

Bridges Between

Reflections from a patient and public involvement event

When I began planning a workshop, I thought I was creating a space to inform research. What unfolded felt like something more human than that.

Through a patient and public involvement event, I invited contributors to explore their experiences of leaving hospital and returning to the community. Alongside conversation and creative reflection, contributors shared their thoughts, fears, hopes, and experiences of transition.

What emerged from these conversations was a powerful insight into what it can feel like to leave the relative safety of the ward and step back into the uncertainty of community life.

These reflections now sit at the heart of the installation.

[Image of installation inserted here]

Patient and public involvement (often shortened to PPIE) is about making sure research is shaped by the people it is ultimately for. Rather than making assumptions from a distance, it creates space to listen to lived experience and allow that to guide what questions are asked and what changes are needed.

The workshop brought together people currently receiving treatment on mental health wards. For many of those who took part, this was not their first experience of being admitted or discharged from hospital. They spoke from direct experience, not just of a single transition, but of patterns they had lived through more than once.

What emerged from the session wasn't abstract or theoretical. It was grounded in real moments, real concerns, and real hopes - shaping not only how this work is understood, but how future research questions are being developed.

Creativity as a way into conversation

During the workshop, contributors took part in a creative activity where they were invited to build small model bridges from clay and natural materials. These were initially introduced as a way of representing the connection between research and lived experience. However, as the activity unfolded, many participants began to interpret

them in a more personal way - as a bridge between life on the ward and life after discharge.

Through this lens, the bridges became a way of exploring transition into the community. Not as a single step, but as something that unfolds over time.

One participant described each phase of recovery as a “chapter”, drawing on an approach they had previously learned - acknowledge, acceptance and action - and embedding this into their bridge design. Another reflected that “each step is small, but each step gets greener”, using this to represent gradual progress and growth. Together, these reflections highlighted how the move from hospital to community is experienced not just as a practical change, but as an ongoing, deeply personal process.

Between hope and fear

In many ways, the bridges reflected a sense of movement - of steps forward, of growth, of change over time.

But alongside this, there was also a more complex emotional thread running through the conversations.

While contributors spoke about wanting their transition into the community to feel hopeful, this wasn't always how it was experienced. For many, discharge was described as something far more uncertain; less like a steady crossing, and more like a sudden cliff edge. The idea of leaving the ward carried a tension between hope and fear. Hope for a different future, for independence, for a life beyond hospital. But also fear of losing the structure and safety the ward provided, and of what might be waiting on the other side.

This sense of fragility came through in different ways. Some spoke about the challenge of having “too much time to think” once home, or the abrupt shift from a supported environment to one where they were expected to manage alone. Others described the transition as feeling like a drop-off, where the routine and consistency of hospital life suddenly falls away.

Together, these reflections highlighted how discharge is not simply a positive milestone, but a complex and often precarious point in someone's journey.

Steadying the transition from hospital to home

In speaking about these fears, contributors also shared what would make that transition feel more supported - what would make it feel less like a sudden edge, and more like something they could move through with a sense of stability.

A strong theme throughout was the importance of connection. Many spoke about wanting a support network in place after discharge - not just professionals, but people they could relate to. There was a clear value placed on peer support, on being able to talk to others who had experienced similar journeys and could offer understanding in a way that felt genuine.

Alongside this was a shared desire for continuity. The ward was often described as a kind of safety net - a place where routine, structure and support were built into daily life. The prospect of leaving that behind, and suddenly being expected to manage alone, felt overwhelming. Contributors spoke about wanting a clear and realistic plan in place before discharge - something that extended beyond words, and into tangible support they could rely on.

There was also a strong emphasis on purpose and identity. For many, recovery was not just about managing symptoms, but about finding something meaningful to return to. Having a sense of purpose - whether through social connection, activities, or work - was seen as an important part of making the transition feel possible.

