The LGBT Health and Inclusion Project

Five Ways to Wellbeing
LGBT People's Focus Groups

The LGBT Health and Inclusion Project

Brighton and Hove NHS Clinical Commissioning Group (BH CCG) and Brighton and Hove City Council (BHCC) have commissioned the LGBT Health and Inclusion Project at Brighton and Hove LGBT Switchboard to conduct a series of consultation and engagement activities with local lesbian, gay, bisexual and trans people (LGBT) people. The aim is to use the information gathered to feed into local service commissioning, planning and delivery.

Please note, the following report presents information about the consultation and engagement work conducted by LGBT HIP, and should not be taken as a position statement of Brighton and Hove LGBT Switchboard or of any participating organisation.

Introduction

BH CCG and BHCC are jointly developing a strategy to improve mental wellbeing amongst the local population. This follows data that suggests that residents of Brighton and Hove experience higher rates of poor mental health, suicide and self-harm. A recent survey of self-reports of mental wellbeing according to indicators such as anxiety, feelings of life satisfaction, happiness and activities engaged in being worthwhile also indicated lower levels of mental wellbeing among local residents relative to the national average. Improving mental wellbeing has therefore been identified as a key priority in the strategy of the local Health and Wellbeing Board.[1]

The officials developing the strategy have identified that Brighton and Hove has a disproportionately large number of groups nationally identified as being at risk of mental ill-health. This includes LGBT people.[2] They were therefore especially keen to ensure that consultation with LGBT people was undertaken (alongside other groups) as part of the strategic development work, and asked LGBT HIP to carry out this work.

Method

To explore the views and perceptions of LGBT people about the strategy, LGBT HIP convened two focus groups for local LGBT people. To recruit participants, individuals who were registered to receive information about LGBT HIP were informed about the sessions by email. In addition, B&H LGBT Switchboard's Twitter and Facebook facilities were used to recruit participants. Local LGBT and other community and voluntary groups were also contacted and requested to pass the recruitment details on to service users and beneficiaries.

The focus groups consisted of two two-hour sessions, held at Community Base in Brighton. Participants were paid a £20 honorarium to attend. They were assured of confidentiality and anonymity and a group working agreement was set to ensure a respectful and open group process. The groups were facilitated by the coordinator of LGBT HIP, who took notes of the sessions.

[1] Foster, A & Mitchison C. (2014) Happiness: Brighton and Hove Mental Wellbeing Strategy Briefing Paper. (Unpublished)
[2] Ibid.

The sessions consisted of the activities as outlined in Appendix 1, with some minor variations between focus groups. The primary goals were to explore participants' understandings of concepts of wellbeing, to explore the relevance and comprehensiveness of the key theoretical model underpinning the strategy (see below) and to identify services needed to support the strategy.

The key theoretical model adopted to underpin the proposed new strategy is known as, the 'Five Ways to Wellbeing'. This model was developed by the think-tank, the New Economics Foundation (NEF) and is described as a set of evidence-based actions which promote people's wellbeing (see Table 1).[3] Consulting on this model formed part of the focus groups.

Table 1: Five Ways to Wellbeing – New Economics Foundation

Five ways to wellbeing

A review of the most up-to-date evidence suggests that building the following five actions into our day-to-day lives is important for well-being:

Connect...

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

[3] New Economics Foundation. Five Ways to Wellbeing. http://bit.ly/1cHWdOT [accessed 31st March 2014].

Findings

Overall, 16 people attended the sessions, of which, 3 declined to complete a demographic information form. Not all questions were completed on each form. Seven respondents were female, 4 were male and 2 identified as having a non-binary gender identity. One person reported being transgender. Four respondents were aged 18-24, 5 were aged 25-44, and 3 were aged 45-64. Five were white English, 1 was white Scottish and 1 was white Welsh. One respondent was Irish and 1 respondent reported 'other' as their ethnicity. Six respondents identified as lesbian, 3 as gay and 3 as bisexual. Six respondents reported that they were living with a long-term health condition and 2 respondents reported that they were disabled. One respondent stated that they were a carer.

