



The Curve Theatre, Rutland Street, Leicester, LE1 1SB  
Wednesday 30th October 2013

# Annual general meeting and member event

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**Wednesday 30th October 2013**

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# **The following report records the decisions at the AGM and the comments made in various discussions, feedback forms and presentations**

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**Registered Charity No.  
113598**

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User Network 2013**

# Introduction

**More than 120 people gathered at Leicester's spectacular Curve Theatre for NSUN's third annual general meeting business and members' events.**

Feedback about the day was really positive with people valuing the opportunity to network, influence and share their experience.

Following the AGM business members shared their experiences and views through three minute 'soap-box' sessions before lunch, entertainment and stalls.

In the afternoon members had the chance to directly influence many of the new and existing bodies that commission, provide and check the services they use. NHS England, Public Health England, Healthwatch England, the NHS Confederation and local government representatives all took part in facilitated table top sessions. They promised to take what they had heard to their organisations to shape their work.

Adam Harridence who represented Healthwatch England, said: 'I found the sessions really useful, particularly the local feedback on Healthwatch. They were certainly a very engaged group and very positive and constructive.'

Also at the event was Scott Durairaj who is head of patient experience in the mental health and learning disability nursing directorate of NHS England, which commissions GPs, prison and specialist mental health care. He wrote to NSUN saying: 'It was refreshing to be at the event with the rich diversity as well as the voice of experience coming from your members. I understand and recognise the frustrations of many of the NSUN members and there are committed and passionate people in the NHS who aim to change and make the improvements needed to deliver lasting positive experiences of NHS mental health care.'

Seamus Watson, representing Public Health England, which is in charge of preventing ill health, said: 'I enjoyed spending the time with your members and several were interested in following up conversation with their local public health teams; particularly interested in contributing to joint strategic needs assessments and giving service user feedback on quality of services.'

With previous AGMs in Birmingham and Salford, NSUN chose Leicester because of its role as a National Involvement Partnership project pilot site. It was described as the "best event so far" by members - we look forward to the next. ●



## Welcome and thank you

The NSUN Co-Vice Chair, **Dominic Makuvachuma** welcomed everyone to the meeting. Members, staff and trustees were all thanked for their continuing support.

Dominic informed the attendees that the Chair Kath Lovell had to give her apologies due to illness and he would be chairing the proceedings. Dominic announced that this was NSUN's third general meeting and explained that the business would include asking members to:

- 1. Approve the minutes of the last AGM**
- 2. Receive the Annual Report and Accounts**
- 3. Vote new members on to the board**
- 4. Vote Honorary officers into position**

Votes would only be counted if there isn't an obvious majority with a show of hands. ●

## Our business



### ITEM 1: Approval of minutes of 24th October, 2012 AGM

The Chair asked for a true approval of the 2012 meeting. These were included in the Annual General Meeting and Members' Event report 24.10.12, page 6 and 7.

Correction was made on item 3 of the minutes. **Julia Smith** said her name was omitted from the list of Election of Trustee on page 7 of the AGM and Members Event Report 2012.

The Chair moved the motion to approve the minutes.

**David Ralph** proposed the motion  
**Tina Coldham** seconded the motion  
 Majority approved  
 No objections  
 No abstainers

### ITEM 2: Trustees report and accounts

The Chair drew attention to the Trustees' Annual Report and Accounts and asked members to consider the statement of accounts and balance sheets of NSUN for the period ending 31st March 2013.

#### The Treasurer's report summarised the income and expenditure for the financial year 2012 to 2013.

Income during 2012/13 was £494,202  
 100% increase on 2011/12 (£247,178)  
 Expenditure during 2012/13 was £467,363 compared to (£249,127) in 2011/12  
 The Surplus for 2012/13 was £26,839 compared to 2011/12 (-£1,949) which was added to reserves.  
 Reserves carried forward to 2013/14 was £87,424.



Joyce Kallevik explained that the financial position of NSUN for the year 2013/2014 is secure, with reserves of £87,424 brought forward from the previous year, NSUN has secured funding to cover planned expenditure in 2013/2014.

