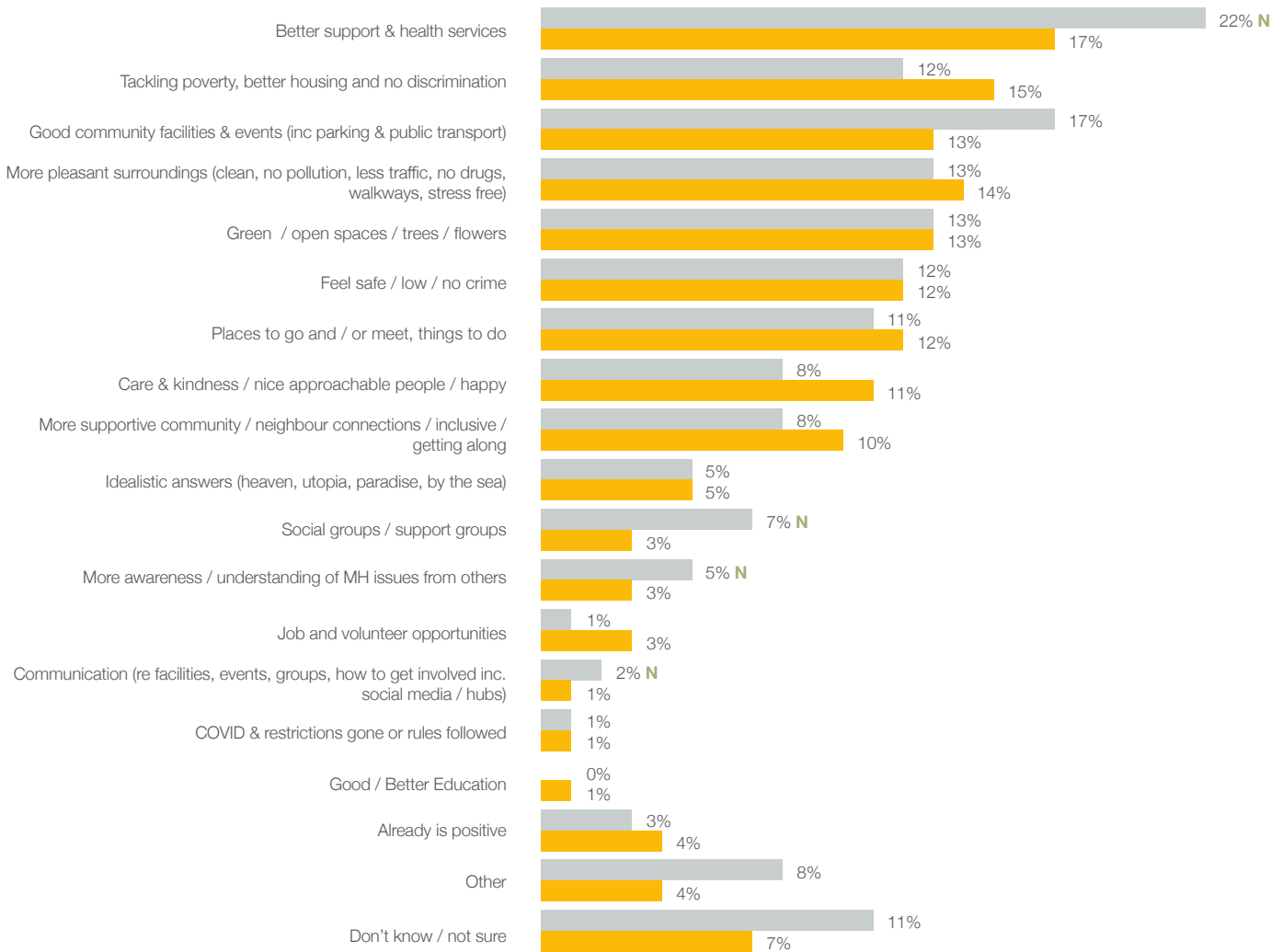
■ White British or Irish (X)
■ BAME (Y)
Y, X = 95% sig diff

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area 1470 who answered question Q10; White British 1142 BAME 216

Top priorities for a place of positive wellbeing similar amongst disabled people and non-disabled people - better support & health services, tackling poverty, better housing, no discrimination, good facilities & events, more pleasant surrounding / town centre and more green open spaces. Greater emphasis on health services and support and community events by disabled people:



If Bolton was a place of positive wellbeing, what would this look like?