Defining Wellbeing

Participants were first asked to consider a personal definition of wellbeing, and if they wished, to write these on a separate sheet (not all participants chose to write their definition down) (see Table 2). As a second part of the exercise, they were then asked to come together in small groups to devise a group definition (see Table 3). After this process, definitions from the World Health Organisation and the National Mental Health Strategy, as outlined in the local strategy briefing paper, were shared with the groups.[4]

- World Health Organisation definition: *An individual is able to realise his or her own abilities, cope with the normal stress of life, can work productively…and is able to make a contribution to his or her community.*

- No Health Without Mental Health Strategy definition: *A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.*

The first observation is that most definitions generated (both personal and group) were multi-faceted, recognising physical, mental and emotional elements as well as the meeting of material needs and social connectedness. In some ways, these definitions advance the more uncomplicated 'official' definitions given.

Table 2: Personal definitions of wellbeing	
Group 1	Group 2
• It is a concept to describe the ways in which we keep ourselves physically, mentally and spiritually sound, safe and happy.	• The state of being physically and mentally healthy for the majority of the time. Feeling comfortable in your own life and with yourself and having access to basic human needs – food, shelter, companionship etc.
• Feeling relaxed, happy and positive about my future. Safe, connected, relaxed and in control of my own destiny. Creative, connected, positive, supported.	• Good health. People I love in my life. Secure financially. Romance, fun, nice place to live. Feel safe/secure. Enough to eat.
• Having my needs met. Healthy food, shelter, safety, health, belonging, respect, self-confidence, self-actualisation.	
• Feeling fit, physically and mentally. Being able to look positively at life. Difficulties one feels in control of.	
• Safety, connection with people, security, health support, creative opportunities, good medical support.	
• Good health in body and mind.	

[4] Foster, A & Mitchison C. (2014) Happiness: Brighton and Hove Mental Wellbeing Strategy Briefing Paper. (Unpublished)

• The positive and physical health of a living thing.	

Table 3: Group definitions of wellbeing	
Group 1	Group 2
"Fulfilling enough of your personal needs to reach satisfaction and maintain it while being safe from pain." • Your "needs" fulfilled, safe from pain (physical, emotional and mental). • Such needs are personal and changeable. • Wellbeing must be actively worked on to be maintained. • Wellbeing is more about "satisfaction" than the achievement of all goals.	• Good physical and emotional health the majority of the time. • Having basic needs met (money, food, security, etc.). • Human companionship. • Inner peace.
"Wellbeing is feeling safe, connected, relaxed and on control of one's own destiny/existence/life." • Safety and security. • Connection with people. • Creative opportunities. • Good nutrition. • Relaxation. • Something to look forward to – rewards. • Optimism. • Feeling fit – no pain. • Feel in control and how to cope if not. • Sense of personal power. • Make it happen. • Safe, sound, happy = physical, mental & emotional. • Spirituality.	• Peace and calmness. • Having basic needs met/security. • Physical and mental balance. • Ability and skills to cope with one's daily life. • Content with the present.

Reviewing the 'five ways'

Participants were given a copy of the 'five ways' and this was read out. The groups were asked to: a) give general feedback, b) assess whether the model was comprehensive or whether there were aspects missing and to make suggestions where this was perceived to be the case.

Overall, both groups tended to view the 'five ways' as having some straightforward useful suggestions, or at least as not being actively harmful but when asked to review them, they focused to a greater degree on perceived limitations and short-comings.

Table 4: The 'five ways' feedback	
Group 1	Group 2
• Wellbeing is too broad a concept.	• There's no recognition that it's ok not to feel ok sometimes. Feeling ok all the time isn't human.
• Based on a deficit model – "you're not good enough". You have to attain it.	• It's a bit too prefect – not real life.
• It's too individualistic and victim-blaming. It's your fault you're not happy.	• It's very individualised. It's all on you. What if you need help?
• Self-acceptance isn't here. Nothing about combatting self-loathing.	• It feels a bit like a 'boot camp' – there needs to be something about taking time to work on this – doesn't all have to be done by tomorrow.
• It's too idealistic. What happens when it goes wrong or you can't achieve it?	• There's emphasis on being active but it's also important to be inactive - got to get proper rest and relaxation.
• It appears to make assumptions about what can be done/achieved.	• We all know this stuff, it's grating.

• It assumes a certain amount of wellbeing to start with – it's hard to start from a standing place.	
• Highlights obvious factors – doesn't address why it isn't already done.	
• May cause issues of the 'ideal type' – achievable for all?	
• Exclusion of too many things, e.g. connect on the internet.	
• Patronising – drawn up by civil servants teaching us to be happy – we know this.	
• The references to connection are important but it's important not to over-connect – there's no reference to connecting with yourself.	

