Canerows and Plaits first began to host meetings called ‘Have Your Say Forums’ several years ago. At these Forums, service users are encouraged to express their views on their experiences of mental illness and their contact with mental health services. Since July 2009, Canerows and Plaits has been operating a ward visiting service. This took the form of a pilot scheme involving just two visitors, Devon Marston and Coral Hines, who focused on one ward at Springfield Hospital. Visiting once a week for an hour, Devon and Coral offered informal peer support and ordinary human kindness. They talked and listened to anyone who wished to be with them, and engaged in activities such as table tennis or board games.

Sometimes these conversations between visitors and patients resulted in positive changes on the wards. Canerows and Plaits is a group organised for and by mental health service users from Black and minority ethnic (BME) backgrounds. Its purpose is to improve the experiences of mental health service users with a BME background in Wandsworth, both in the community and on the mental health wards of Springfield and Queen Mary’s Hospitals (South West London and St George’s Mental Health NHS Trust). The aims of the group reflect our personal experiences that, on the whole, BME service users have a more difficult time on the wards, something that is also supported by local statistics and the research literature (Department of Health, 2008; Office for National Statistics, 2009; Mental Health Act Commission, 2006).

Canerows and Plaits is a group organised for and by service users from Black and minority ethnic (BME) backgrounds based at Sound Minds mental health arts project in Battersea, South London, UK. Its purpose is to improve the experiences of mental health service users with a BME background in Wandsworth, both in the community and on the mental health wards of Springfield and Queen Mary’s Hospitals (South West London and St George’s Mental Health NHS Trust). The aims of the group reflect our personal experiences that, on the whole, BME service users have a more difficult time on the wards, something that is also supported by local statistics and the research literature (Department of Health, 2008; Office for National Statistics, 2009; Mental Health Act Commission, 2006).
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wards. For example, the need for culturally appropriate hair care and skin cream products was raised by African and Caribbean people on the wards. Coral spoke about this at one of the Have Your Say Forums and the issue was picked up by a senior manager at South West London and St George’s Mental Health NHS Trust who was present. The calm persistence of the Canerows and Plaits Project Worker Rima Williams, who gently reminded Trust management about this issue following the Forum, was an integral part of the process that resulted in these products now being available on all Wandsworth wards. We can see from this how well the ward visits and the Have Your Say Forums can complement one another.

Canerows and Plaits has also organised socials and music events for service users on the wards, where audience participation was welcomed.

**Relationships on the wards**

The wards can be very busy places, with staff so busy with bureaucracy, medication and rules that caring seems to be delivered through the framework of that structure. This framework helps staff to deal with service users efficiently, but it does mean that very little quality time is shared. The high turnover of service users and staff also leaves little opportunity to develop therapeutic relationships.

The new way of dispensing care in mental health services – the ‘recovery’ model (Slade, 2009) – offers scope for a reframing of problems and seeing them in a more positive light. This new way of looking at things has the intention of shifting attitudes away from the long-held belief that a service user never fully recovers once they have had some kind of breakdown. Staff can go on recovery training programmes and service users can go to recovery meetings to discuss strategies and coping mechanisms. The emphasis is on achieving a fulfilling life, where the service user feels in control of their life and the support that they receive.

**Relationships with Canerows and Plaits**

Although nursing care is now being given under the ethos of the recovery model, staff still have a ‘them and us’ attitude to patients. Their professional training separates them from those labelled as unwell. The labels form a barrier that Canerows and Plaits’ visitors come without. Being service users themselves, visitors are on the same level as those they visit, and to a greater or lesser degree know where the service users are coming from. This perception is based on a shared experience of mental illness that leads to understanding, which in turn enables visitors to provide empathy and compassion. These qualities can be sensed by service users who are uplifted by them. What visitors take with them each time they go to a ward is warmth and a positive attitude – the result of which is chatter and laughter. One service user who had not spoken to anyone at all since being admitted was so intrigued by what was happening that she came out of her shell and asked the visitors who they were and what they were doing on the ward. Other service users have said that visitors bring peace and love with them.

The original purpose and focus of the Canerows and Plaits group was to help improve things for BME service users. However, when they visited wards, BME patients were often in bed heavily medicated or they were out. Visitors also found that white British service users as well as BME people wanted to engage with them. Unwilling to exclude them (which would not have been permitted on the wards anyway) the scheme has become multicultural.