At the same time, contributors were clear that support could not be one-size-fits-all. There was a desire to be heard and understood as individuals, with plans that reflected their specific circumstances, rather than being shaped by a standard approach.

Taken together, these reflections point towards something quite simple, yet often difficult to achieve - a transition that feels connected, continuous, meaningful, and personal.

Trust

Running through many of these conversations was a quieter, but deeply significant theme - trust.

For some contributors, trust in services had been shaped by past experiences of discharge that had not gone as planned. Promised support that didn't materialise, gaps in communication, or feeling unprepared for life outside the ward had, over time, led to a sense of uncertainty.

This made the idea of transitioning back into the community feel more complex. It wasn't just about what support was available, but whether that support could be relied upon.

At the same time, trust was also spoken about in a more hopeful sense. Contributors reflected on the importance of having people around them - whether professionals, peers, or support networks - who they felt safe with, understood by, and able to rely on.

In this way, trust seemed to sit at the centre of the transition itself. Not always visible, but shaping how the journey was experienced, and how possible it felt.

Life beyond the ward

Alongside these reflections, contributors also spoke about the realities of life beyond the ward - and the uncertainty that can come with it.

For some, this included concerns about where they would be living, and whether that environment would feel safe or supportive. The idea of returning to accommodation linked to difficult experiences, or environments where drugs or alcohol were present, felt unsettling, and in some cases, counterproductive to their recovery.

Others spoke about the shift in responsibility that comes with discharge. While the ward was often described as structured and containing - with routines, support, and space to step back when feeling overwhelmed - life outside was seen as requiring a sudden level of independence that could feel difficult to manage.

There were also quieter concerns about isolation. Some contributors described the challenge of having “too much time to think” once at home, particularly without meaningful activity or social connection in place.

These reflections highlight that the transition from hospital to community is not only about leaving a place, but about what someone is returning to - and whether that environment supports their wellbeing, or places additional strain on it.

Implications for research through lived experience

As well as sharing their experiences of discharge, contributors also reflected on the role of research itself - and what it would mean for it to feel meaningful.

A clear message was the importance of being involved. Many spoke about wanting spaces like this to continue, where people could share their experiences openly and feel listened to, rather than having their stories reduced to something distant or abstract.

There was also a strong emphasis on wanting to see change. For some, previous experiences had led to a sense of scepticism - a feeling that research or feedback does not always lead to visible differences in practice. Being able to see how their input contributes to real improvements was described as an important part of feeling motivated to take part.

At its core, what contributors were asking for was simple: to be heard, to be understood, and to know that their experiences are shaping something tangible.

Listening to these experiences has shifted how I think about this area of research. My interest in the transition from inpatient care to the community, and in approaches such as social and therapeutic horticulture, was already there. But hearing directly from people who have been through this process has added a different kind of depth to that understanding. What came through most strongly was not just the need for support, but the kind of support that feels meaningful - connection, routine, purpose, and a sense of being understood. It has made me think more carefully about where approaches like social and therapeutic horticulture might sit within this. Not as a solution in itself, but as something that could offer a shared space, a sense of structure, and opportunities for connection at a point that can otherwise feel uncertain.

These conversations have shaped my research questions towards understanding what supports a more connected and meaningful transition from hospital to community, and how approaches such as social and therapeutic horticulture might contribute to that.

Within this workshop, contributors spoke about fear, hope, trust, purpose, and the uncertainty of what comes after discharge.

What emerged was a reminder that transition is not simply about leaving one place, but about feeling supported enough to arrive somewhere else.

By Tamara Batchelor, May 2026

Acknowledgements

With thanks to all the contributors for their invaluable lived-experience contributions to this workshop.

With thanks to Essex Partnership University NHS Foundation Trust for supporting this work and enabling the involvement of both staff and service users.

With thanks to the National Institute of Health and Care Research for funding the Bridges Between PPIE workshop and supporting my research fellowship, hosted by UCL March 2025- March 2026.