

The logo for Living Well UK features a circular cluster of green dots of varying sizes, creating a soft, glowing effect. The text "Living Well" is written in a large, bold, dark purple font, with "UK" in a smaller, bold, dark purple font to the right of "Well".

Living Well^{UK}



LEARNING REPORT

A close-up photograph showing a woman's hands in a tan sweater resting on a man's shoulder. The man is wearing a grey sweater. The background is dark and out of focus.

2023

ACKNOWLEDGEMENTS

We would like to sincerely thank everyone who has been part of the Living Well UK programme over the last four years. In particular we acknowledge and celebrate the success of our Living Well sites, and in particular the brave choices that local stakeholders made in evolving their response to mental health distress and to each other. The programme would not have existed if not for the National Lottery Community Fund. We are hugely grateful for the funding that made this work possible, and to the ever helpful and constructive support from our programme manager, Helena Christie.

AUTHORS

Nick Webb, Jo Harrington and everyone at Innovation Unit who has worked on the programme and shaped its course.

Design by Ellie Hegarty



About Living Well UK

Living Well UK was a four year programme that created new systems of community mental health support across the UK, inspired by a model developed in Lambeth, South London.

The programme was awarded £3.4 million from The National Lottery Community Fund, the largest funder of community activity in the UK, to support new local partnerships in Edinburgh, Luton, Salford, and Tameside & Glossop that worked to develop their own version of a Living Well system.

Living Well UK systems put people's strengths and lived experience at the centre and help people recover and stay well as part of their community. The aim is that these new systems will provide a model for how to genuinely transform community mental health services and systems, resulting in significantly better mental health outcomes and more effective, person-centred systems.

About Innovation Unit

Innovation Unit is a social enterprise based in the UK, Australia, and New Zealand that grows new solutions to complex social challenges. We grow and scale the boldest and best innovations that deliver long-term impact for people, address persistent inequalities, and transform the systems that surround them.

EXPLORE OUR LEARNING REPORT

WHO IS THIS LEARNING FOR?

A note on language

LEARNING #1

A new response to mental health is urgent and possible

LEARNING #2

A new response requires a radically different environment of collaboration

LEARNING #3

A new response can evolve an enlarged understanding and response to mental health

FINAL THOUGHTS AND A POEM

OUR LEARNINGS

Our national programme with four pioneering places created a unique opportunity to generate deep insight and learning into the nature and possibility of transformation in the UK's mental health systems.

Here we share an overview of this learning and reveal the urgency, challenges and possibilities for a new response. We explore how we must acknowledge the limiting nature of what we describe as the current dominant mechanistic response, and how by nurturing new forms of local collaborative system leadership, we can evolve different - what we describe as more relational - responses. Finally, we share what our learning might mean for the future of the UK's mental health systems and we reflect on how we might get there.





THREE BIG THINGS WE LEARNED ABOUT EVOLVING A NEW RESPONSE IN OUR MENTAL HEALTH SYSTEMS:

1

A new response to mental health is **urgent and possible**

2

A new response requires a **radically different environment** of collaboration

3

A new response can evolve an **enlarged understanding** and response to mental health

Our learning is for anyone who acknowledges that much of our current response to mental health is not working. It is for anyone with ambition to bravely seek out new possibilities. It is for leaders who know that change is needed, but who recognise the need for support from peers and partners to realise the difficult task of imagining an alternative.

CELEBRATING IMPACT, HONOURING CHOICES

Since 2018, Living Well has been making real change happen for people across the UK by growing Living Well Systems in our pioneering sites. With the support of The National Lottery Community Fund, our sites have demonstrated significant impact for people's mental wellbeing and on their wider mental health systems. Alongside this impact, our UK programme (and our subsequent work to support Derbyshire and Greater Manchester to adopt a Living Well approach), has generated important learning about both the nature of the challenges facing the UK's mental health systems, and the very real possibilities there are to operate in a radically different way, to achieve better outcomes and more effective and sustainable systems.