**Jan Wild-Grant** asked what the initials IESD and NIP stood for. Managing Director, Sarah Yiannoullou said IESD stood for Innovation Excellence Strategic Development grant which was a Department of Health fund specifically for the voluntary sector and NIP stands for National Involvement Partnership. If the item has been mentioned once then the abbreviation follows thereafter, but in future we will make sure we put these in full. Jan Wild-Grant asked if any organisation could apply for this funding. Sarah Yiannoullou said that there were criteria for applicants to meet as with any grant.

**Alleyn Wilson** said having heard of this healthy financial situation held by NSUN at present, what would happen to this funding if it ended, was there any future funding. Sarah Yiannoullou explained that fundraising was a rolling programme of activity and now NSUN was better established it was the right time to diversify the sources of income.

The current funders will be approached regarding continuation funding post March 2015 but there was no guarantee that they would provide further funds. A number of applications are pending for core and project funding. Sarah said that donor funding was now an option as NSUN has a track record as an organisation.

**Adrian Whyatt** asked how often auditors are appointed and their fees are reviewed and whether NSUN had an investment policy. He also went on to ask about what was being done about legacy and whether NSUN has Co-operative trade unions. Sarah Yiannoullou said the legacy and donor funding was being looked into. Joyce



Kallevik said NSUN had stabilised its charitable trust funding that has been an important aspect of NSUN's fund raising strategy. She said that NSUN was aware of the different strands like donor, legacy and Co-operative trade unions.

Each of those strands are a huge piece of work regarding expertise and developing a strategy and rolling it out and this was on NSUN's radar, but stabilisation and sustainability has been the immediate priority. Joyce said NSUN wanted to develop a strategy that encompasses all those things and was part of the Governance and Board of Trustee plans. Finance Manager, Soka Kapundu, said that currently we keep any surplus cash on a notice deposit account and transfer to the current account as required. He added that the organisation does not have any long term surplus funds and so there are no long term investments.

The investment policy is to invest any surplus funds in the deposit account and transfer to the current account as required. He pointed out that the return on the deposit account is currently very low. Regarding the question on how often the auditors fees are reviewed, Soka Kapundu said that all expenses of the organisation are reviewed on an annual basis, this includes the auditors fees. The auditors appointment is reviewed every five years.

**Andrew Bailey** asked about a discrepancy regarding the target for membership figures. In the annual accounts report on page 8, it said 1,200 while in the annual report it said 12,8000 which was a ten- fold increase. Sarah Yiannoullou said it was a misprint and in the audited accounts it should read 12,800.

The Chair then put the resolution that the report and accounts be received

**Clare Ockwell** proposed the motion  
**Adrian Dean Whyatt** seconded the motion

Majority approved  
No Objections  
No abstainers

The Chair thanked Joyce Kallevik and Soka Kapundu for a job well done.

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### **ITEM 3: Managing Director's report**

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The Chair invited Sarah Yiannoullou to give the Managing Director's report. Sarah presented an overview of NSUN's work from 2012 to 2013 summarised on page six of the Annual Report 2012/2013. Some photographs of activity were shared to show the range of work covered.

Adrian Whyatt said great work was being done but one area missing was the European Convention on Human Rights and the United Nations Universal Declaration of Human Rights both in terms of funding, project and policy. He went on to say they are organisations like the European Survivor network, Psychiatric Survivors, how are we going to have our voices heard. Slam, Some Trusts do not seem to be aware of those obligations. Managing Director, Sarah Yiannoullou said NSUN was a member of the European Network of (ex-) Users and Survivors of Psychiatry and the international consumer's network Interrelate and was working with the British Institute of Human Rights to increase awareness and skills amongst the team and wider network.

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### **ITEM 4: Election of Trustees**

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It was explained that under NSUN's constitution trustees are required to retire in the third year following their election. As this is the third AGM all trustees voted for last year would remain in post. The following have indicated that they would like to re-stand for a further term.

