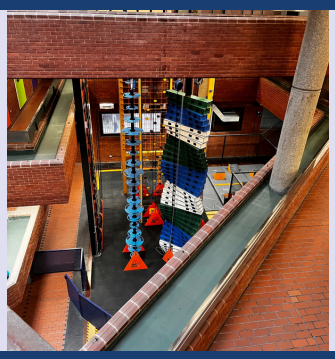
NIHR | Public Health Intervention Responsive Studies Teams

LAMBETH PREVENTION AND PROMOTION FOR BETTER MENTAL HEALTH

A Realist Evaluation of three Community-Based programmes: Demi-regularities overview

Briefing Report - July 2024



Katherine Brown, Olujoke Fakoya, Imogen Freethy, Laura Lamming, Nigel Lloyd, Lisa Miners, Adam Wagner, and Julia Jones.
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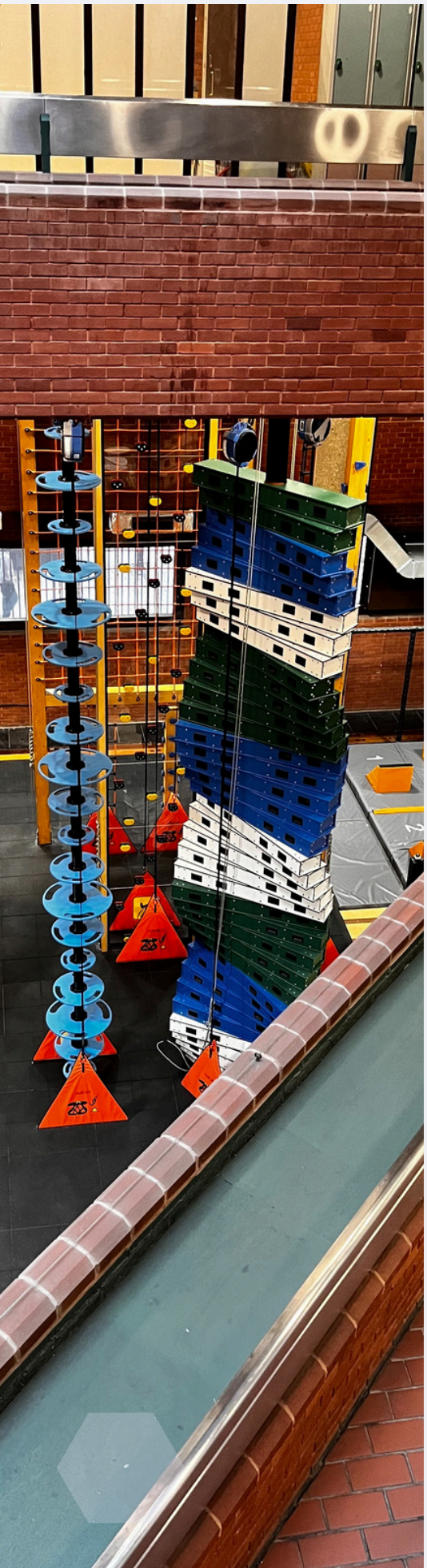


Background

This briefing outlines the overarching themes or demi-regularities developed from a Realist Evaluation of three community-based programmes delivered as part of the Prevention and Promotion for Better Mental Health fund from former Public Health England.

Lambeth Borough Council were one of many local authorities who successfully bid for funding from this scheme. Lambeth funded nine different initiatives between Autumn 2021 and Autumn 2022. All were community-based programmes aiming to target people most in need of support with mental health in the wake of the COVID-19 pandemic.

