EVOLUTION OF PROGRAMME THEORIES: THE OUTREACH WORKER

Initial Programme Theories 1 and 5

1	C1 - If the outreach worker uses motivational interviewing techniques to provide mental health prevention and wellbeing advice *(this feels more of a resource)*	Mres1 - Individuals are better able to clarify their values and goals	Mreact1 - Increased feelings of autonomy and self-determination	O1 - Increased engagement and participation in conversation with Outreach Worker. Moreover, there is increased self-awareness and self-reflection among individuals
5	C1 - If the characteristics (e.g. personality, experience or charisma) of the service provider is considered during the assessment	Mres1 - Service providers have a friendly and approachable nature. Service providers have relevant life experiences or expertise. Service providers are able to engage participants in a dynamic and engaging way.	Mreat1 - A rapport is established with participants. Participants feel more comfortable and willing to engage in the project. A sense of excitement and interest in the project is facilitated and individuals are more willing to participate	O1 - Due to the experiences of the service provider, credibility is established and trust is facilitated.

Became refined programme theory A – Outreach Worker Personality and Skills

Context	Mechanism Resource	Mechanism Reaction	Outcome
When appointing an outreach worker, personal characteristics, skills and previous experience working with individuals with mental health challenges, are important to consider. AND The outreach worker holds some shared characteristics with the target group e.g. being a woman or sharing similar cultural backgrounds.	The outreach worker holds personal characteristics such as being jovial, pleasant, warm, likeable, friendly, compassionate, welcoming, empathic, non-judgemental and not pushy. They are a good listener and encourage hesitant individuals to be involved in the programme, open-up and speak freely. They focus on building trusting relationships within the community and believe in the strength of individuals to overcome their challenges and are motivated to meet the needs of the community. The outreach worker uses a range of skills to engage community members, including tools to facilitate discussion around physical and mental health. They aim to reduce stigma around mental health and re-frame views on mental health. And guide individuals to self-reflect and tailor support to service user's needs. The outreach worker has relevant training and experience for the outreach worker role, including experience working with individuals with mental health challenges. They have knowledge of available and appropriate services within the community and share lived experiences with community members. AND Has cultural awareness when considering the community's needs. And occupies a middle ground between healthcare professionals and family members. HOWEVER To maintain trust and safety, the outreach worker limits collecting personal information from community members.	Community members can befriend the outreach worker and find it easy to talk to them. A sense of trust is built, where community members feel comfortable and safe sharing personal challenges with the outreach worker and others. They feel heard, listened to and validated by the outreach worker. AND Shared cultural characteristics make community members feel culturally understood. Women within the community feel more comfortable talking to another woman.	Community members experience positive changes in their wellbeing, including less stress. They feel grateful for the support provided by the outreach worker. Individuals are more likely to disclose mental health difficulties and engage with the outreach worker. They receive the appropriate support and access to services, including culturally relevant services and resources.

Summary of theory

Context: When appointing an outreach worker to support community members struggling with their mental health, personal characteristics, skills, and previous work experience the post holder has, should be considered.
Mechanism resource: These include, but are not limited to, being non-judgemental, compassionate, friendly, and the ability to build trusting relationships with community members.
Mechanism reaction: This makes individuals feel safe and comfortable sharing personal challenges and feel listened to and valued.
Outcome: Community members experience positive changes in wellbeing and receive appropriate support and access to services.

FUNDED BY
NIHR | National Institute for Health and Care Research

This project is funded by the National Institute for Health and Care Research (NIHR) [Public Health Research Programme (NIHR135393/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

EVOLUTION OF PROGRAMME THEORIES: THE OUTREACH WORKER

Initial programme theory 3

3	C1 - If outreach workers identify those who may be hesitant to seek help or who have had negative experiences with the healthcare system **Development of context to outline issues around isolation and loneliness. Hesitancy and bad experiences arise in a context in another PT around being at the centre of the community.**	Mres1 - Outreach Worker can work one-to-one with participants to provide tailored support and resources based on their specific needs and circumstances		O1 - Trust is built and a rapport is established over time between the outreach worker and participant. Moreover, the outreach worker can help connect individuals with local resources and support networks, and help them learn how to advocate for their own mental health needs and navigate the healthcare system