'Five ways' suggested amendments

Participants were then asked to generate ideas as to how they would like to see the 'five ways' expanded upon or extended. There were numerous ideas generated, from encouraging a sense of self-acceptance and self-affirmation at the outset to developing practical skills and knowledge concerning how bureaucratic systems can be negotiated to ensure that needs are met.

Table 5: Suggested amendments	
Group 1	Group 2
• Add something about empowerment – there's nothing about that.	• There needs to be attention to feeling ok in yourself where you 'are' – this might not be the absence of illness or disability but the ability to cope. Thriving is great but being able to cope and be content with the present is important.
• Add content on self-acceptance – recognise this isn't a 'given' for all LGBT people.	• Add something about being able/willing to ask for help if you need it and to accept help. Don't be afraid to take sometimes (benefits, doctors etc.)
• Include content about freedom from discrimination in the 'five ways'. Challenge heteronormativity within it.	• Forgive yourself for past mistakes/things gone wrong. Don't dwell too much on the past or the future.
• Address issues of inclusion and access – these are real barriers to the 'five ways'. Yes, physical access for all but access in widest sense - "It means me as well". Address ghettoisation of LGBT people.	• Give for giving's sake. Be kind, compassionate and considerate because it's nice! Not because it adds to your own wellbeing!
• There needs to be something about creativity for its own sake, not as a learning exercise but as self-expression.	• Connect to something bigger than yourself, perhaps spirituality for some but a sense of perspective, structure and purpose important.
• Add content on freedom from pain (physical, emotional, mental).	• Needs more explicit acknowledgement that community is more than neighbourhood – community of LGBT people for example – these give a sense of common interest, connection and belonging.
• Include reference to meditation and clear thinking space.	• More inclusion of minority identities within the 'LGBT umbrella' (i.e. bisexual people).
• On connection with others – important to have time alone also. Everyone is on a continuum of extrovert/introvert – need to support choice, wherever people are on the continuum.	• Rest. Also give yourself time to do these five things – go easy on yourself.
	• Activity doesn't have to be exercise. Add other aspects of physical health that affect wellbeing, e.g. nutrition, rest.

	• More attention needed to material wellbeing – not just getting basic needs met but also disposable income to enjoy life.
	• There needs to be something about knowing how professional systems work to get your needs met: health, housing etc.
	• There needs to be more attention to basic self-care: sleep well, eat well, hydration etc.
	• Actively teach your mind to be calm/well.
	• Housing and money need to be added.

Services/interventions needed to support wellbeing

Groups were asked to consider services or interventions needed to support wellbeing. A key finding was that short-term psychotherapies were unpopular with those who had experienced them because they reportedly encouraged the uncovering of painful and difficult issues without sufficient therapeutic time to address them properly. There were also strong calls for LGBT aware and affirmative services, with calls for more services provided 'by and for' LGBT people.

Table 6: Suggested services/interventions	
Group 1	Group 2
• Genuinely long-term mental health support – no more 6 weeks CBT. This just opens 'Pandora's Box' and then leaves people to deal with issues raised.	• A one-stop-shop LGBT community centre that is genuinely accessible to all under the 'LGBT umbrella', that provides services, social space, leisure and creative activities etc.
• 'Out' GPs and LGBT accessible services.	• Identified LGBT friendly doctors – doctors who "speak LGBT".
• Vouchers to go where you want for services, e.g. if you wanted to see an LGBT therapist in private practice you could have vouchers to go there instead.	• Genuine LGBT awareness among service providers (health, housing, education, employment, benefits etc.).
	• LGBT service providers – services for LGBT people by LGBT people.

Implications for LGBT people

The discussions also focussed on whether there were particular implications of the 'five ways' approach for LGBT people or communities in relation to the strategy or its underlying principles. Overall, the discussions highlighted similar issues in both groups and feedback items have therefore been combined. The general trend was for more barriers and difficulties to be identified than supports and 'drivers'.