Three of the nine programmes were the focus of this evaluation (please see the programme specific briefings on the PHIRST website here), they were:

1)The Black Men's Consortium (BMC)
2)The Outreach Worker based at the Ascension Trust
3)The Loneliness project (Carers for Carers)

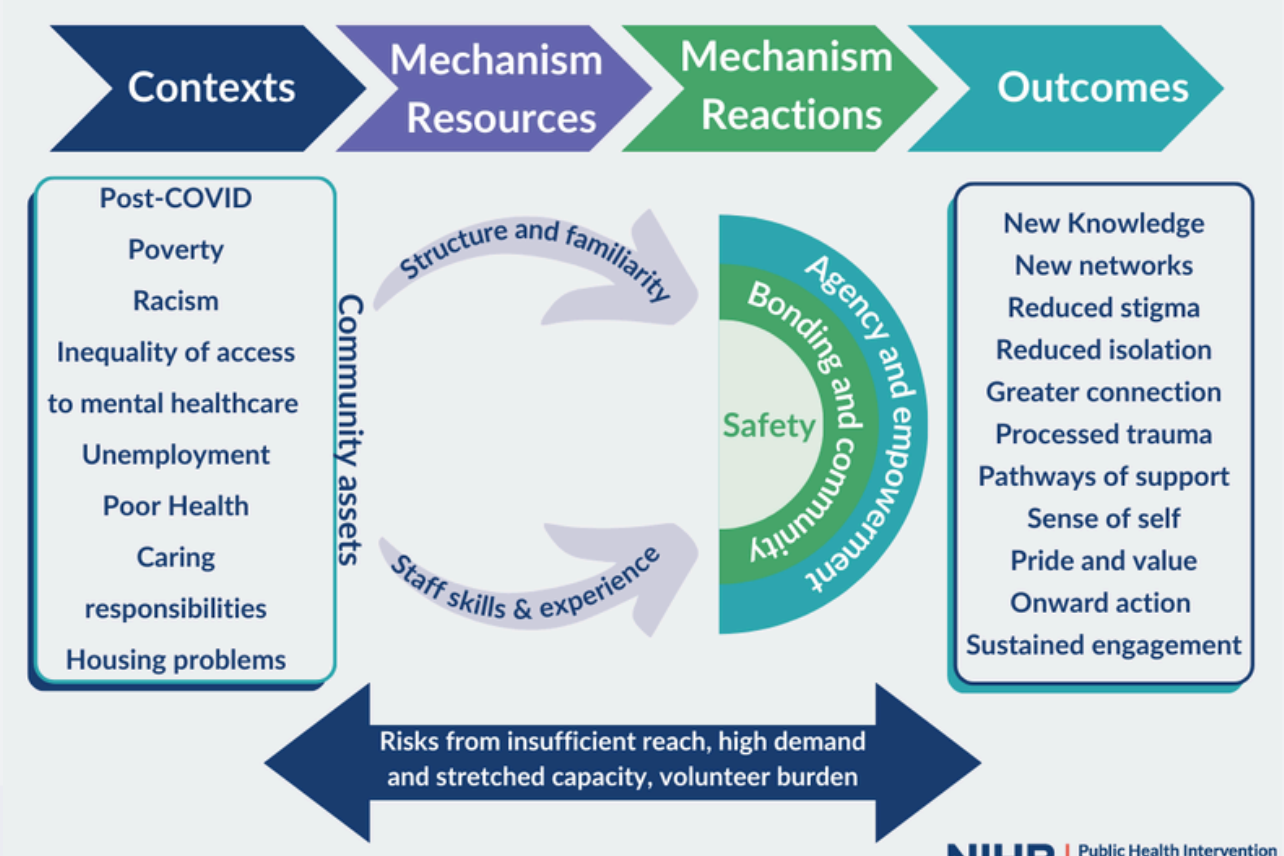
Detail on the methods can be found on the PHIRST website here. Details on how costings were allocated across the programmes and out of pocket (OOP) expenses incurred by participants in the programmes are detailed here. The demi-regularities set out within this briefing capture the common 'themes' seen across the data which give us insight into the ways the programmes worked.