## Our business



**Alisdair Cameron** - third year

**Sarah Carr** - second year

**Sue Haworth** - third year

**Joyce Kallevik** - third year

**Kath Lovell** - third year

**Clare Ockwell** - third year

**Julia Smith** - second year

**Tania Towns** - first year

**Dominic Makuvachuma** - third year

**Samantha O'Brien** asked if the Trustees who were nominated could stand up and say what geographical area they cover.

Sarah Yiannoullou said in recruiting Trustees not only was it the geographical area that mattered but also what skills and experiences the Trustee would bring to the Board.

In addition the following appointments were proposed:

**Mark Wood**

**Peter Rogers**

**Henderson Goring**

**Joyce Kallevik** proposed the motion.

**Cluny MacPherson** seconded the motion.

Majority in favour. None against. No abstainers.

**Motion carried.**

**Honorary Officers**

Chair: Kath Lovell

Co-Vice Chair: Dominic Makuvachuma

Co-Vice Chair: Sarah Carr

Treasurer: Joyce Kallevik

The resolution that the annual report and accounts be adopted was put to the vote, that the Annual Report and Accounts be received, to the vote.

**Tina Coldham** proposed the motion.

**David Ralph** and **Karl Willett** seconded the motion.

Majority in favour. None against. Two Abstainers.

**Motion carried.**

### ITEM 5 and 6: Appointment of auditors and remuneration

The Chair thanked the auditors (**Martin Morrison and Co Ltd**) and recommended their re-appointment.

The Chair also suggested that the executive officer be authorised to agree the amount of remuneration for this year with the auditors.

**The resolution put to the vote, that the auditors are reappointed.**

**Adrian Whyatt** proposed the motion.

**Nigel Moyes** seconded the motion.

Majority vote None against and No abstainers.

**Motion carried.**

**The resolution put to the vote, that the Executive Officers are authorised to agree the amount of remuneration for this year with the Auditors, to the vote.**

**Adrian Whyatt** proposed the motion.

**Joyce Kallevik** and Michelle Kiansumba seconded the motion.

**Motion carried.**

### ITEM 7 and 8: Any Other Business / Special Business

Question: Why does the current resolution only allow trustees to be in post for three years. Can this be extended?

This is in the Memorandum and Articles but could be reviewed if members felt it to be necessary.

Question: Where can previous members' surveys and evaluations be found?

Sarah Yiannoullou said they are on the website under the Membership tab (on the Home page) and on the drop down title 'What our members say'.

Question: Is it possible to have a Trustee from each area to show how things are done in the area they cover?

Sarah Yiannoullou said that the Regional Development and Research Manager would be looking at different areas across the country. Trustees would be happy to share what they are doing in their area.

Chair said there was no special business at the meeting. Chair declared that the statutory business was complete.

**Closed AGM business at 11.30pm ●**

## Members' event



The afternoon began with a performance from **Savera's South Asian women's mental health dance group**. The dance symbolised hope, strength and unity, and was a celebration of empowerment.

## Soap boxes

Members gave personal presentations that ranged from self-help approaches to projects supporting others.



“  
**Andrew Hudson**  
”

### Crate Crazy, Sheffield

...My wife said she wanted a crate, so I made a crate. When I saw that crate finished it gave me so much satisfaction. Then when people came to see my crates, and said they are lovely crates - the confidence that that gave me! People said: "I'd like to give you some money for that crate," – you wouldn't believe the self belief the whole circle gave me. I call it: "My medicine."



“  
**Jacqui Alice**  
”

### Mental Health Nurse of 30years, Lincolnshire

...My father had ECT for reactive depression in the 70's, which is the reason I came into mental health nursing.

## Table top discussions



“  
**Sam O'Brian**  
”

### Non-executive director of NAViGO, Lincolnshire

...If they are not doing something right, we tell them. We wanted ensuites as we thought we deserved that. We wanted proper kitchen facilities, with a nice big table, so that we could all eat together, to try and stay like you would in your own home environment.



“  
**Jan Wildgrant**  
”

### Political activist and Group Leader at Snug Exchange Bar, Leicester

...18 months ago I was really mad. And as you do when really mad, I was rushing around looking for things to do. I came across Time to Change and they were recruiting champions, because their 'pop-up' village was 'popping-up' from London to Leicester for the African Caribbean Carnival. So I went to their training session and I am now a trained champion. I spent four days applying for a grant, but received five lines to say I was not successful. I now run a group in the Exchange Bar in the Snug in Leicester and have £9.95. We need to launch a political campaign!