- The higher incidence of poor mental health within LGBT communities was noted, and it was reportedly important to acknowledge that not all communities were starting from the same 'baseline'.
- The 'five ways' approach was perceived not to take account of the experiences of some LGBT people in terms of discrimination, stigma and anti-LGBT violence. For example, the issue of isolation or risk of anti-LGBT violence may render the simple suggestion "Do something nice for a stranger" a fearful or dangerous thing.
- Similarly the suggestion to participate in sport was met with the retort by one participant as "straight people do sport," with responses from other group members about the ways in which some LGBT people felt excluded from sporting activities due to issues of gender segregation, demands that certain clothing be worn as well as perceived discrimination based on disability, body type and body image.
- The approach was also perceived not to take account of everyday heterosexism within society. For example one man spoke of feeling obliged to take down homoerotic art in his home (which he appreciated as part of his sense of wellbeing) because he had builders coming to his house whom he perceived would object.

- Reported divisions within the LGBT community were perceived to highlight an unhelpful lack of social cohesion underneath the 'LGBT umbrella'. This potentially undermined the drive for better wellbeing. For example, the fact that Brighton and Hove has four different choirs for LGBT people was cited as an example of so-called 'civil wars' that could occur within the local LGBT community.
- Discrimination within the LGBT community was also cited as a potential barrier.
- The perception that the local commercial (largely gay) scene was fuelled by drug and excessive alcohol consumption, with exclusionary norms regarding body type, age and gender was thought to be a negative factor in undermining wellbeing.
- There was also reported to be a lack of interplay between the heterosexual and LGBT communities and the question was raised as to whether sexuality specific groups may create barriers to community integration.

However, there were factors identified that were thought to support wellbeing for local LGBT people.

- A sense of a shared experience of discrimination and exclusion among LGBT people was thought to lead to greater empathy and community values and therefore a greater willingness to give help and support to others.
- Specific LGBT activities, services and community and voluntary groups were thought important in meeting needs, creating community and promoting wellbeing.
- The experience of Brighton and Hove as an accepting and tolerant city was thought to help with promoting wellbeing for LGBT people, although some questioned whether this was the case or more of a perception.

Extended comments

The feedback from the groups was both clear and comprehensive so that many of the comments from the preceding sections speak for themselves. However, there were issues that generated some extended commentary or points worth expanding upon more fully.

Discrimination, exclusion, heteronormativity and the invisibility of LGBT people in the wider culture were all thought to influence the ability of LGBT people to pursue, attain and implement the 'five ways'. A perceived lack of explicit acknowledgement of this was understood as a naive oversight. This was thought important to redress concretely in any resulting strategy.

It was also important to be aware of the wider context within which these workshops were taking place, i.e. of cuts to services and welfare benefits, with stringent assessment and application procedures reported, especially by those with disabilities or long-term health conditions. For example, one participant asked whether welfare benefit claimants would be required to demonstrate attempts to achieve the 'five ways' as a condition of receiving benefits. Although, information was given that this was not the stated intent, scepticism apparently remained.

Group 1 particularly focussed on the perceived 'patronising' tone of the 'five ways', i.e. that the exhortations contained could be read as 'common-sense' that most people would be instinctively aware of. As one participant stated on the evaluation form: "Felt very patronised by 5 Ways of Wellbeing. If this is the basis then God help us!" One participant indicated that this was a distraction from the more pressing concern of a perceived absence of accessible, LGBT-aware services. As one woman commented: "If I can have a woman GP, why can't I have an 'out' lesbian GP? I'm tired of being asked about contraception every time I go. They don't get our lives." Another woman added: "It's patronising advice not linked to accessible services to make it real."

Group 2 discussed the issue of mindfulness at length. There was a consensus that mindfulness was potentially useful to wellbeing and some participants had practised it and reportedly benefited from it. However, there were certain frustrations expressed. Firstly, that it was something of an ill-defined buzz-word; a 'flavour of the month' approach, unrealistically seen as a panacea for all mental wellbeing needs. Secondly, that it was unclear what the concept actually meant, which

could lead to poor practice in the teaching and promotion of mindfulness. In general, the group liked the idea but wanted to avoid it becoming a (cheap) mental 'sticking plaster' for more complex needs or easily dismissed as what one participant described as "oh yeah, that happy yoga stuff." One participant instead described a vision whereby mindfulness was taught robustly as a practice for daily living, "like brushing your teeth."