DEMI-REGULARITIES OVERVIEW

Overarching demi-regularities

Five demi-regularities or overarching themes were identified across all three programmes and figure 1 below depicts how these relate to one another to create a broad theory of how these types of programmes work to support or improve mental health and wellbeing. For more detail at the level of each of the programmes evaluated, please see programme-specific briefings linked to above. The figure shows a range of relevant contextual factors that are present in Lambeth, including existing assets such as volunteers and community-based organisations that the three funded programmes drew on. The figure illustrates the way in which the skills and credibility of programme staff (demi-regularity 1) were applied to create structure and familiarity (demi-regularity 2) for programme participants. These programme resources were often able to produce a sense of safety (demi-regularity 3) amongst programme participants, which in turn supported the development of group bonding and/or a sense of community (demi-regularity 4) amongst participants and that enabled them to establish a sense of agency and empowerment (demi-regularity 5). Programmes do not always work this way for every individual (see individual programme briefings), but when they do work a range of positive outcomes were identified, as depicted in figure 1 (e.g. skill development, enhanced sense of wellbeing, reduced sense of isolation).

Figure 1: Overarching programme theory



DEMI-REGULARITY 1: SKILLS & CREDIBILITY OF STAFF

Across all three programmes, characteristics of the staff delivering programme activities was highlighted as important. This included their professional skills and experience and also personal qualities and lived experiences. For example, having lived experience of racism in relation to the BMC, and of caring in relation to Carers for Carers within the Loneliness project, were highlighted. They also included qualities such as compassion, being non-judgemental and having the ability to build trust and rapport easily. Professional skills relevant to these programmes included facilitation of drama improvisation, ability to collaborate, and being trained in supporting exercise classes. Example quotes illustrating this demi-regularity from each of the programmes are set out below:

And he has an absolute passion of working and supporting vulnerable people and he doesn't ask for anything, he does not ask you for anything whatsoever. We have an open-door policy, so even if we don't see someone for 6 months, or 6 weeks, he doesn't put pressure on them, say, "Hang on a minute." Even the ones that are in the show, if you don't turn up, you don't turn up, you know? But because he understands about how different people's mindsets are. **BMC**

I think that's one of the reasons why I've returned because there's been other projects and what have you that, you know, people are saying "oh yeah, come along", as I said it felt quite intimidating but I don't feel that here, I feel quite welcomed and, you know, relaxing, so it is somewhere that I enjoy going because of the atmosphere. **Carers 4 Carers, Loneliness project**

...we're perceived as people from the community, so even though we have our kind of specialist roles, we look very similar to the people that we were targeting. So people felt very relaxed with us and also, because our volunteers, their role was to talk to people, so we had volunteers that are very warm, very friendly and just saying hi to people, and we're known for that. **Carers 4 Carers, Loneliness project**

She's a very compassion..., she's very friendly, she has, you know, she's very easy to talk to, her approach to people is very welcoming, and that's how, I think, we found it easy to, you know, to get her attention and to engage with her. **Outreach worker programme**

...we do welcome people who have lived experience, either personally or relationally through the work that they've done. I think that's quite key. I think that also somebody who can relate to the target community, I think that's quite important as well. **Outreach worker programme**

DEMI-REGULARITY 2: STRUCTURE & FAMILIARITY

Another important theme that spanned each of the programmes was the importance of providing a regular structure, including timing and venues. Having a space that becomes familiar to participants supports feelings of comfort and safety and a regular structure supports planning to be there. Regularity also supports flexibility at the individual level, so that participants can choose how often and when to engage.

Venues in locations that are easily accessible (e.g. on public transport routes or within walking distance for target groups) within a community are important as is offering a range of venues and timings if resources allow, as this maximises access to different types of people. In contrast, short-term delivery, which occurred for some parts of the programme reduces access and potential benefit. Accessing venues that are away from a caring role was important for carers. Example quotes illustrating this demi-regularity from each of the programmes are set out below:

> *I think keeping it as the Monday, and everyone knows it's a Monday, the time is the same, the location's the same, the timing and the venue, everything's the same. So, people who come may not come for maybe a few weeks, they may think, oh do you know what I'm feeling a bit low this week, let me just go and talk to somebody. They know that the door's open. We don't have to keep sending out information that we're changing the time and the date or whatever. So, that to me is important to keep it as the same, keep it the same it is.*
>
> **BMC**