“  
**Dorothy Gould**  
”

### Survivor Researcher and Consultant, London

...I want to tell you about a support group for involvement workers. What this means is that it is for people who have lived experience, whose role is to help other people with lived experience. The idea of the group is that members will provide mutual support to each other.

## Table top discussions



“  
**Pam Blake**  
”

### **Maat Probe, an African Caribbean service user group, Sheffield**

...Our biggest achievement so far has been changing control and restraint to respect, which is a technique used in Grimsby, Hampshire and Antigua. It is a technique based on de-escalation that does not cause pain, injury or hurt.



“  
**David Barsby**  
”

### **Healthwatch Leicester**

...Healthwatch is the new consumer voice for health and social care and we are here to represent the views of people who use health and social care services. One of the ways we do this is by bringing your views to the Health and Wellbeing Boards.



“  
**Peter Hirst**  
”

### **Rethink Your Mind, Leicester and Countrywide**

... We managed to get 38 NHS Trusts signed up to the project, which condenses recovery material, tools, techniques and contacts into a free resource called the 'Yellow Book,' full of creativity, that aims to get people to look positively at mental health. ●

### **Involvement and influencing: facilitated table top discussions**

NSUN has five sites across England piloting ways of increasing the involvement of people with mental health experience in their services and communities.

In each of these areas we arranged at least one event introducing people to their local commissioners, providers and checkers of services and working out ways of improving involvement.

Clinical Commissioning Groups (CCGs), councils, Healthwatch organisations, mental health trusts and voluntary sector organisations involved were asked to make pledges to improve involvement and services.

Such was the success of these exercises that we decided to replicate the format with national bodies at the NSUN members' event.

To do this we invited six different national bodies to provide two representatives:

**Healthwatch England**  
**NHS England**  
**NSUN**  
**Public Health England**  
**NHS Confederation**  
**Local government**

Each of these representations facilitated six, 20-minute, 10-person-per-table workshops. There were 12 tables in all – which is why we needed two representatives from each organisation.

In each workshop the representative of each national body spent about five minutes introducing the organisation and telling participants how they involve people with mental health experience in the work of the organisation. The remaining time (approximately 15 minutes) was used to discuss how people could be enabled to contribute even more.

After each workshop the facilitator (not the workshop participants) moved to the next table until everyone had had the chance to talk with each organisation.

At the end of all six workshops the facilitators from each organisation were asked to come up with three new ways they would seek to involve people with mental health experience in the work of their organisation.

Those were fed back to the Chair for summing up at the end and graphically recorded by Debbie Roberts.



## Discussion with Healthwatch Engand

### The independent consumer champion for health and social care.

**Adam Harridence** - Public affairs and stakeholder engagement manager [Adam.Harridence@healthwatch.co.uk](mailto:Adam.Harridence@healthwatch.co.uk)

#### A representative of Healthwatch Leicester

Q. What are you doing for mental health?

A. Looking at issues and why people don't get feedback

Q. What about carers?

A. We do listen and include carers. Work closely with Carers UK and Carers Trust.

Q. What sanctions do you have i.e. timeframe?

A. Get support of health ministers and the sanction

Q. Who appointed present Healthwatch staff?

A. different processes at a national and regional level.

Q. Do you work with Ofsted [school inspectors]?

A. Yes

Q. What does Healthwatch England do now?

A. Events, web site

- Each locality needs to drive one meeting with each of the organisations participating. More co-ordination.
- Would like to see more sharing of information held by local Healthwatch.
- Would like to see Healthwatch as a centre of expertise with individuals.
- Health watch is not community lead
- Contracting body not local. e.g. Grimsby does not have local input.



- Objective to find a central point to collate info, national issues.
- Give service-users a voice.