At the heart of our learning is the opportunity to acknowledge and celebrate the success of our Living Well sites, and, in particular, the brave choices that local stakeholders made in evolving their response to mental health distress and to each other. We honour these choices deeply because they have been the root of the energy, vitality and courage required to face into the challenges generated by our current response to mental health, whilst maintaining the vision and hope for something different and better. So we start with an opportunity to read our love letters to a group of people who might best represent the beating heart of our Living Well sites.

READ OUR LOVE LETTERS TO:

J, Ahmed | Poet and lived experience representative, Salford

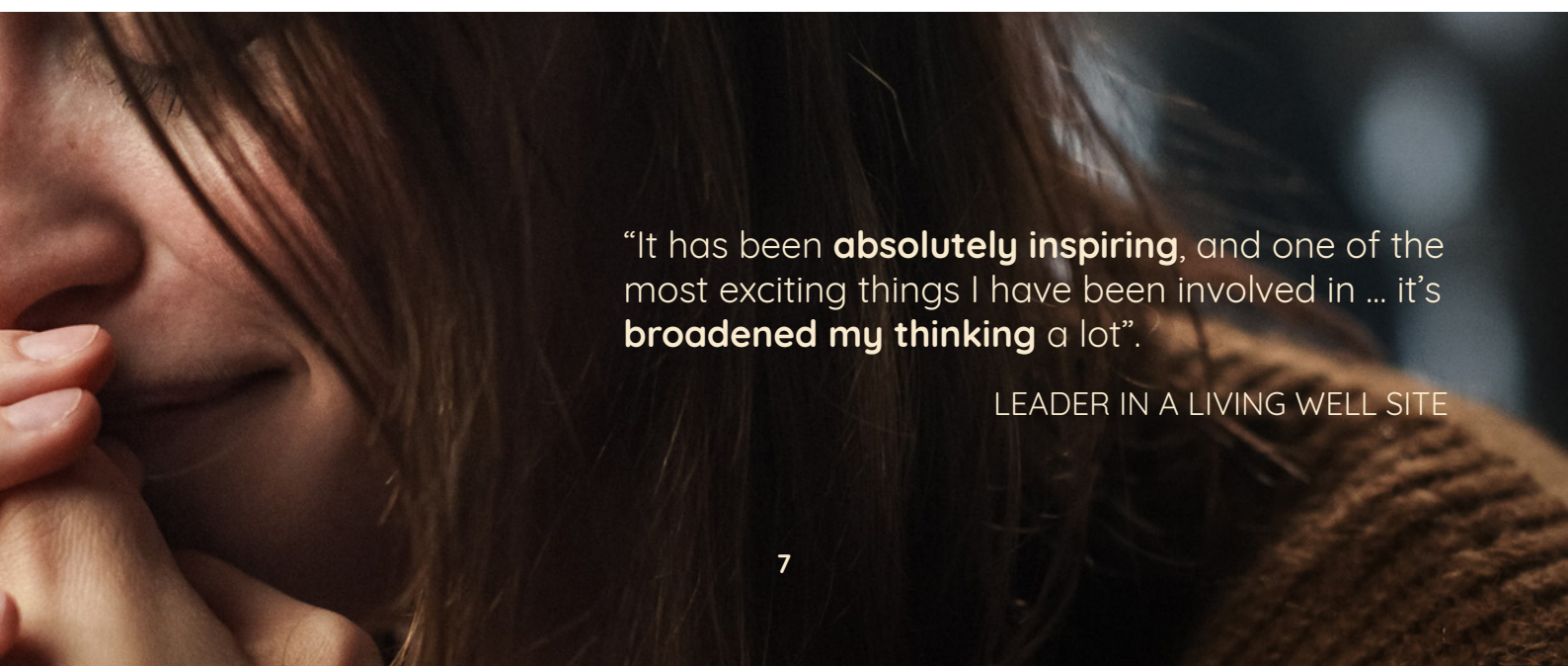
Donna Thomas | Chair of the Anthony Seddon Trust, Tameside & Glossop

Judd Skelton | Assistant Director - Integrated Commissioning, Salford

Katie Bryce | Mental Health and Substance Misuse Manager, Edinburgh

A FOCUS ON THE WHOLE SYSTEM, NOT JUST SERVICES

From the outset, the Living Well UK programme was designed and implemented to enable systems to evolve. Unlike many large-scale change programmes that seek to transfer innovative service models from one place to another, or attempt to form new partnerships or focus solely on service level improvements, the programme set out to support places to radically transform how they operate as a whole mental health system.