Became refined programme theory B – A way to connect

Context	Mechanism resource	Mechanism reaction	Outcome
If members of the community who struggle with loneliness, isolation, low mood, depression and other mental health challenges, and struggle to talk about mental health due to stigma. Where there is disengagement in health services, a lack of early support for mental health, inaccessible routes to care and gaps in care provisions. And conventional mental health support services (IAPT) are not considered as the first line of support. AND If there is a lack of strategic approach to promoting mental health. And Faith leaders in the community are not necessarily equipped to provide support for mental health within the community.	The outreach worker programme brings individuals together to offer both group and 1-2-1 sessions that facilitate a space for community members to build social connections discuss mental health challenges and form a support network for community members e.g. local women. The project offers an innovative preventative model focused on early-stage intervention to engage target groups within the community. This approach is co-produced, flexible and adaptable to ensure tailoring to unique community-based needs and cultural sensitivity, so participants can benefit from mental health support at an early stage. Where participants preferences regarding their level of interaction is accommodated.	Individuals can open up, share, talk and offload their feelings, thoughts, challenges and experiences with the outreach worker and other members of the community. Participants build connections with others, feel supported by others within the group and can gain new insights. Women do not feel alone as they can share with others facing similar challenges and are able to self-reflect by listening to other experiences. A positive environment and sense of community it built amongst members of the community and members feel comfortable sitting and observing the group. Individuals are able to build connections with others in the absence of the outreach worker. Individuals have increased motivation to leave the house, enjoy attending the group sessions, and feel they can suggest other activities for sessions. HOWEVER The group predominantly speaks English, so language barriers may cause community members not to engage.	Community members feel a reduction in loneliness and isolation and improvements in confidence and other mental health markers such as stress, low mood and self-belief. Community members gain resilience and develop new strategies for coping. An upstream approach to prevention of mental ill health through helping community members to develop tools to support their mental health.

Summary of theory

Context: For those members of the community that struggle with loneliness, isolation, and other mental health challenges where there is a lack of early access for mental health support
Mechanism Resource: The outreach worker programme provides early-stage intervention to support community members. This includes providing an opportunity to bring together members in both group and 1-2-1 setting to discuss and disclose mental health challenges as well as an opportunity to build social connections.
Mechanism Reaction: Community members feel they can disclose their challenges, and not feel alone in their struggles. It builds a sense of community amongst individuals where they can self-reflect, gain new perspectives, and feel supported.
Outcome: As a result, individuals feel a reduction in loneliness, isolation, and other mental ill-health markers. Ultimately, providing an upstream approach to prevent development of mental ill health and support community wellbeing.

FUNDED BY
NIHR | National Institute for Health and Care Research

This project is funded by the National Institute for Health and Care Research (NIHR) [Public Health Research Programme (NIHR135393/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Initial programme theory 4

4	C1 - If activities were delivered on a set day, time and location regularly	Mres1 - A sense of routine and structure is created for participants	Mreact1 - Participants find it easier to plan their schedules and commit to participating in the project	O1 - Consistency in the day and time of the activities may also increase attendance as participants may be more likely to attend if they know when the activities are taking place

Became Refined programme theory C – Continuity and familiarity

Context	Mechanism resource	Mechanism Reaction	Outcome
If the outreach worker programme delivers activities at the same time, place, day and venue, and the environment in which the activities take place is familiar to community members and the same outreach worker attends each time.	Creates a sense of routine and familiarity. Service users do not need to make appointments making access and engagement with the outreach worker programme more flexible and accessible. The outreach worker can touch base with community members and provide the opportunity to chat or other creative activities.	When activities are delivered in the same familiar space, community members are more likely to attend and feel safe in a familiar environment. A sense of trust it built between the community members and outreach worker, creating a safe space to talk and feel truly listened to. A sense of flexibility is formed, as community do not feel judged, but rather understood if they are unable to attend sessions. GRADUALLY A sense of enjoyment for sessions is created and members feel motivated to engage with the outreach worker. HOWEVER Activities offered in the group may be repetitive.	Community members experience a positive change in their mental wellbeing, including reduced stress and increased confidence. They feel more able to engage in conversations. Individuals are more likely to attend and maintain engagement with the outreach worker programme. THEREFORE Participants are signposted appropriately to support services and have an increased awareness of what is available to access for community members. AND Gives community members something to look forward to weekly. OR They are fed up with doing the same activity.