## Discussion with NHS England

### Responsible for commissioning primary, specialist mental health and prison health care.

**Mary-Anne Doyle** - Programme Director (Specialised Mental Health) Medical Directorate - [mary-ann.doyle@nhs.net](mailto:mary-ann.doyle@nhs.net)

**Scott Durairaj** - Head of Patient Experience - Mental Health and Learning Disability, Nursing Directorate - [scott.durairaj@nhs.net](mailto:scott.durairaj@nhs.net)

Q. How do we contact you

A. NHS England tel 0113 825 0861 Leeds HQ.  
Twitter #NHSCitizen

Q. How do you impact locally?

A. Commission GPs, prison health and specialist mental health care. Brings CCG'S together. Every CCG to have mental health champion.

Q. Do you have some requirements local involvement requirements as well as national?

A. GP's should have patient participation groups across the country

Q. How can we get involved in NHS?

A. Patient public engagement, [England.nhs.participation@nhs.net](mailto:England.nhs.participation@nhs.net)

Q. Where does the Department of Health fit in?

A. No answer recorded

Q. Does anyone on the board have mental health condition?

## Table top discussions



A. No answer recorded.

- We want to ensure parity of esteem
- We need to develop a strategy to reach out to micro commissioners (ie users) to see what works.
- Commission local user groups to do outreach on behalf of NHS England
- Start-up groups
- Get more service-user voice in services e.g. at point of sectioning
- Ensure we measure the quality of services especially in MH properly
- We need public meetings locally in Leicester for example
- More patient and public involvement
- On the ward information leaflets please
- NHS England has next to no profile and needs to be user friendly
- NHS England has to recognise the unique nature of mental health. That MH users and carers are not like generic patients
- Get involved in policies before they go to public consultation
- Funding for community treatments and support
- Is NHS E aware of bed shortages for MH acute services?
- North East CAMHS have been taken out of area. NOT LOOKED AT. Needs attention
- Local CCG need to apply local voice and be appropriate pay more time to
- Providing a direct route for NHS England patient participation
- Payment for people being involved in feedback 'permitted earnings'



### Discussion with NSUN

**Dominic Makuvachuma** – NSUN Trustee - [d.walker@mind.org.uk](mailto:d.walker@mind.org.uk)

**Julia Smith** – NSUN trustee

- Need to update data base of members
- Training for members
- Increase membership spread the word
- A directory of areas
- Would like carers more included with NSUN
- Need to gather information at regional and national level and having discussions
- Understanding what skills are required to enable to put across feedback / communication effectively
- Publicising thoughts and process back to members and further afield
- Speak to people
- Must never become corporatized or top down or directive
- Directory of local organisation groups and new events needs constant updating
- Creating / assisting (user led) services every bit as important as feeding back on (other) services
- Get membership at large involved in publicising NSUN to wider audience
- Extending pilot sites
- Greater attention to local areas. Increase diversity, changing demographic, new emerging groups
- Is having a national event the thing to do? Or should we have regional events?
- Work on BME participation
- BME arm of NSUN
- Involvement in the citizen assembly
- Act on the feedback from the AGM



- Grow too fast
- Be more accessible
- Ensure you are using service-users who are trained to do work
- Need to have / recruit younger people and those new to Mental Health Fresh blood
- Empowerment. Leicester pilot site, NIP, NSUN backing essential – adds more weight
- Need a plotted history / some tool to help new folk get up to speed on history of user movement. Service users have the institutional memory. Others shift and forget. Only service-users and their carers are constant.
- Membership and platform lead from the bottom not top.
- Need to be seen to act on feedback
- Publicity (lack of) get members involved in spreading the work.
- Community languages – cater for BME communities
- Get away from national hub and spoke model – regional organisation
- Power to setup organisations for each region.
- Healthwatch Leicester said, NSUN has contributed a lot and NSUN are very amiable.
- NSUN doesn't have a brand – has variety and freedom to express their views.
- Peer support started by people in places like smoking rooms - informal. Need to protect the basic principles of peer support
- We need to revisit the constitution, with regards to communicating and structures around local involvement.
- Do we attract the kind of people we want as members?
- Carers need their own network



## Discussion with Public Health England

**Responsible for addressing inequalities, protecting and improving the nation's health and to address inequalities.**

**James Seward** - National Mental Health Intelligence Network Programme Lead - [James.Seward@phe.gov.uk](mailto:James.Seward@phe.gov.uk)