“It has been **absolutely inspiring**, and one of the most exciting things I have been involved in ... it’s **broadened my thinking** a lot”.

LEADER IN A LIVING WELL SITE

LEARNING IN THE MIDST OF ACTION


The Living Well UK programme applied a systems focused methodology, drawing on the learning from Lambeth's Living Well approach and from wider systems leadership theory, such as the important work of Ron Heifetz on **Adaptive Leadership**.

This approach was developed to support sites to develop and grow new system level relationships and conditions, whilst designing, prototyping and establishing new service models and processes in communities. To do this work well, we needed to create effective spaces and processes to support practitioners from across the system to come together to fully understand the deeper challenge of moving from current ways of operating towards their future vision. This generated important insight about the systemic nature of the challenges our pioneering sites faced, and created opportunities for them to develop and evolve more systemic leadership practices.

You can read more about our methodology and approach to system leadership here

The learning we share with you is based on our experience of delivering the programme, and on a series of conversations with our sites in the summer of 2022. We focus on why our UK mental health systems are so stuck, what is needed to evolve our response to mental health, and what might be possible if we do.

Our learning on changing mental health systems seeks to reveal some of the wider patterns and dynamics that exist in our UK mental health systems, and to share what our sites have taught us about how we might evolve these in ways that lead us towards an alternative, significantly better system.



“You’re trying to change the dynamic, trying to change the conversation, actually means that **the support has got to come as well**, in a different way. It can’t be done in the same way that we’ve done it historically. ... We’re not designing in the same way, what we’re trying to do is **fundamental change**, having different conversations, and building something very different.”

LEADER IN A LIVING WELL SITE

This is part of wider learning we have been seeking to capture and share throughout our programme, which includes:

**Waiting for Something Better:
Stories of adversity, resilience, mental health and hope**

Collected through close observation and 'being with' storytellers themselves, these stories capture the lived experience of 'mental health'.

**From Crisis to Renewal:
Redesigning the mental health system around people
and communities**

This captures changes in the mental health system in response to Covid-19 and advocates for a new mental health vision shifting power towards communities.

**Working for Something Better:
Stories of designing, testing and leading Living Well UK systems**

Collected through listening to practitioners, these stories capture the lived experience of 'mental health, from those working in mental health systems.'

**The Living Well Dialogues:
Podcast series**

Intimate conversations between people striving to understand how their mental health system is shaped and seeking to find new possibilities to continue to grow their Living Well systems in places across the UK.

**Evaluation Report
Independently evaluated by Cordis Bright**

The evaluation assessed the extent to which the programme improved mental health and wellbeing outcomes for people, how it affected practitioners' job satisfaction and motivations, and how far it enabled positive changes in local systems.

A NOTE ON LANGUAGE

When we say ‘practitioners’, we mean everyone in a system who is trying to support people with mental health needs, from peer workers, carers and staff to managers and leaders. We use this term rather than professionals because we want to draw attention to how people think and act, rather than their formal status.

We use the term ‘mental health system’ as it is commonly understood: the role of statutory and voluntary sector organisations in providing services and the relationships between them. In this system, Mental Health Trusts control most of the power, money and people.

We use the term ‘leaders’ to describe people with lived experience and mental health practitioners in all levels and parts of the system. Rather than those solely with formal authority to make decisions and deploy resources, we define leaders as those who are seeking to collaboratively address and influence the direction of travel of the future of their mental health systems.

A NEW RESPONSE TO MENTAL HEALTH IS URGENT AND POSSIBLE

The case for evolving our mental health systems in the UK can only be understood as acute and urgent. It is also a case that is shared by a vast majority, demonstrated by successive years campaigning from lived experience groups and mental health charities, and through policy and funding initiatives.