■ Disabled people (D)
■ Non-disabled people (N)
D, N = 95% sig diff

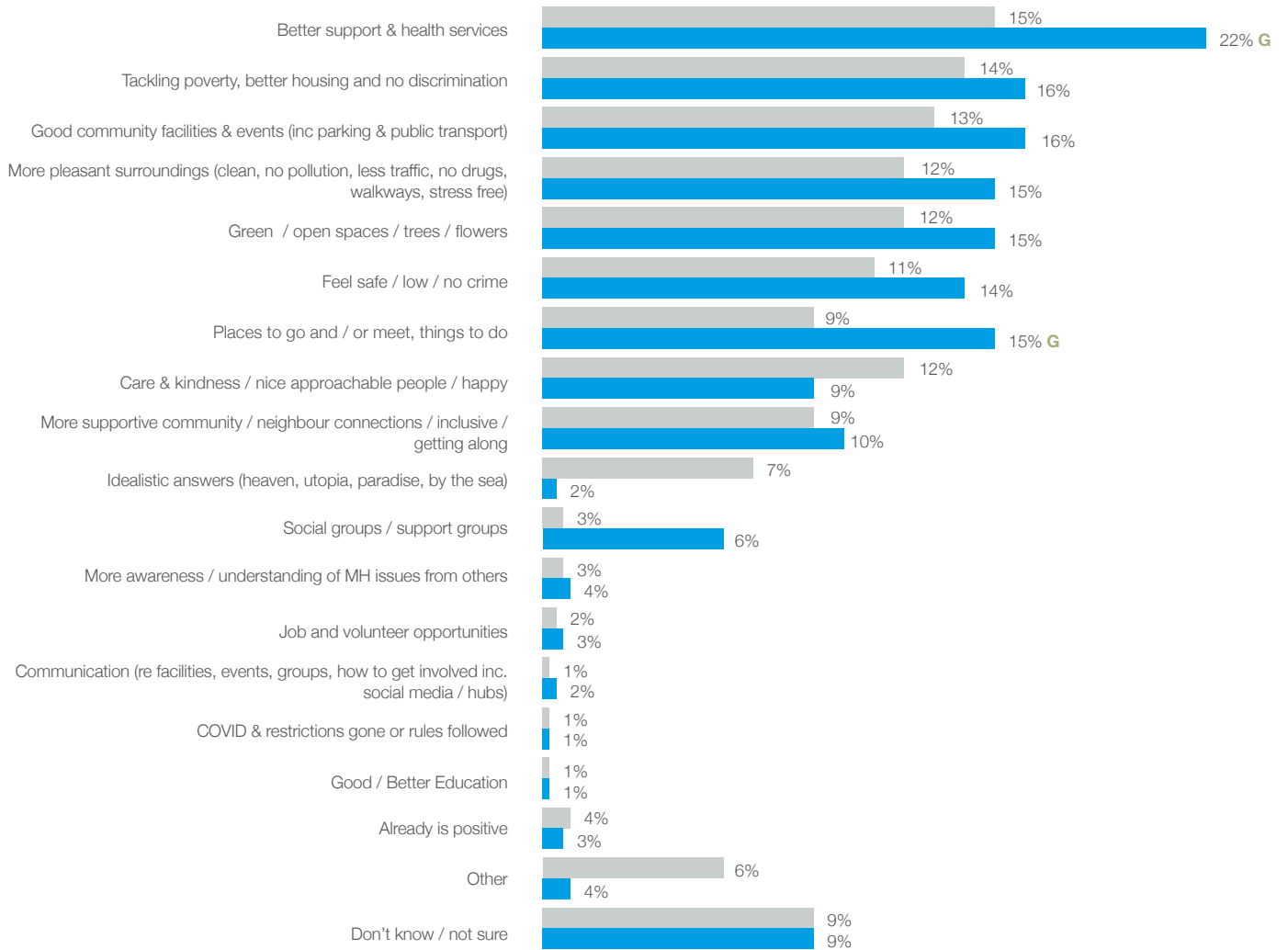
Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area; 1470 who answered question Q10; Disabled people 392 Non-Disabled people 1024



People in areas of lower social deprivation have greater desire for better support and health services, more pleasant surroundings, more green open space, more places to meet and safer crime free environment than people in areas of higher social deprivation, but fairly similar priorities amongst both groups - better support & health services, tackling poverty, better housing, no discrimination, good facilities & events, more pleasant surrounding / town centre and more green open spaces.



If Bolton was a place of positive wellbeing, what would this look like?