**Seamus Watson** - National Programme Manager, Wellbeing and Mental Health - [seamus.watson@phe.gov.uk](mailto:seamus.watson@phe.gov.uk)

Q. Do you have other priorities?

A. Yes, six different priorities make up what we do.

Q. How are decisions made?

A. We do things like gather the nation's health and compare against other countries.

Q. Do you get a lot of information?

A. Gather a lot of information from NHS and other charities.

Q. How do things change from national to local?

A. So many things change locally and it is important to get assessment right.

Q. What does Public Health provide for voluntary services?

A. In the past money available. Support advice is there.

- Promoting/encouraging service-users to put forward suggestions
- Using various media to promote work.
- Using peoples experiences are very powerful. Use feedback to go back to public to comment on.
- Sign up Health and Wellbeing Boards.
- Encourage people to get involved through local councils.

## Table top discussions



- We want to improve physical health of mental health service-users – smoking needs to end around acute wards
- Need to address inequality in cuts in funding
- Map mental health spends
- Experience (lived) is necessary to inform data sets
- No mental health without physical health implementation policy needed.
- Prevention qualitative and quantities statistics required
- More service-user involvement currently work is local
- Public Health England must work harder with voluntary sector
- Council: vote about public/mental health
- Contract level of involvement – commissioning
- How can user led research be used to influence public health?
- National forum to feed service-user views to Public Health England
- Inequality – Mental Health services are being cut on higher percentage
- Decisions in public health are only as good as the data and intelligence.
- Have to make their mental health information more accessible to those not in mental health
- Preventative medicine. How to raise awareness to pre-empt crisis? Ensure CCG's share correct information to plan effectively who will need help and where. Critical friend?
- Commissioning services not working for autism
- Public health should have a preventative role with enabling mental wellbeing
- Don't rely on social media. Seldom heard groups don't use this as much



## Discussion with NHS Confederation Mental Health Network

**The voice for NHS funded mental health service providers.**

**Anne Beales** – service-user consultant for the NHS Confed mental health network board - [anne-beales@together-uk.org](mailto:anne-beales@together-uk.org)

**Phil Hough** - Carer consultant for NHS confed mental health network board - [philhough@rocketmail.com](mailto:philhough@rocketmail.com)

Q. In what way would elected leaders contribute?

A. To have a collected view and a good perspective across the board

Q. Do you contribute to NIP?

A. Angela Newton from Together is linked and Anne works with Angela

Q. How do you deliver a collective view?

A. They would have bodies that they would be aligned to.

Q. How do small voluntary organisations input?

A. Must be a provider of care. Mental health providers forum represents the smallest providers.

- Input from NSUN; service-users, leadership in action. Part of a group that influences and putting things forward.
- NSUN at top level of involvement.
- Parity requires self help and support
- Coming to local level to explain their role and duty
- Civil servants need to listen NHS locally. Do not take any notice of service-users.
- What interest does the confederation have in user views? Is it always going to be subordinate to its

priorities, business and interests?

- Would service-user involvement be meaningful and worth while
- NHS join national voices as way to influence NHS confederation.
- Failing to address BME communities policies and implementation of policies
- More contact with service-users
- Training service-users to have skills to be on Board – succession management
- Use forums for NSUN
- Mental health strategy. Develop an implementation plan to strategy.
- NAViGO sets the example, Board is from service-users
- Role for NSUN and service-users to act as a sounding board or reality check
- Danger of national charities who claim to represent users but are not user led and do not represent user voices
- Best interest of providers not users.
- Service-users need to get involved from the start.
- Need to skill up service-users around emotional intelligence and influencing.
- Can we humanise what NHS Confederation does to help their reach?
- Not understanding the unwritten rules. User group lose out
- Charge membership fees
- Apprenticeship for service-users
- Trade union for service-users

## Discussion with Local government

**Every upper-tier council is responsible for public health, hosting the Health and Wellbeing Board, commissioning Healthwatch, leisure, housing and many other services that affect mental health.**

**Cllr Ed Davie** (LB Lambeth) – Edward.davie@nsun.org.uk

**Cllr Michael Cooke** (Leicester City) - Michael.Cooke@leicester.gov.uk

Both Mental Health Champions for their respective local authorities.