There is a clear consensus on the need to evolve mental health systems towards greater early intervention and prevention, person-centred compassionate care, co-production, equity and human rights baked in, and a strong and well-resourced workforce.¹

Yet after all the rhetoric, policy and funding announcements, after all the successive changes in local and regional governance,² mental health systems in the UK have never managed to turn consensus into reality. Most people agree that today's response to mental health is not working, and while there are promising successes in specific areas such as early intervention in psychosis, the overall picture is bleak.

Read more about the challenges facing the UK's mental health systems here

Our work with our sites in Living Well provides a fundamental insight into why our mental health systems appear so stuck. The answer is that for too long, mental health systems all over the UK have been dominated by what we call a '**mechanistic**' response to mental health, at the expense of more '**relational**' systems.

¹ See for example: <https://www.nhsconfed.org/publications/vision-mental-health-autism-and-learning-disability-services-2032>
² In England: Primary Care Trusts (2000), Clinical Commissioning Groups (2012), Integrated Care Partnerships (2022). In Scotland: Health Boards (2001), Integrated Joint Boards (2014) and Health and Social Care Partnerships (2016).

Characteristics of **mechanistic** systems

SEPARATION

- Focus on **my part**
- Be solely accountable to **my service and my organisation**

DISTANCE

- **Disconnect** to protect myself and to not risk being overwhelmed
- **Protect boundaries** and establish parameters
- Meet **presenting** categorised needs

CERTAINTY

- **Assess** others to categorise their problems and needs
- Value only **dominant** expertise and evidence

STANDARDISATION

- Prescribe solutions that are **evidenced**
- **Quality assure**
- **Defend my perspective** and try and persuade and validate my position
- **Seek reassurance** in having followed protocol

CONTROL

- Resolve or concede quickly so as to **minimise conflicts** and maintain the status quo
- Uphold **current** authority
- Manage demand through systems of eligibility at **point of service**
- **Limit risk** through protocols and criteria
- Restore order and **maintain rules**

SCARCITY

- Value **efficiencies** to meet **short-term goals**
- **Hold onto and protect** expertise within specialisms and organisations

Characteristics of **relational** systems

CONNECTION

- Come **together**
- Be responsible for and in relation to **the whole system**

PRESENCE

- **Seek** to find shared values and intentions
- **Be in relationship** to the distress of others and risk being with that distress
- See the **whole person**

UNCERTAINTY

- **Value marginalised voices** and wisdom of lived experience
- Listen and lean into the complexity and **acknowledge difference** to my own perspective

ADOPTION AND INNOVATION

- Seek to **deepen understanding** of the problem
- **Co-produce new responses** that draw on diverse forms of wisdom
- **Encourage** change
- Step into dialogue where I **suspend my judgement** and try and take part in each other's thinking
- **Tolerate disruption** in myself and around me

NURTURE

- **Acknowledge conflicts** and seek to hold tensions in order to deepen understanding and find a 'third way'
- Foster **diverse** forms power, wisdom and expertise
- Invest in building **collaborative relationships**
- **Nurture disruption** when required and evolve rules when they are no longer fit for purpose

ABUNDANCE

- Value **investment** in **longer-term impact**
- See the whole system: **seek out and share** new and untapped resources

In a mechanistic system, practitioners work for organisations in their part of the system, they follow standardised clinical services and pathways to apply a specific part of their expertise to treat diagnosed conditions, and they use eligibility criteria and thresholds to try to control need and demand for defined population groups. The aim of this approach is to function like a well oiled machine, achieving quality and efficiency through highly managed standardisation and replication.

Eligibility criteria and thresholds are used to try to control need and demand for defined population groups. People with mental health needs have little or no agency in shaping how services are delivered. The result is a system that puts up barriers between services and sectors. It gives preference to people who best fit the support on offer, and makes it much more difficult for people with mental health needs to get holistic support (support that addresses all of someone's presenting complexity and need), where and when they need it.

MECHANISTIC

RELATIONAL

Our Living Well sites recognised that the dominance of this mechanistic response was limiting their capacity to evolve their systems. Through this powerful insight and acknowledgment, they were able to embrace the urgency of moving from the dominance of this mechanistic approach and to choose to evolve towards more '**relational**' responses.

