



Poverties of Opportunity: The Changing Spaces of Mental Health

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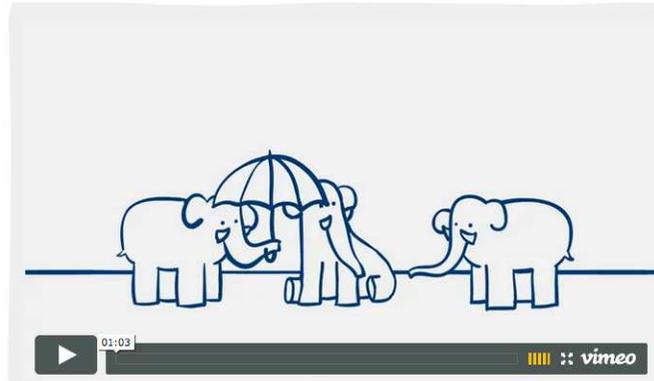
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Elefriends



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Austerity

- *"I was disappointed to hear from the instructors that this was the last Suicide Intervention course to be run in our area and the the last Mental Health First Aid course had already run. Funding for these courses has been cut from end of March, although funding for physical health education courses such as drug, alcohol and smoking health awareness continue to be funded. - Mental health support services first in line for cuts again. Depressing."*
- *"I totally feel for your wife sweetheart. I am currently on a six month waiting list to see a clinical psychologist and they can't do anything else in the meantime. My friend has got herself into debt paying Â£40 per session for a private counsellor cos she said if she didn't she would end up in hospital and I'm thinking of doing the same even though I have no income. It's disgusting and all wrong, anything could happen in the time she has to wait. Sending massive massive hugs, neither of you are alone in this xxxxxxxx"*

Difficulties accessing in person services

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- *"Hi elephant, I thought id write to you as I'm trying to get therapy, have to wait a while on NHS so thought id try my local mind 'plymouth' I was saddened to hear when I spoke to them that they don't offer any counselling and you have to pay for other forms of therapy.. This made me very sad as it's off limits to me as I can't afford to pay for treatment :("*

Feeling a burden

- *"Haven't been on here in a while; had a really bad week and to be honest have been considering S[uicide]. Haven't felt that bad in a long time, but I think I'm slowly coming out of it now. Though, I'm still feeling depressed and anxious, I don't want to end up being sectioned again. Trying to resist curling up forever in this black hole I seem to be in is really hard. I've cried so much this week. Waiting on another letter with an appointment with my psychologist sometime soon, I really hope I can get one. I can't carry on with this burden on my own any more. I feel bad for being such a bad elefriend (If I can even call myself one anymore) I haven't provided anyone any support recently, but I've felt I was simply unable to, because of how bad I was feeling myself. I'm sorry."...*
- *..."Of course you are still an elefriend we all need to protect ourselves every now and then."...*
- *..." Sometimes you have to be your own Elefriend and not worry about being everyone else's."*



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I need urgent help

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01:03 vimeo

Emotional contagion

"I know - have been so worried about her but knowing she was here among safe & loving Elefriends meant I could try to support her :-(Does anyone know anything about [X] deleting her account? I'm just worried she's not safe :-("

"Every time I stumble across an account that has been deleted I find myself worrying about what could have happened to that person. What if they are not okay? What if I could have helped? Where have they gone? What if I disappear next? How can I find out how they are? Do the Elehandlers check on people? "

"Yeah. I mean it is hard when you've got particular friends. Like one of my friends recently had taken – had been – had taken an overdose and nearly died, actually, somebody I'm very close to on Elefriends, and that was – and they've been going through a pretty hard time and, you know, they were in intensive care and things like that. So they were quite ill recently and they kind of went offline for a few days. And that was quite worrying, I have to say. So yeah, you do still worry about people. You know, they come back again and they're better again, which is good. But yeah, you do worry about people you have made a connection with. Yeah. It's kind of normal, I suppose. But you hope that the fact that they have got that kind of friendship there, that they will come back."

Forensic spaces: From asylum to Ikea

- Investment in the physical spaces of forensic and inpatient services.

Clean, modernist spaces

'Healing gardens'

Private bedrooms.

Emphasis on serenity and surveillance.



Meal times

- **Patient:** “Yeah, just everyone just eats and things like that. [...] they [staff] – they usually stand – this is the corridor coming down here. They usually come via the seats for the television, to make sure that everybody’s getting their fair share, there’s no arguments or fighting or anything like that. They just supervise. [...] I wouldn’t have anybody standing over me or whatever, while I finish my – while I’m eating my food and things like that. But that’s the way it is here. You know, that’s the way it is. You get used to it after a while”



Patient: Uh, when this – at a quarter to one, this hatch opens and then all the food in trays behind here. And they give us a portion on a plate, a dinner and a pudding or whatever, and a drink, we take it from here and then we go to the table that’s there, we sit down and we eat.