■ 1-2 (most deprived) (G)
 ■ 3-10 (less deprived) (H)

G,H = 95% sig diff

Source: Bolton Mental Wellbeing Conversation Survey July-Aug 2021, 1598 people who live in Bolton Area 1470 who answered question Q10; IMD Decile 1-2 810, IMD Decile 3-10 614 6



Focus group participants view is that more & better continuous services that people are made aware of as well as peer support and more inclusion and representation of minority groups:

More and better services including awareness, communication and continuity

“What you need is places like this. To invest in something like this, but a bigger place with the right people, more professional people. It’s not just about quantity, it’s also the quality of the people. You can’t expect volunteers to do everything. You have a life, and you can only do what you can do.” G1

“We don’t have enough of the right people here to help everyone. People on the payroll. This place has the right foundation, but it needs more money and more people.” G1

“When was the last time anybody from the Council came here? We need to be able to work with these people, so Mark doesn’t have to do it all on his own. If they could help and support us not just by listening to us, but by coming here and working with us. At least once a week. Friday is the best day. That’s what you need to do, just to drive the place a bit more.” G1

“The trips are so important, especially with the lockdown. You could have predicted it at the start of the lockdown, increases in domestic violence, increased alcohol consumption and increases in mental illness. I was stuck in the house for 24 hours a day. I couldn’t see my daughter. So, I had to cope with it, but it is much harder for some people.” G1

“We need more information about what is available. Things will improve when we set up the black network.” G2

“These places need to be more well known. This place needs to be advertised more. There are that many people with problems who are sat at home.” G1

“Bolton is going downhill very fast. It’s very drab. It’s all uniform now, every shop is the same. There is no inclusion. There needs to be more inclusion. This comes down to having more inclusive groups.” G4



“I think we need pro-active services, rather than re-active services. So, we need more social connections, to promote ways to look after your mental wellbeing.” G3

“If you are met with a referral for anything to do with mental health, once that referral has gone through, you are dropped like a hot potato, until someone else picks up the referral.” G3

“And in tandem with that, a lot of services, when someone becomes a risk, a lot of services won’t support you. That is no good for that person. Someone who is in crisis or unwell might not be ready to accept therapy, but there has to be something else to support that person.” G3

“More groups for people, informal ones where you’re not pressured. Regular times to meet. And sensible times to meet, like after work.” G4

“There is no support for people who are grieving. They don’t have a bereavement support group, which is what I needed a few years ago. And the doctors were no good. They just gave me a talk on life’s ups and downs. That did not help.” G4



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“Basically, you want your community to do well, but also to recognise yourself. The community has to look well on you as well. It can’t be a one-way traffic; you are looking after the community. They have to also look after you as an individual, your values and your integrity, your ethics, the legacy that you are going to leave.” G5

“Better funding allocation, instead of a big pot of money being given to one group, and small groups struggle.” G4

“We have to treat people with mental health problems with respect.” G5

“And respect can start with the kids. Kids can play on it, mental health. I know a few teachers who have gone down that road, and the kids have played on it. So, with kids, it’s about educating them about mental health.” G5

“For me, Bolton is a worse place now for positive wellbeing, because of austerity and the lack of funding of mental health services. People are really struggling. They can’t get out of the house because they feel so shamed.” G5

“Underfunding is a big issue for this community.” G5

“The NHS is just trying to save money around here. They need to take full responsibility and not turn a blind eye to mental health and people like BAND who try and do everything they can do but without the right resources.”

“In the last few years there have been a lot of cutbacks.” G5

“There should be more social prescribing by the GPs.” G5

“Ten years ago, mental health issues were never discussed. It was all sort of underground. Now, we can talk about mental health, but we do talk about it in a very superficial way. It’s all about a cup of tea and a flapjack, that will sort you out! In acute care, it’s very different, but in the community, they just want to be superficial and tick boxes.” G5

“There needs to be more person-centred services, wrapped around what people want. Individuals need different things.” G5

“I would say all the charities should work together with the mosques and the churches, different groups of people, diversity all mixed in, everybody together. So, it’s not a lot of little services, its one very big support. But there is a lot of work to be done. At the moment, co-operation is limited, and it shouldn’t be limited.” G5



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More inclusion and representation of minority groups

“The Council needs to understand that the black minority ethnic community does exist in Bolton. So, when people use the services, they need to see themselves reflected in that organisation. And the Council needs to know that there are people that they can connect with to improve the way they serve this community. We can come with our voices and inspire and support people. We are available to do that.” G2