Summary of theory

Context: If the outreach worker programme is delivered at the same time, in the same location, on the same day and the activities are delivered by the same facilitator.
Mechanism Resource: This creates a sense of routine and familiarity for community members. Individuals do not need to make appointments and the Outreach worker can touch base with the community.
Mechanism Reaction: Due to the continuous nature of the group sessions, a sense of flexibility is fostered within the programme allowing service users to drop in and out of sessions without judgement or explanation. Community members feel safe attending a familiar environment and will open-up, as well as having something to look forward to every week.
Outcome: With time community members develop more confidence, build friendships, and improve their mental wellbeing

FUNDED BY
NIHR | National Institute for Health and Care Research

This project is funded by the National Institute for Health and Care Research (NIHR) [Public Health Research Programme (NIHR135393/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

New programme theory D – Reach and awareness

Context	Mechanism Resource	Mechanism Reaction	Outcome
If there is a lack of awareness of the outreach worker, there is minimal advertising and community members are unaware of the content or cost of sessions. And where individuals find out about the Outreach worker programme through gate keepers (e.g. a friend or by accident). And the programme's reach is affected by cultural, or language barriers experienced by individuals.	Advertising could be improved through workshops, forums, online, community posters in local areas e.g. GP Practices, and by word of mouth or increased interactions with the outreach worker e.g. coffee mornings. AND The outreach worker has a deep understanding and awareness of local cultural and language barriers, in order to identify needs and offer suitable services.	With increased awareness via coffee mornings or other small activities, community members may feel more comfortable with other individuals and become more aware of what is happening in the community. Community members may feel more understood if cultural and language barriers are considered. Those who have benefitted from the programme believe others will also benefit.	Lack of awareness of the outreach worker programme may mean community members are not adequately engaging or benefitting from the service. Cultural and language barriers may result in less engagement. HOWEVER Greater awareness may lead to increased engagement in the outreach programme, and community members may feel a greater positive impact on their wellbeing. Leading to a more effective outreach worker programme. AND The outreach worker service could be effectively rolled out to other areas by knowing what the local community needs, what cultures and languages are present in the community, and then tailoring the support to meet those local needs.

Summary of theory

Context: Reach and awareness of the outreach worker programme or similar community-based interventions may be limited due to minimal advertising, and additional cultural and language barriers.
Mechanism resource: Focus could be placed on appropriate advertising strategies to support awareness, engagement and reach of community members.
Mechanism reaction: Community members may become more aware of the outreach worker programme and activities that are happening in the community. When cultural and language considerations are made, community members feel more understood.
Outcomes: Improvements with awareness raising and considerations of cultural and language barriers, may lead to a more effective outreach programme and therefore support overall improvement to the community wellbeing.

FUNDED BY
NIHR | National Institute for Health and Care Research

This project is funded by the National Institute for Health and Care Research (NIHR) [Public Health Research Programme (NIHR135393/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

EVOLUTION OF PROGRAMME THEORIES: THE OUTREACH WORKER

Initial programme theory 3 and 2

3	C1 - If outreach workers identify those who may be hesitant to seek help or who have had negative experiences with the healthcare system	Mres1 - Outreach Worker can work one-to-one with participants to provide tailored support and resources based on their specific needs and circumstances		O1 - Trust is built and a rapport is established over time between the outreach worker and participant. Moreover, the outreach worker can help connect individuals with local resources and support networks, and help them learn how to advocate for their own mental health needs and navigate the healthcare system
2	C1 - If outreach workers bring mental health promotion and signposting to underserved or hard-to-reach populations.	Mres1 - Stigma surrounding mental health issues is reduced		O1 - Access to care is improved for those who may not otherwise have it and individuals are signposted to appropriate services and support. A sense of community is built which can make it easier for people to seek help and support. Interactions with the Outreach Worker can also help facilitate resilience where individuals develop skills and strategies to cope with challenges