> *...it's a stable place, it's a regular place, it's central, everybody knows where it is and it's got ideal facilities there, so the building is designed for those facilities specifically around health and wellness so it's ideal.... because it's central and I know where it is. That's fine. I wouldn't want it to be awkward, somewhere that is awkward to get to, awkward to find or a long arduous walk or I don't know, on some back road somewhere, it's just very easy to find. It's quite local and it's not too hidden away, you know, and if you ask about [name of place removed] everybody knows where it is, so yeah.*
>
> **Carers 4 Carers, Loneliness project**

> *No, it's a bit more awkward if you don't know anyone, especially where you don't know the place, it does make it a lot more awkward, but because I know [Church A], and I've been at [Church A] for a while, I was already, I'm already comfortable in my environment, does that make sense.*
>
> **Outreach worker programme**

DEMI-REGULARITY 3: SAFETY

The skills and credibility of staff and the structure and familiarity of the programmes provided important building blocks for creating a sense of safety for programme participants. Feeling safe to be vulnerable, to share difficult experiences and feelings, and to process trauma was one of the main ways in which the programmes brought about improvements in or maintenance of wellbeing for those who engaged.

Drawing on established links and connections within the community supported safe onward referrals, particularly by the Outreach worker; ensuring these referral pathways are supported is important to ensure people get the right support around their mental health. Example quotes illustrating this demi-regularity from each of the programmes are set out below:

> *it's about building a group, getting a group to bond and share and feel safe, and then with them feeling safe and connected and held by other men, the issues and the topics and the things that matter to them, start to come out of them, and it's that material that we then use to sort of act out situations of, oh what would you do if this happened, and what would you do if that happened, and then all of that material leads to them talking more about, and making decisions as a group, what is the show going to be about, that we've got in the remaining time.* **BMC**

> ***Service user:*** *"Carers for Carers is good, and they help like people, like me, and more others, yes, for, you know, [?? 04.12] home, lock meself in, we know we just come and meet with people and talk, and sometime have a good friend and you can say, oh, today, how you feel and everything, and there's someone give you back for them experience, yes. So, it's good, it's helped me a lot.*
>
> ***Interviewer:*** *Yes, and so those people kind of sharing similar experiences to you.*
>
> ***Service user:*** *Yes, yes, for what Carers for Carers do they have a time when they put three in a group, and we discuss to each other, and they want to tell you their point of view, and this one will tell you, and then me start to tell my one, and then we have a laugh.*
>
> **Carers 4 Carers, Loneliness project**

> *...you begin from a position where you built trust because, having built that trust and understand why their faith perhaps is important to them or why it's important to them to speak to their community leader or not because of stigma, you can then break down that barrier so that that person can then disclose perhaps they're hearing voices or perhaps they've heard that God has told them, you know, not to take their medication.* **Outreach worker programme**

DEMI-REGULARITY 4: BONDING & COMMUNITY

Once people feel safe in the programme environment, they can begin to benefit from the experience of bonding, social inclusion, and sense of community established through their engagement in programme activities and with other people within the group. This was another important mechanism by which the three programmes were seen as operating to improve or support wellbeing. Example quotes illustrating this demi-regularity from each of the programmes are set out below:

I have never experienced this type of bonding, black men bonding as I've had here now. So I used to be in the church and the bonding in the church is different to what it is here because when you're in church you can't be vulnerable as you are here. **BMC**

...you know, sometimes you don't have no one here, you don't have a community here. So they make you have a community, because being with them is like a community, yeah, it's good.....I feel like I'm not alone....It makes me happy, every time I'm happy, every time I want to go and I'm saying, okay, Monday, Monday I'm happy to go, you see. **Carers 4 Carers, Loneliness project**