**Bringing love into a place of fear**

It is now a well-observed and documented fact that the emotion of fear permeates all parts of the psychiatric system. This was explored in some depth in the groundbreaking publication *Breaking the Circles of Fear* (Sainsbury Centre for Mental
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Health, 2002). Here, the intention is to briefly point out that service users, in particular those with a BME background, are fearful as a response to the frightening experience of both mental illness and treatment. At the same time, service users’ relationships with their relatives, friends and the wider community may break down due to stigma, which stems from fear and a lack of understanding. To many service users, the future feels bleak and negative. Staff and service users have to function under a threat of violence that is not always conscious or obvious, with staff sometimes fearing that service users will get out of control.

Love is delivered

It is said that ‘Perfect love casts out fear’, (1 John 4: 18), which could describe the effect that the visits have on both patients and the visitors themselves. In interviews conducted for the evaluation of the pilot scheme, two service users said that the visitors bring them love (Reynolds & Seebohm, 2010, p17). Other service users also spoke about the positive effect of visitors:

‘I think they bring a bit of light into the place.’

‘The way she speaks is very comforting.’

‘When someone talks to you it makes you feel like a human being.’

‘They took the time to listen and helped me be optimistic, they give encouragement and hope.’

When you are distressed, and someone who has no agenda other than your well-being pays you positive attention, it is bound to have a positive effect.

Relationship between visitors and professionals

Ward visitors aim for a friendly and constructive relationship with staff, and to work in partnership for the good of all involved. Both parties have a mutual goal – the betterment of service users on the ward. For this to take place, an information exchange is vitally important. Therefore, it has become a practice that visitors check in with ward staff as they arrive and when they leave the ward, so that any issues the other party should know about can be brought to light. For example, staff can alert visitors when not to disturb someone or when a particular service user needs someone to talk to. In the same way, visitors can tell staff if service users are a danger to themselves or others. Also mundane issues like getting broken lights mended can be dealt with as a result of feedback from visitors. Staff say that this feedback is important to them.

However, staff also report that the ward is often busy and they do not always find the time that they need to give or receive feedback. They have observed, however, that even when the ward is at its most chaotic, the Canerows and Plaits visitors have a sense of calm about them as they engage with service users.

‘Sometimes the ward is really, really chaotic and they are just calmly sitting there, and they are able to be somebody that patients can speak to.’ (Staff nurse)

‘The onus is really on us to remember the time they are leaving, to set aside some protected time to get some feedback’ (Staff nurse)

When love is given and received, both parties benefit

The idea of using their personal experiences of being on the wards to serve others is what drives the visitors. They do not follow any theoretical model of peer support or recovery, but simply aim to give human kindness and compassion. The desire to give hope and encouragement to the service users is strong with them:

‘I want to pass on my experience of being on the ward from a different perspective ... and also support service users and help them look forward towards being discharged, to give hope really.’ (Visitor)

This giving of hope plants positive seeds in the minds of the service users. They can have a future
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to look forward to, as opposed to being lost in the thoughts and feelings of psychosis and neurosis:

‘When you see people who have been in the same situation as yourself and they’re thinking along the same lines as you were thinking – that there is no hope – by talking and being friendly with one another it can help you get through that.’ (Visitor)

This serving of others has a positive effect in two ways. It benefits those on the receiving end, but it also benefits those on the giving side. When one is in the mode of giving service, the focus is on the giving and those being served, so the giver is less self-centred and more centred on doing good. This makes everyone involved feel better about themselves:

‘It makes me feel elated seeing people from a state of being unwell and to getting well, seeing the transformation of them, its like a miracle, it is like a joy.’ (Visitor)

It is a case of ‘Give a little love and it all comes back to you’ (from the musical Bugsy Malone). Our visitors do not operate under the same mindset as ward staff.

**Expansion and the future**

Two trainees recently completed the classroom-based training programme for ward visitors and intend to continue with the next stage – supervised practice on the wards. As it is Canerows and Plaits’ policy to have two visitors at a time on a visit, the scheme, which now covers two wards, will soon be able to include a third.

The future for the Canerows and Plaits group will, if funding permits, be to steadily continue with the Have Your Say Forums and the ward visiting scheme along the same lines. There is also support for the idea of working in the community with newly discharged service users in their homes, and helping them to access services that they may find otherwise difficult. All in all, the Canerows and Plaits group will continue to be about showing human kindness, compassion and love.

**Acknowledgements**

Thanks go to Coral Hines and Devon Marston, hospital visitors.

**Note**

All quotes in this article are from a recent evaluation of the ward visiting scheme and Have Your Say Forums (Reynolds & Seebohm, 2010).

**References**


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