Conclusions

This brief consultation exercise discussed with two groups of local LGBT people their views about the concept of wellbeing and the 'five ways' approach. This was useful in exploring pre-existing concepts of wellbeing, the comprehensiveness of the 'five ways' approach, its 'fitness for purpose' with LGBT groups and the services that might be needed to support wellbeing within LGBT communities.

Before discussing the findings it is important to acknowledge the limitations. These groups cannot be assumed to be representative of the views of all LGBT people locally. The feedback represents the views of those who were motivated to attend and with some interest in the subject of mental health wellbeing. However, the groups were relatively diverse and the themes raised expansive. It is therefore reasonable to regard this exercise as identifying the broad themes and concerns that would be relevant to LGBT people in the city, with further work needed to identify patterns of distinctiveness within LGBT communities.

In the development of any health promotion strategy, it is necessary to be clear in definitional terms about the state to be promoted, in this case wellbeing. There are several leading definitions in operation; those from the national mental health strategy and WHO were just two presented in the briefing paper.[5] It will be important to ensure that any strategy develops a definition that is relevant to LGBT people. It was clear from this exercise that participants already tended to operate with fairly clear and expanded definitions of wellbeing, including physical, mental and emotional dimensions and taking account of material and social needs. In some cases, these were apparently more evolved than the official definitions given. There is therefore scope to ensure that the definition used includes these expanded concepts.

The underlying theoretical model, the 'five ways to wellbeing' was reviewed by participants. The overriding feedback might perhaps be characterised as 'ok as far as it goes' and it is important to highlight that some participants took the 'five-ways' at face value; as simply sensible advice. But as noted, it was clear that since these participants were already operating with developed understandings of wellbeing, there was a risk that the 'five ways' could be seen as 'common-sense' and therefore patronising. Therefore, there was scope to expand and develop the 'five ways' model in line with the more developed definitions already being operationalised by participants here.

There was a strong sense that the 'five ways' lacked contextual grounding, i.e. an awareness of the realities of some LGBT people's lives and the ongoing impact of oppression, discrimination, exclusion and invisibility. This may make some of the apparently simple advice sound hollow or difficult to follow. For example, this observation set out in the 'five ways' at first glance seems unproblematic: "Seeing yourself and your happiness linked to the wider community can be incredibly rewarding and creates connections with the people around you." However, this will perhaps strike a somewhat different chord with LGBT people who have experienced hate-crime or violence within their local communities, and for whom even basic personal safety cannot be assumed. Therefore, the 'five ways' requires adaption and development so that central ideas such as the need for 'freedom from discrimination' (as one participant suggested) be incorporated.

The 'five ways' were also perceived to be highly individualistic, with the onus very much on personal effort to undergo the 'five ways' boot camp (as one group characterised it). This was somewhat at odds with advice about the value of community connection. There was also a

[5] Foster, A & Mitchison C. (2014) Happiness: Brighton and Hove Mental Wellbeing Strategy Briefing Paper. (Unpublished)

concern that it could undermine self-esteem by sending unhelpful messages of perfectibility, i.e. creating unattainable standards of personal development.

There was also scepticism expressed about the utility of this approach in a context where services are being cut and LGBT people cannot always take for granted that mainstream services are 'culturally competent' to meet their needs. What happens if a person needs support or help with working on the 'five ways'? Are there sufficient, accessible, culturally competent services available to respond? It is important that support, advice and accessible services are available to counter the sense that the 'five-ways' is purely concerned with individual effort and attainment in isolation. Some LGBT people may need a system of services and interventions in place in order to realise the aspirations of the 'five ways'. Participants did not want superficial, buzzword, 'flavour-of-the-month' interventions. Mindfulness for example was thought potentially valuable but participants wanted it well taught, with a clear application to everyday living. In terms of services, 'sticking-plasters' were not wanted here either. Concrete services such as a one-stop-shop LGBT centre, services provided 'by LGBT people for LGBT people' and culturally competent mainstream services were called for.

Furthermore, in a time of intense scrutiny around welfare entitlement, at least one participant was wary that this health promotion strategy might be turned into a welfare eligibility test, which perhaps indicates some presentational issues to be attended to.