MECHANISTIC

RELATIONAL

In a more relational system, practitioners see themselves in relationship to the whole system, they work to a shared system-wide purpose and values, they are comfortable exploring and working with apparent tensions and conflicts, and they use dialogue and stories and inquiry with peers across the system to find new and better ways of helping people in need.

Practitioners in this kind of system are committed to a shared ambition to respond to people's needs in full, and on time. They do not need to rely on eligibility criteria and thresholds, and instead can be responsive to people's needs, making it easy for them to move in and out of the system, and they take shared responsibility for supporting people, wherever they ask for support. They seek to embrace the full complexity of people's lives, including how their personal, social and economic circumstances impact on their mental health. Fundamentally, they do not see people only presenting with problems that need to be solved, and instead have a fierce belief in people and want to help them achieve bigger, better lives.

LEARNING #1

“To me, mental health system change means facilitating the right context for **people to feel able to respond** to what somebody brings ... creating the **right context** for that to happen.”

LEAD COMMISSIONER IN A
LIVING WELL SITE

Read more about our learning about mechanistic and relational systems here

MECHANISTIC

RELATIONAL

The work of our sites over four years shows us that this is not about a binary choice between a mechanistic **or** relational response. By contrast, our Living Well sites revealed how the task is to value both responses. For example, to have the best chance of significantly improving outcomes for people, we need to both value solutions that already have an evidence base, and co-produce new responses that draw on diverse wisdom. We can enquire into why existing evidence-based solutions are working for some people, and use that insight as one input into work to co-produce something new and even better. Or, a powerful way of being accountable to our organisations is to be responsible for and stay in relation to the whole system; we can connect to wider resources and use them to better meet people's needs and therefore better fulfil our organisation's mission.

Our podcast series, the Living Well Dialogues, exemplified the importance of holding this tension between the mechanistic and the relational in ways that enable new and more balanced responses to emerge.

[Listen to the podcast series here](#)

Our Living Well sites, and other pioneering places like Lambeth and Trieste, have shown that the choice to move away from the dominance of the mechanistic response and towards a more relational system and response to mental health is both possible and impactful.


2 A NEW RESPONSE REQUIRES A RADICALLY DIFFERENT ENVIRONMENT OF COLLABORATION

Our second key learning from the Living Well UK programme is that if we want to find a better way of responding to the UK's mental health challenges, we need to invest in building a radically different environment of collaboration.

This environment, built over time in trusting relationships and forged by a shared vision for the future of their system, was fundamental to the success of our sites in improving services and outcomes for people. This was not simply about engaging stakeholders to help feedback on developments and build ownership. Instead, it recognised that in order to transition to a different system, a **diverse range of practitioners, people and communities need to be engaged in a process of ongoing collaborative system leadership.**

“We don't need to become one giant thing in itself, we could be a family of separate parties who are working well together and keep your independence as different organisations”.

SENIOR CLINICIAN IN A LIVING WELL SITE



“Middle ground was achieved by finding neutral spaces to go and talk amongst Collaboratives of people who have a vested interest in coming together and dealing with this problem as a shared problem. And at that point we leave our lanyards at the door.

There is no power dynamic. We are just talking about mental health in its rawest form.”

J
PEER WORKER & POET, SALFORD

Read more about what we learnt about creating a radically different environment of collaboration here

The importance of system leadership for our UK's mental health service is in no way a new insight. However, by fostering a deeply collaborative approach to system leadership our sites gained new understanding about the influence of a set of powerful forces that were shaping their systems.

Three powerful forces were revealed as crucial to the of the task of collaborative system leadership:

PURPOSE

Purpose defines what we value and therefore where we focus our collective intentions as a system. We might best understand our purpose in the impact we wish to have through our collective activity, and therefore what outcomes we seek to define and assess to help us validate whether we are achieving that value.

POWER

Power shapes our systems in complex ways. Power is experienced in who can influence both what we value and how we work to realise that value. This power to influence can be manifested in both soft and hard ways. We experience hard power in formal agreements of authority that are made clear and apparent in the hierarchies of roles, the priorities of processes and the direction of rules. We experience soft power in more informal cultures and relationships.