Became refined programme theory E – Centre of the Community

Context	Mechanism resource	Mechanism reaction	Outcome
If community members have had a previously bad experience with healthcare systems, hesitancy or distrust in the outreach worker programme, and a fear of negative impacts from asking for help. AND There is a diverse community, with a range of languages and faiths. AND If the community outreach worker is based and embedded within the community, under an already established organisation. AND Has good working knowledge of the local area and understanding of the community.	The outreach worker can signpost community members to available support and disseminate information about mental health services. They bring mental health promotion to members of the community and underserved populations and aims to fill a gap between mental health services and promotion. The outreach worker can proactively approach individuals in the community, no specific appointments needed. They identify and engage groups least likely to engage with healthcare-services within the community. AND The outreach worker can connect with established groups within the community e.g. via faith leaders, and gain advice and establish links and networks to disseminate information about mental health care. This supports provision of mental health support at an early stage. Good knowledge of the local area means community links can be built quickly, and bespoke support can be provided to community members. These links and connections with community leaders can support the identification of priority groups. The outreach worker is brought into already existing 'safe spaces' where people congregate. AND The outreach worker holds a range of personal skills that support engagement with the community, has good working knowledge of the local area, understanding of the community and have shared or lived experience with the target audience. HOWEVER The outreach workers may not be able to cover all pockets of the community, and therefore will be unable to engage all community groups. ALSO The outreach workers could be more proactive in making new links within the community, to try and engage those hard-to-reach members.	With the outreach worker being embedded in the community, overtime individuals begin to recognise them and their role. There is a sense of familiarity with an already established community organisation. Individuals can share and 'air-out' concerns. Trust was established and community members feel reassured and comfortable talking to the outreach worker. Community members are able to have ad-hoc chats without the need for an appointment. They also welcome the opportunity to receive information on how to access support services in their local area. AND The outreach worker is easily welcomed into more private community spaces under an established organisation and allowed access to key locations. OR Community members feel unable to take up the offer of support from the Outreach worker due to anxiety, embarrassment, and lack of confidence. Or they did not follow up on support suggested.	Community members are better able to navigate the healthcare system and more likely to engage with the outreach worker. There is improved access to care, and participants have increased awareness of services in the local area. Community members are guided to and provided with local, appropriate support. Community members wellbeing improves. AND Supports engagement of the outreach worker project. And facilitates a more rapid set up of the project as the outreach worker can 'hit the ground running'. HOWEVER In some cases, still not engaging some ethnic minority groups, due to barrier of culture and location.

FUNDED BY
NIHR | National Institute for Health and Care Research

This project is funded by the National Institute for Health and Care Research (NIHR) [Public Health Research Programme (NIHR135393/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Summary of theory E: Centre of the community

Context: When aiming to reach a culturally, religiously, and linguistically diverse set of communities making use of existing, trusted organisations already embedded in the community is important, where the outreach worker is embedded within the community.
Mechanism Resource: The outreach worker can signpost mental health resources to individuals within the community and bring mental health promotion to under-reached individuals. And they can proactively approach members of the community and draw on established community links and connections to support individual needs.
Mechanism Reaction: Individuals begin to trust the outreach worker.
Outcome: Community members are better able to navigate the healthcare system.

