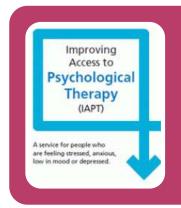
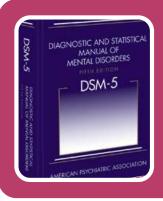




THE CONTEXT



IAPT



DSM-V (2013)

- System of diagnosis and treatment betrays a number of fundamental misunderstandings about human distress and recovery from suffering (Rankin, Backett-Milburn & Platt, 2009).
- Privileging professional understandings and a corrosion of the dignity of 'lay' human selfhood (Rapley et al 2011)
- 'Mental health work' is often performed largely outside of the Psy institutions

- Distress as responses
 - Trauma
 - Loss
 - Social dislocation
 - Oppressive personal relationships
 - Legacies of poverty
- Requires more than a passive wait for experts who can make people better.

"Mainstream models of therapy can at best be understood as making those in poverty feel a little better and at worst as a practice which silences the voices of the poor (Waldegrave, 2005).

"PSYCOMMONS" - DENNIS POSTLE



'a process of enclosing common social relations and attaching exclusivity to them such that 'ownership' of distress and ameliorating practices are moved beyond the remit of everyday people'

- Important mental distress work occurs in a great variety of lay social settings
- In arts centres, libraries, along river paths, in sports clubs, community group and support groups (Holmes, 2010).

Thus far these are adjuncts

RESILIENCE



RESILIENCE

Resilience approaches are incompatible with social justice approaches

FIFTH WAVE



"Resilience is an individualising neoliberal technology of responsibilization"



"There is a fifth wave approach that takes in the complicated nature of building resilience in complex ecological systems and empowers people to address political inequities and social injustice".

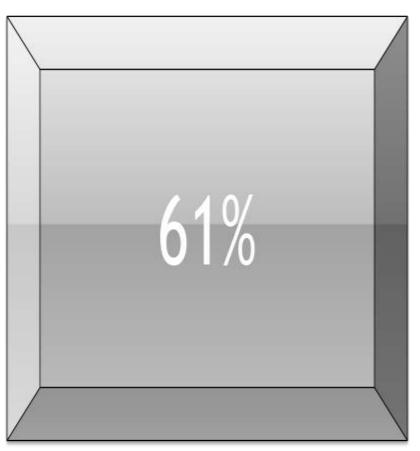


"Oh".

- Resilience incorporates knowledge on oppression and inequalities in understanding of adversity
- Practices rather than individuals become the unit of analysis
- What emerges and can conflict with or complement addressing inequalities
- Resilient practitioners take up role as advocate and or promote collective advocacy alongside disadvantaged and excluded groups

BACK TO THE BUCFP





PRACTICAL NEEDS

- The centre allowed for multiple user trajectories that could facilitate a range of different needs
- Support for centre users in urgent need
- Through a volunteering structure
- Food
- Undertaking health and creative classes like art and photography
- At their own speed



DEVIANCE

- Safe space and being allowed to just 'be'
- For those who had lived with stigmatised identities
- The centre offered an alternative social world
- It offered access to a social arena where different criteria of worth could be applied to them
- The open space and tea bar, internet, have a cup of tea, rest, socialise with others
- Safety
- Mouzelis (1998) allows for passive, indirect life orientations to emerge (not workfare)
- Identity transitions

MENTAL WELLBEING?

- 61%
- Centres like these foster networks and opportunities for disadvantaged people in a way that statutory services don't
- Where an environment is provided that allows people to get
 - Help, information
 - Safe space
 - Volunteering
 - Food
- Without waiting behind what Cigno refers to as 'a glass partition' (1988).

amaze





42.9% of eligible applicants do apply but are initially turned down (Banks & Lawrence, 2005).

- Finance
- Social isolation and loneliness
- Professionals
- •Vigilance
- Mental health and antidepressants
- Feelings of desperation, exhaustion, depression, suicidal ideation, anxiety and relationship breakdown were often the eventual outcomes

- DLA form as boundary object
- Technical challenge 'hideous'
- Emotional challenge
- Validation
- Amaze
 - Rose tinted spectacles
 - Other information
 - Successful awards
- Contributed very positively to both their financial and mental health
- The organisation as 'Rogerian' therapist

Disability Living Allowance – claim for a child under 16

Please fill in the claim form and send it back to us as soon as you can. We can only consider paying benefit from the day we receive it.

You may find it agains to TS in the questions in this claim form if you need the histop first. If you need halp filling in this form, or any quel of it, whose or CBSS 86 22 50.

Part 1 - About the chil	d	
Samura or body more		
Other names in fall		
Any other surromes or Savely coines the child has hed		
lac	Male. Service	
Andreas where the phild free		

INFORMAL BENEFICENT SETTINGS

- Informal settings- Challenging the enclosed dominance of 'Psy'
- Therapeutic culture and experts with a privileged hotline to the truth
- Using the term beneficent of spaces and practices to move away from the therapeutic, medicine, passivity and lay impotence
- Experiences of humanity, compassion, benevolence, support, agency, space and connectedness. AND EXPERTISE
- Routine human practices, routine everyday forms of expertise distress as a banal

- A focus on fluidity
- Distress is a messy object
- Can take different shapes in different contexts and spaces (Mol, 2007).
- Fifth framework- Objects in physical space can be detected only in a network of relations that makes them visible.
- As it moves from the centre to the periphery of social networks, from for instance the psychiatrists or GPs office to a community setting, the truths which form it become progressively less reliable.
- In other locations distress can change shape or even disappear altogether, it may become invisible or differently visible.









AN EVALUATION OF THE BRIGHTON UNEMPLOYED FAMILIES CENTRE

By Dr Carl Walker and Dr. B

The Amaze ability Living ce project...

Conclusions for how we approach mental distress in the 21st centurydemocratising distress?

ences of led children nd Hove

evaluation by Carl Walker Streatfield from the School of Applied Social Science University of Brighton

November 2012