The assets and barriers experienced specifically by LGBT communities were also explored. The historical legacy of discrimination, exclusion and invisibility within 'mainstream society' significantly emerged. But so too did tensions *within* LGBT communities relating to internal divisions and discrimination and exclusions experienced there. These issues also require attention if issues of wellbeing are to be meaningfully addressed for local LGBT people. These findings suggest that not all LGBT people feel safe and included within LGBT community institutions, and not all LGBT people feel welcome and included in what the commercial (largely) gay scene has to offer. However, the LGBT community also has assets, such as a network of LGBT community and voluntary groups that were perceived to be helpful.

This consultation has begun (or more accurately continued) a dialogue about what the concept of mental health wellbeing means to local LGBT people and the utility of the 'five ways' approach. Given the well-known elevated rates of mental ill-health reported among LGBT populations, it is essential that any strategy takes account of the views of LGBT people and the need for ongoing consultation.

Recommendations

The following recommendations are offered to support the development of a local mental health wellbeing strategy, based upon these findings.

1. That any definition of mental health wellbeing takes account of the finding of this report to ensure relevance to LGBT people.

2. That the limitations of the 'five ways to wellbeing' as identified by LGBT participants in this consultation are acknowledged, and that an expanded concept is developed that takes account of the findings of this report. This should include acknowledgement of the impact of structural, cultural social and economic exclusion and inequality. An aspect that appeared to be missing was the conceptual inclusion of empowerment - without empowerment, the 'five ways' approach lacks viability and credibility.

3. That the strategy explicitly details the services, interventions and programmes to be put in place to promote wellbeing for LGBT people, including those who need advice, information or support in this respect. This must include genuinely accessible and LGBT-

aware mainstream services *and* take account of the stated preferences of some LGBT people for services provided 'by LGBT people for LGBT people.'

4. That the strategy details how anti-discrimination initiatives, inclusion work and community development will be commissioned and resourced to tackle the inequalities that LGBT people face that damages wellbeing. This needs to include activity within both 'mainstream society' *and* LGBT communities.

5. That a range of LGBT affirmative wellbeing interventions are available, with mindfulness training as just one component of a broader menu of options. Where mindfulness training is commissioned, this should be provided by accredited practitioners following evidence-based approaches, with potential benefits to participants clearly defined.

6. That any health education materials arising from the strategy are explicitly inclusive, informative and appealing to LGBT people, and that any materials produced avoid a patronising or overly prescriptive tone. This will require market testing with LGBT people.

7. That LGBT people continue to be specifically consulted on the development of all local mental health strategies.

Acknowledgements

This report was written by Nick Douglas. LGBT HIP is grateful to all those who attended the focus groups and shared their thoughts and experiences with us. Thanks also to Helen Jones (MindOut) for comments on this report.

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LGBT HIP MENTAL HEALTH WELLBEING	
DATE: 24th/27th March 2014	
LOCATION: COMMUNITY BASE, 113 QUEENS ROAD, BRIGHTON, BN1 3XG	
Activity	**Timing**
Arrivals • Refreshments available • Questionnaires	15 mins
Introductions & housekeeping • Ask individuals to introduce selves *Introduction to the session* • What is LGBT HIP • Aim of session o To gather information from LGBT people about the subject of wellbeing. *Group working agreement* • Respectful safe space • 'Chatham House' rule • Mobiles off/silent • No break	
Presentation 1: Background • Part of citywide wellbeing strategy. • People in B&H experience report less wellbeing. • LGBT people experience poorer mental health - know quite a lot about this. • Know little about what promotes resilience and wellbeing.	5 mins
Icebreaker: The last time I felt good –[round robin]	10 mins
Exercise 1: What do we mean by wellbeing? [individual & small group] • Develop a personal definition of wellbeing. • Develop a group definition of wellbeing. • What are the qualities, attributes, experiences that define a state of wellbeing? The World Health Organisation: "an individual is able to realise his or her own abilities, cope with the normal stress of life, can work productively…and is able to make a contribution to his or her community. National Mental Health Strategy (No Health without Mental Health): A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.	30 mins
Exercise 4: Five ways to wellbeing. [Small Group Discussion] • Group given copies of 'five ways' diagram and read out to group. • Are these ideas comprehensive? What's missing? • What do we experience as LGBT community that might help us do this or make it difficult to do this?	40 mins
Exercise 5: Wellbeing services and programmes [brainstorm] • What services, projects or programmes could the NHS put in place to boost wellbeing amongst LGBT people in the city?	10 mins
Closure of session • Reminder of group working agreement • How will we feed back • Evaluation forms	10 mins