FUNDED BY
NIHR | National Institute for Health and Care Research

This project is funded by the National Institute for Health and Care Research (NIHR) [Public Health Research Programme (NIHR135393/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

New programme theory F – Format of delivery, environment and location

Context	Mechanism resource	Mechanism Reaction	Outcome
The wellbeing bus offers support within a range of community locations. AND The outreach worker only provides support in person, at specific times and either at local churches or community centres. HOWEVER Some of these venues may be busy, loud or chaotic.	The wellbeing bus provides visible and accessible support in convenient locations to access target populations. Challenges with the wellbeing bus, including comfortable environment and inconsistent delivery especially during COVID and monkey-pox outbreak. The outreach worker can be placed within a busy environment where it may not be appropriate to announce themselves as the mental health outreach worker, and they may get lost in a crowd of other service providers.	Visible and accessible location of the wellbeing bus makes it easier for participants to engage with the outreach worker. HOWEVER Some barriers including physical illness and financial challenges (including issues with bus fare), may mean community members are unable to access the outreach worker. AND Safety concerns during Covid, inconsistency of delivery and lack of understanding of what the outreach bus was delivering, all impacts on trust between the outreach worker service and community members. AND Community members are unwilling to open up about personal difficulties, as they require calm, quiet and private spaces at times.	Increased visibility and accessible location mean it is more likely for service users to engage with the outreach worker programme. HOWEVER Community members may not be adequately engaging with the outreach worker services and therefore not benefitting from the programme. Lack of acceptance of the outreach worker programme due to lack of trust, but trust can develop over time. THEREFORE Considerations for non-face-to-face formats of support from the outreach worker, especially if there was another health crisis like COVID, would be beneficial.

Summary of theory

Context: The outreach worker programme is offered in person at a range of locations including churches, community centres and via a Wellbeing bus.
Mechanism Resource: These formats of delivery offer high visibility and access for support
Mechanism Reaction: Highly visible and accessible locations make it easier for participants to engage, however, physical illness, financial barriers, safety concerns and a lack of understanding impact community members engagement with the service as well as trust. In addition, some community centres fostered a hectic environment impacting individuals' ability to disclose mental health issues.
Outcome: Therefore, in some cases community members may not be adequately engaging and benefiting from the outreach worker service and alternative formats of support should be considered.

FUNDED BY
NIHR | National Institute for Health and Care Research

This project is funded by the National Institute for Health and Care Research (NIHR) [Public Health Research Programme (NIHR135393/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

New programme theory G: Expectation, demand, and the outreach worker's capacity

Context	Mechanism resource	Mechanism Reaction	Outcome
When there are widening health inequalities with unmet needs in the community, and high demand for the outreach worker. AND Some community members have differing expectations of what the outreach worker can achieve.	The outreach worker does not have the capacity to support and resolve all issues within the community, at a range of different locations. AND Unmet needs mean that those individuals with severe mental health challenges are inappropriately accessing the wellbeing bus, outside the remit of the outreach worker programme's preventative model. HOWEVER The outreach workers is motivated to make individuals aware of how to better their health and wellbeing, and looks to address the areas where there are unmet needs in the community.	Community members may feel dissatisfied. AND The outreach worker feels overwhelmed with the demand and working outside the remit of the role.	Community members may stop accessing the service and do not have a positive experience of the outreach worker due to unmet expectations. Boundaries and managing expectations of what is in the capacity of the outreach worker to deliver is important to consider and should be put in place. This should support the outreach worker to maintain the boundaries of a preventive model as well as protect them from negative impacts of the demands of the role. AND Possible communications upstream to decision makers in public health to help understand community based mental health challenges and how to support delivery of similar services in different areas.

Summary of theory

Context: With widening health inequalities within the community and a high need for mental health support within the community that is not being met by mainstream services, this places high expectations on the outreach worker programme or similar services to meet demands.
Mechanism Resource: The outreach worker does not have capacity or resource to support individuals within the community, in addition some may access the programme inappropriately making the outreach worker work outside the remit of their role.
Mechanism reaction: This leads to dissatisfied community members and for the outreach worker to become overwhelmed when working out of the remit of the role.
Outcome: Community members may stop accessing services and may have negative experiences. Boundaries and managed expectation of what the programme can deliver are important to consider.

FUNDED BY
NIHR | National Institute for Health and Care Research

This project is funded by the National Institute for Health and Care Research (NIHR) [Public Health Research Programme (NIHR135393/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.