Q. Does local authority have legal power to scrutinise COG?

A. Yes

- Look favourably at voluntary sector to keep their services
- More robust Joint Strategic Needs Assessment (JSNA) for mental health including children and over 65
- Personal budgets
- Joining up ideas to influence service user involvement



- Direct consultation with service-users
- Processing personal budgets and voluntary sector
- Increase prevention strategies
- More individual face to face consultation with service users
- Increase funding for prevention of illness.
- Must recognise needs of mental health challenges with parity of esteem.
- Need reliable, honest data on suicides
- Supported jobs
- Outreach work
- Patient views should be fed into relevant bodies to influence decision makers.
- Educate children – preventative measure
- Scrutiny committees in each area. Examine strategies, implementation etc
- Only third party consultation with council, not face to face.
- Health and Wellbeing Board scrutiny panel:- scrutinise providers and not individuals. Winter care plans
- Four categories of client only deals with worst two. Therefore prevention neglected. ●

## Evaluation/feedback

### Our evaluation forms filled out at the end of the day showed:

- 82.3 per cent** of people said the purpose of the event was clear to them;
  - 91.1 per cent** felt able to participate;
  - 88.1 per cent** felt listened to and their opinion valued;
  - 95.6 per cent** learnt new information;
  - 100 per cent** of people made new contacts;
  - 91.1 per cent** will, or maybe, get in touch with someone new they met at the event;
  - 93.3 per cent** will, or maybe, get involved in something new;
  - A quarter** were gay, lesbian or bisexual;
  - The gender mix was nearly **half and half**;
  - 37 per cent** classed themselves as being black or from another minority ethnic group.
- One member commented: 'Good time spent on learning new information and meeting key people - made me feel valued and included. Hats off to NSUN - thanks for your hard work.'
- Another wrote: 'Thought-provoking opportunity for excellent networking. Thanks for hard work to extended team.'
- A third said: 'An excellent idea to invite NHS England leaders - much needed. Loved the entertainment! Also soapbox session is an innovative and effective way to raise personal issues. Thank you!'
- Other comments included: 'Interesting, informative, useful, engaging and uplifting - thank you.'
- And our favourite: 'Great food and plenty of it - I have never eaten so much cake!'
- 'Liked the venue, purple curve, purple NSUN and purple my favourite colour! Worth getting out of bed for!' ●

## Graffiti wall



### What's good for your mental well being?

**Sleep** - Smiling, **Voluntary work** - Small steps - **Walks** - Depression is a liar - **Music** (classical) - **Positive support** - Sunrise sunrises Sheffield - **Exercise** - Being kind to myself not beating myself up.

**Keeping it real** - I know lots more now than when I arrived. Thank you - **Hugs** - Cycling on a sunny day - **Animals** - Poetry

**A Labour Government (!) - or will it be good for our mental well-being** - Being in the "NOW" - **Meditation** - Friends - **Climbing mountains**

**It would be good if NSUN had a Trustee in each small group to keep the discussion on topic/avoid one person talking** - Sex but only if with a positive meaningful connection - **Nature outdoors walking** - Beer - **Doggies** - Good company - **Zumba (in private only)** - Mindful relaxation - **Sauna**

**Being outside** - especially gardening - **Writing my blog helped me with my thoughts** - Being accepted for who I am - **Really learning from and using my experience**

**Swimming** - Massage - **Positive change involvement** - Forward thinking organisations - **Positive self talk** - Talking - **Gardening**

**Cooking and eating together** - Meditation - **Church spiritualist**

**Friends and family believing in me** - Being accepted for who I am - **Family: my husband and son** - Beer - **Really learning from my experience** ●


NSUN would like to thank our staff, members and supporters for their continuing support and enthusiasm.



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**Our Mission – To create a network which will engage and support the wide diversity of mental health service-users and survivors across England in order to strengthen the user voice.**

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“ Made me feel valued  
and included. Hats off  
to NSUN - thanks for  
your hard work. ”

**together we  
are stronger**

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