Interviewer: Yes. That’s quite an important – is that quite an important part of the day for you?

Patient: Yes

Interviewer: Do you tend to have conversations at lunch?

Patient: Not really, no

Interviewer: No? Just eating?

Patient: Yeah, just everyone just eats and things like that

Interviewer: Yes. And what’s it like, you know, with the staff in this space, in that lunchtime space?

Patient: Staff?

Interviewer: Yes

Patient: Well they – they usually stand – this is the corridor coming down here. They usually come via the seats for the television, to make sure that everybody’s getting their fair share, there’s not arguments or fighting or anything like that. They just supervise

Closed spaces

- **Interviewer:** Thank you so much for agreeing to participate. Er, before we get going, I'd just like you to tell me something about yourself. It doesn't have to be anything very personal, but just anything, anything about yourself.
- **Patient:** Well, um, I'm a patient at (name removed) and, um, I'm currently suffering from schizophrenia. And, um, basically, each day I'm getting better and better, complying with medication and trying to find the pathway out of hospital while making feasible plans and, um, staying well and goals for the future, getting ready for the outside world and to be discharged and to never return back to hospital.
- **Interviewer:** Hmm, that sounds like some really good goals.
- **Patient:** Yeah, it does.



“Doing the groups”

Interviewer: Yeah, so is there a particular way you have to kind of behave in order to—

Patient: There is, yeah, do the groups.

Interviewer: Yeah.

Patient: Like I said, like we were saying, we were saying about, um, why, why, why have I sort of – so I’m so peaceful or whatever, or whatever, because you have to do the groups.

Interviewer: Hm-hm.

Patient: You have, you have to do them or basically they won't let you out. But it's a bit silly, because I've done them about five times already.

Interviewer: Yeah.

Patient: Each one. So – but it is re-educating you, retelling you they'll let you out and then that's it..

Interviewer: How do you think about that? What do you think about that system?

Patient: Um, it's not too bad. The only thing about it is sometimes you're sort of starting – when you get – when you move 'em, you're sort of starting a little bit from the beginning..

Interviewer: Right.

Patient: ...because – because the team – the team that are sort of the primary nurses change and no one seems to know you. So they have to get to know you a little bit. The notes may be there, reading the notes and stuff, but, um – but it's the team getting to know you and everything. So it's – so you're losing a bit of time there by, um, being discharged. I think it takes – it takes a while. It takes a while. Cos like we're now looking at having a tribunal in September for being discharged, but, er, by the looks of it, I'm not sure if it's being supported or not being supported. But – but then – but then again, if they move [31:02], once I have the tribunal, er, for being discharged, they might recommend moving to more secure, which is (name removed), which is another ward here called (name removed) in the building next door. And once you – if that were to happen, then you'd move in there and be starting all over again.

Maintaining a connection to outside

Patient: There's a mirror here which reflects that, so you have the triangular kind of, er—

Interviewer: So that's your contact with the outside world?

Patient: Yeah. So – but I'm lying on my bed, there is a mirror there which reflects what's going on there, so I'm – I'm always reminded of what's going on out there because it's reflected in the mirror, yeah.

Interviewer: Yes. Yes.

Patient: And then it's sometimes reflected on the TV as well, when the TV's off, you know.....So it's – you know, there is – there is some movement. And, er, and here's a gate. There's – but I can see the trees. So when I'm sitting here, I'm looking at – although there is, you know, slight – slightly obscured, you've got fifty percent. It's fifty/fifty. So you've got a fifty/fifty chance so – so I'll make the decision on how far I want to go beyond that. So, um, yeah, that's why I kept it there because I'm sitting here and there's another life here and there's another life there, so whatever's going on here is mirrored out there, so it's a reflection really.

Interviewer: Yes. Yes. It sounds like quite a hopeful – sounds like quite a hopeful connection to make as well.

Patient: Yeah. It's – it's – it's – it's, um, here's an orchard. This is an orchard. This is the (name removed), so, er, yeah, it's a hospital. I'm aware of it's a hospital but it's a – I'm also conscious of the fact that what's happening here is also happening out there. There's not too – there's not – there's not a different so completely different world. It's not so alien. It's not that different, you know, so – so – so there's a mirroring. And I – and I can experience both.



Conclusions

- Need to understand how digital technologies are used, before they can be asked to fill gaps with in person services
- Peer support can be effective online, but can everyone access it? And, what are its limits?
- For forensic spaces, one of the key difficulties in terms of recovery relates to the dynamics of individual and collective recovery, and their relationship to the institutional practices of managing risk and safety.