“There are services around like CAHM, that can identify the needs in our unique community. There is a big difference between services for mental health that are provided versus mental health services that are meaningful for specific service users. We want them to be meaningful to our community.” G2

“The Council is asking for our opinion. But when we give that opinion, we need to be listened to and taken seriously. Not just tick the BME consultation box.” G2

“The mental health issues amongst the BME issue have always been there. Services must be meaningful to our specific community. What we need to do now is leverage the cohesiveness that is being created by organisations such as CAHM. So, what are the next steps? How do we support Emanuel? What can the Council service providers do for us? We need to have a specific voice that speaks in a united way for us. CAHM can take this forward for us and make a case officially for what we need. This will generate a good conversation with the Council. And we don't want to still be having this conversation in two years' time.” G2

“Bolton is going downhill very fast. It's very drab. It's all uniform now, every shop is the same. There is no inclusion. There needs to be more inclusion. This comes down to having more inclusive groups.” G4

More peer support groups

“We have to have prevention before the intervention. Peer support groups are vital for prevention before intervention is needed.” G3

“For me, its networks and support groups that underpin clinical experience and intervention. You can’t just treat people for mental illness without some way of stepping them down out of that treatment. There has to be that other level of support in there.” G3

“If you can talk to people, that’s a big step towards preventing getting a lot worse.” G3

“One thing that I am passionate about is helping men to open up more and talk about their emotions. Men often don’t want to do that, but they do deserve help in that situation. We need to get away from the idea that men need to be emotional to access support. We can’t wait for men to open up about their feelings before we offer support. So, in that prevention period, it has to be peer support, men in similar situations. And there needs to be a platform where they can talk and feel comfortable.” G3

“More groups for LGBTQIA+ youth. More places like youth clubs, places where kids can go to.” G4

“Being part of the group here has massively helped my mental wellbeing. Coming here today, I was feeling really low this morning, but coming here and simply saying hi to people I know, it really makes a difference.” G4

“There aren’t many places for mental wellbeing, but there should be. If somebody needs help with their wellbeing there should be places. We have just come out of lockdown, and everybody needs that extra support. If there were more groups about that would help a lot, especially LGBT groups.” G4

“There would be more drop-in centres where you could go when you are feeling low.” G4

“Places where people can be who they are and not be judged. People would just be respectful towards everyone.” G4

“There needs to a lot of different community support groups and drop-in centres, because everyone is different. That is what is wanted. You don’t just automatically get on with everyone.” G5

“And there needs to be more trainers or counsellors in the groups, to help people.” G5

“And a range of positive help there in the community centres for people. There are a lot of people in debt. There are a lot of links missing.” G5

“Places where you can go to some people’s house and talked to them if you have a problem that are free.” G7



Environment and activities also important to some groups

“Parks being better maintained, for sure.” G4

“A lot more opportunities, courses to get people into employment for people who struggle with mental health and learning difficulties and neuro divergencies. For example, there is a course I am doing at the moment, but it’s all the way in Manchester. It could be in Bolton.” G4

“And small activity groups, where you could come together and actually do something.” G4

“Something to help me lose weight, to burn off the calories, if I could. Having somewhere to go to do that. It’s not easy to do at home.” G4

“For me, day trips would be good. Trips out where you can go for a nice walk, even if it’s just up a hill. Being inside day in day out, surrounded by four walls, its stifling. You need fresh air. Even if it’s on your own or as a group. I know that there are groups out there.” G4

“Safe places to go in family groups.” G6

“Cycle paths, or safe places like parks to walk the dog. Rather than just being on the road.” G6”

“Short walks would be a good idea. You don’t want to walk miles and miles when you’re our age, but if they did short ones, that would be alright. There are plenty of classes in Bolton, Zumba and the like that you can go to. And Salsa.” G6

“We are lucky that we have a pool in Bolton, but it’s not advertised as to when our age group can use it, because it’s part of a school. Knowing things like that would be a help.” G6

“I thought that the food festival was good, but it was only a week. So more of things like that. It must be possible to do more in the town hall square because it’s a big place that is not used.” G6

“I am a member of the Veterans Bowling Club on the park. We use the club in the winter to play dominos or tabletop bowls, jigsaws. Anybody can go. But this year the Council will charge us £750 for the use of that building. And because of budget cuts we have to look after the second green ourselves. So, it’s all cutbacks. But it’s for everybody in the community. Some of those people go every day, and for some its so that they can keep warm! It’s wrong that they want so much money. And for a lot of people being a member of the bowling club itself at £60 is a lot of money, so a lot of people have left. Not everyone can afford it.” G6