PRACTICE

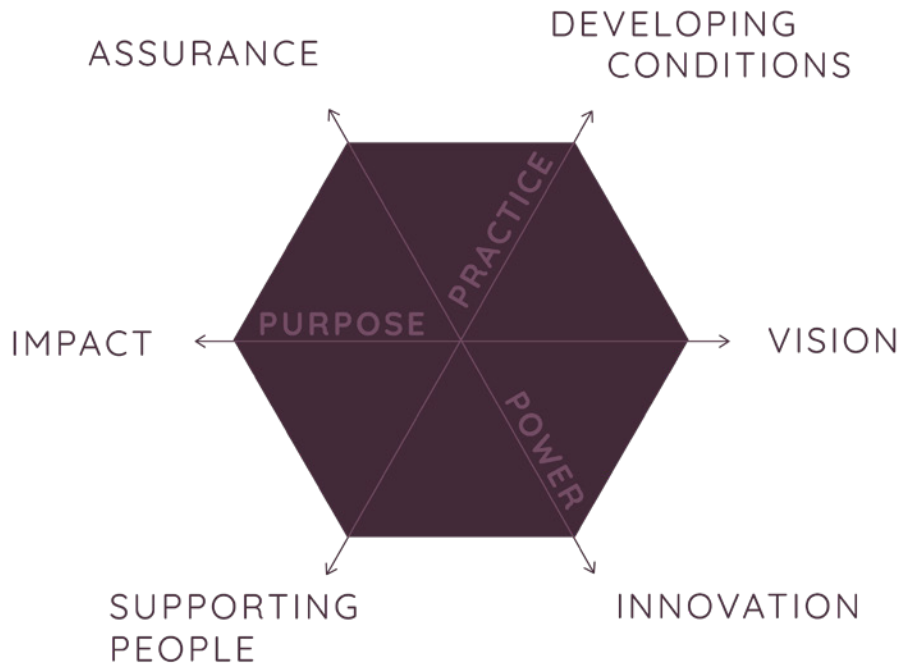
Practice describes the capacity within systems to deliver and shape the value we wish to create. It is not simply about the different disciplines of skills or expertise required to deliver care and support, but it is also about the wider culture and environment we create that either helps or hinders practitioners to practice effectively.

Together, we witnessed how these forces shaped behaviours, decisions and actions at every level of their systems; from designing and giving support and care, to making strategic decisions. We learnt how, without bringing attention to these forces, the task of transforming mental health systems - particularly in their capacity to respond and organise in more relational ways - was deeply challenging, if not impossible.

Our sites developed insight into how these forces act to produce and maintain the dominance of mechanistic responses, but also how through collaborative system leadership, they could be handled in ways that they can become an engine of creativity, innovation and progress.

Our sites also recognised powerful tensions within each force.

[Read more about the tensions underpinning these three powerful forces here](#)



By fostering a culture and environment of collaborative system leadership, our sites were able to realise the untapped possibilities offered by more relational responses:

PURPOSE

Developing a system wide vision for a renewed and enlarged purpose for mental health based on a fierce belief in people

POWER

Fostering collaboration and broadening the diversity and authority of those who are engaged in shaping mental health services and support

PRACTICE

Developing the values, culture and ways of working that encourage co-production of support with and for people experience mental health challenges

3 A NEW RESPONSE CAN EVOLVE AN ENLARGED UNDERSTANDING AND RESPONSE TO MENTAL HEALTH

Our final learning reflects the urgency and possibility of a shift in perspective on mental health that began to emerge within our Living Well sites, and that is arguably being seen in pockets in mental health systems across the UK.

Central to this shift is the need to acknowledge the failure in maintaining the narrow and limiting perspective of mental health that is produced and reinforced by the mechanistic dominance in our systems.

The mechanistic response reflects and embodies the stigmatisation of mental ill health, the dominance of the medical view of the causes and treatments for mental health, the separation of mind and body, and the failure to engage with the evidence of the impact of our social, cultural and structural contexts on our mental health.


It is not a difficult task to find evidence of the mechanistic dominance and its failures. Stories of lived experience, like those in our Living Well publication **Waiting for Something Better**, shine a clarifying light on this reality; demonstrating deep failures in the timeliness, effectiveness, and indeed equality and fairness of support.