“They could do concerts in the park or story time for the kids. That wouldn’t cost a lot. But we are always told that there is no money for things like that.”
G6

“Places to go to in Bolton such as Funfairs, MacDonald’s. Museums and aquariums. Bolton library. Theme parks or water parks, they are all too far away. Trampoline Park.” G7

“Places to go on organised trips such as weekend or school trips or concerts.” G7

“Events and things to do that you could go out to for our age group. Here in Bolton it’s not like Oldham, we don’t have that many fun places to go to.” G7

A place where there is good transport infrastructure and better housing

“There is no minibus now; it had to go because it cost too much. This is why it’s so important to have some sort of bus or taxi to a local community or to their jobs. Prevention is more important than putting people on tablets. Tablets will only get you so far.” G5

“Going camping.” G7

“Nature reserves and walks.” G7



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Part 9: Next steps

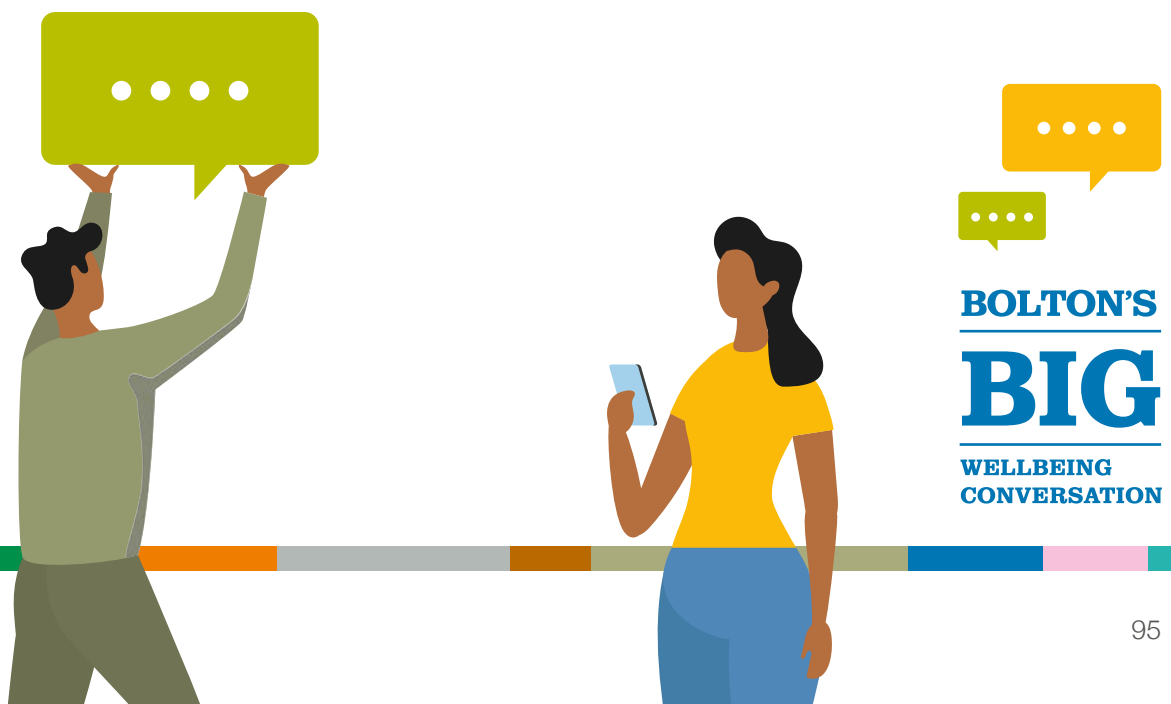
**From words
to actions**



The people of Bolton have emphasised a need for more to be done to protect and improve their mental wellbeing. They have put forward many ideas for how we could do things differently.

The next steps will be in partnership with stakeholders.

- Deliver a co-design online event to share the findings of the survey and identify key priorities for action, by bringing together local residents, businesses, the voluntary and community sectors and key statutory organisations.
- Produce a summary report of the survey findings, including key actions identified for Bolton from the co-design online event.
- The Population Mental Wellbeing and Suicide Prevention Partnership Group to align and oversee delivery of key priority actions by working with local providers and commissioners across all sectors to drive change across the health and social care system.





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Population Mental Wellbeing and Suicide Prevention Partnership Group
Email: Wellbeing@bolton.gov.uk