Acknowledging this failure is a first step. The next is to make a choice to aim for a different system. To make this choice, stakeholders need to recognise and accept everyone's part in producing and maintaining a mechanistic response, and to be empathic with themselves and each other about why a mechanistic response might feel safer and easier. We then need to find the courage to explore and realise a different choice.

Living Well created a context where stakeholders can begin to deepen their awareness of this failure. This in turn enabled them to make this courageous choice and to seek to evolve a more relational response in the face of, often impossibly overbearing, mechanistic dominance. The more relational responses that they started to make allowed practitioners to hold purpose, power and practice in creative tension, and to explore new possibilities to enlarge and deepen our understanding and response to mental health.

We are by no means arguing that our Living Well sites realised a transformation into a fully relational system over the four years of the programme. But they did lay significant new foundations.

If we reflect on this progress, and the learning that it affords, we can paint a picture of a more relational future for our mental health system, and to begin to understand what we might need to pay attention to in order to move towards it.



“... one of the things we tried to do was knock down hierarchy ... you had partners of all different sizes from our main mental health providers to the small voluntary organisations trying to make an equal partnership for the people, the carers, the professionals and it gave them that freedom to speak ... People like to be called by their qualifications, but we made sure **everybody was called by their name, not by status.**”

TEAM COORDINATOR
IN A LIVING WELL SITE

OUR LEARNING IN LIVING WELL REVEALED
THE POSSIBILITY FOR A FUTURE RELATIONAL
MENTAL HEALTH SYSTEM CHARACTERISED BY THE
FOLLOWING TRANSFORMATIVE EVOLUTIONS:

AN ENLARGED PERSPECTIVE ON WHAT IMPACTS OUR MENTAL HEALTH

The evolution towards more relational systems enabled our Living Well sites to begin to better embrace the importance of the wider economic, social and cultural determinants of mental health. By doing so, they have started to shift the dominance of the idea that people's mental health is not just a function of brain chemistry, but also the result of a complex interplay of social, economic and environmental influences and conditions, including power, agency, identity, wealth and inequality.

The multidisciplinary teams that our sites created are starting to work effectively with organisations including housing, welfare rights, employment, education and training. This work is in its infancy, but it demonstrates an alternative future possibility where our conception of a mental health system is expanded and resourced to support people to live well by helping them to have good housing, safe neighbourhoods, meaningful work, access to green space, to connect with and support others.

Embracing social determinants means working with multiple systems and agencies and stepping out of the current narrow focus on health. In the much more relational systems of the future, the quality of the relationships between agencies will be taken seriously, and new collaborations will be developing and evolving new responses that help people with their housing, money, employment and personal networks. Furthermore, in this future relational system, the deep and entrenched structural inequalities, such as the structural racism so pervasive in mental health, can be more fully understood and evolved.

AN ENLARGED PERSPECTIVE ON WHAT A MENTAL HEALTH SYSTEM IS

Living Well points to a future that shifts us away from the idea of mental health systems as arrangements of teams, services and pathways that deliver treatments for limited conditions, and towards mental health systems becoming a network of relationships within a place that nurture people and communities to collectively understand and hold mental distress.

In a genuinely relational future system, people and communities will exercise control and agency over how mental health is understood and how help is organised. There will be recognised spaces and places in communities for mutual care and support. Easy to access support will be everywhere - talking to a friend, a life coach, going to a peer support group, creating art, enjoying a mindful garden, going to your GP, and, yes, getting help from a mental health service. In this future world support happens in informal and incidental spaces: pubs, hairdressers, barbershops, cafés, supermarkets as well as in more organised initiatives such as support groups and food banks. All are equally valid and trusted.

This alternative future world is a powerful reminder that when people become unwell in our current reality, we assume that the solution is to 'fix' the problem with treatment from a mental health service. Yet, as our 2020 research highlighted, what people often need is something very different; simple, practical help with everyday problems, compassionate conversations or words of encouragement and emotional support from friends and loved ones.

The current system is under huge strain. Systems that help people in communities feel more confident and able to care for themselves and others, with a more distributed holding of distress, will help reduce the burden of care on the mental health workforce and so create more sustainable formal provision. This kind of preventative system will be better able to manage demand and cost within available budgets.

Mechanistic systems struggle to grow the role of people and communities because practitioners 'other' them as separate from formal, statutory services. Relational systems help us find a transformational third way that amplifies the collective capacity of both in new relationships of collaboration.

Explore in more depth what would you expect to see in a thriving Living Well system, and how we might support mental health systems to work towards this future here

BEYOND LIVING WELL: WHAT IS NEEDED TO BRING THIS FUTURE TO LIFE?

Our hope is that the three big learnings from Living Well help demonstrate that an alternative future for our mental health systems in the UK is very urgent, very difficult, but quite possible.

Simply stated, our learning has demonstrated that in order to evolve a new response to mental health:

- **We must create** the context in which we can truly acknowledge the limiting nature of our current dominant mechanistic response
- **We must nurture** local collaborative system leadership capacity that can hold the dynamic tensions at the heart of our systems in order to evolve more relational responses
- **We must guide** our systems towards the possibilities of an enlarged perspective of mental health that these relational responses reveal to us





Our sites have made extraordinary steps despite experiencing a permacrisis that has left mental health support under huge pressure and many practitioners exhausted and even unwell. Living Well has demonstrated the potential of bringing people together, in order to begin to see themselves as a mental health system, and to foster collaborative relationships at every level.

“I look back and I **don’t** even think we had a mental health system where people could rely on each other and work together. We had lots of component parts. People knew where their job ended.”

COMMISSIONING LEAD
IN A LIVING WELL SITE

One significant and crucial product of these relationships has been the capacity of our sites to uncover and amplify the hope for a better future for their mental health system. Fostering and nurturing this hope is needed more than ever, and is the perfect response to overwhelm. As the Harvard-based social movements theorist and teacher Marshall Ganz explains, hope is the counter to ‘contaminated narratives’ that say things will always be bad and nothing will ever get better.

Moreover, maintaining hope has been key to enabling sites to find the energy and vitality required to continue on a journey of evolving a more relational response against the pressures of the dominant mechanistic context. All of our sites have experienced turbulence and disruption that has risked corroding this hope. Yet, when they find ways to reconnect with one another, to make time and space to reflect and share their experiences, and to take action together, they have been able to foster hope, and it has been this that has helped them continue on their journey.

This kind of transformation must be understood as a journey. We must recognise that evolving a more relational response, and moving from the dominant mechanistic one will take time, and we must acknowledge that it will face resistance. Our funding from [The National Lottery Community Fund](#) created a unique opportunity for our Living Well sites, yet, in hindsight, the four years of this programme was not enough.

Our sites have had to spend time and energy holding back the expectations of the mechanistic demands being placed on them in order to build new foundations for their visions of more relational ways of working. These foundations are promising, hopeful and already impactful.

But we must accept the depth of transformation they are undertaking takes time. The dominance of our mechanistic systems is entrenched in the structures and cultures of mental health. But our Living Well sites have shown that with the courage to come together to collaborate, that the possibilities of a more relational approach are very real, very urgent and quite possible.

We will leave 'J', a poet and leader with lived experience from Salford, to have the last word:

RAGE, YOUR ALLY

We know
How you see us,
After years
Of much the same.

We know
You can't appreciate
How much
We'll change the game.

We are not
The Trojan horse
To bring about
Your fall

Nor are we
The enemy -
We're the answer
To your call

Together
We can do this -
Change
The state of play.

Our rage could be
The catalyst
That brings
A brighter day.

So help us, now
To harness
The stories
Of our lives

And listen
As we bring to you
Our passion
Which will drive

The city's
Transformation,
Putting people
First -

Understanding
How to help
When
We're at our worst

We are
The helpful challenge,
Your ally
At your wing

Let's co-produce
And make good use
Of all of which
We bring...

Living Well UK is hosted and supported by **Innovation Unit**.

If you are interested in taking this learning forward with us, and to understand more about the kinds of support we can offer, you can read more about our methodology, approach and support **here**.