Yes, when people realise it's not just them and, that are going through life crises or difficulties or situations that leads to mental health, when people come together, and that's what's so important, what this was doing, bringing women together, because people go through stuff, women go through things, you know, we can smile, but deep down, you know, we are really hurting. So, when people are able to talk about it and open up and really feel, oh, I'm not the only one, and also learn from this person and feel, maybe, for example, this person was in a similar situation and they are in a better position because they applied this and this and this. So, yeah, people are now able to talk about it, because they realise it's not just me, because of such groups, yeah. **Outreach worker programme**

Yeah, it had, by then I was so down, but some more sharing my stories, my journey, all those things, it has really helped my mental health and no, I'm a lot more stronger than before, I can even go and talk, I can share, I can smile, but before like ooh, I'm just alone here, what, feeling like you're hopeless, that thing, now I feel I have that energy, I have that courage to do more things that I never thought I can do, yeah. **Outreach worker programme**

DEMI-REGULARITY 5: AGENCY & EMPOWERMENT

A final theme that captured the way the programmes worked was that they provided opportunities for individual agency and choice about how often and when to engage and what to get involved in. Programme participants suggestions about what kinds of activities they wanted to do in future were listened to and acted upon so that participants could see the value placed on their wants and needs. In the case of the BMC the opportunity to draw on their own life experiences, to drive the content of sessions and share their performances and outputs with local audiences added to a sense of agency and being heard. People were welcome to attend and engage at their own pace, as and when they were comfortable. Example quotes illustrating this demi-regularity from each of the programmes are set out below:

...one person only started coming about, about four or five weeks ago, and when they first came they had a hood over their head, you know, really closed, you know, and just didn't even look up, they just sat down on the chair, and occasionally they might say a word or two, but this was going on for quite a while, like it felt like for a good four or five weeks each week this person was like this. No-one said anything, no-one did anything, people just treated him as he wanted to be treated, but what people were telling me is that they noticed that he became more and more open, a couple of weeks later his hood came off, you know, he started to speak up more, and then he started to kind of take part in some of the games and activities, and just before the week before we were doing the performance, he said he wanted to be in a performance and take part. And for me that goes to show that what he, he's experiencing at the BMC is something really special to him, in order to make him come out of his shell, and to participate fully in the performance...

BMC

...it was [staff name removed] yesterday that said to me oh if I didn't mind doing a survey, so they really do encourage you to take part and especially giving feedback because obviously they want to provide a service that, you know, that there's something for everybody. So, they do encourage you to give feedback. They do encourage you to, you know, if there's surveys "take the survey so that we can get sufficient funding and we can provide you with the things that you're interested in, rather than just providing a service and we don't know what you want". Basically be a part of it and, you know, can influence your service that you receive.

Carers 4 Carers, Loneliness project

Some people have been coming every week and then some people come in drop, you know, they will miss, you know, a session or then they'll come again, you know how it is, it's just in and out, in and out, but some people are regular.

Outreach worker programme

...so you just feel like that every now and then you can have these little conversations and it just eases, you just feel like, you know, I've... feel a little bit better, because I've just moaned at someone, they don't really mind that I moaned, and I just feel more comfortable and more relaxed.

Outreach worker programme

DISCUSSION

This realist evaluation of three community-based preventive public mental health programmes in Lambeth, highlighted the value of investing in skilled professionals and volunteers and trusted existing organisations. The investment supported the provision of programmes offering familiarity and structure in community settings. In varying ways, the three programmes activated a sense of safety amongst participants, supported them to bond and experience a sense of community with others attending, and built their skills, sense of self-worth and supported their wellbeing by developing their agency and empowering them to act in support of their own wellbeing. Below we explain how these demi-regularities across the data relate to and are supported by the extant literature for preventive public mental health interventions.

It is well established that people, their characteristics, and their skills are an important part of mental health support in a treatment context. The therapeutic alliance or therapeutic relationship between someone receiving mental health treatment or counselling and their counsellor or therapist has a well-established effect on treatment outcomes (Flückiger et al., 2012). The therapeutic alliance has been proposed to represent the extent to which there is mutual engagement between counsellor and client in the work of therapy (Stubbe, 2018) and as such requires a client or service user to have trust in the skills and capabilities of the therapist to support them to achieve the desired change, such that they feel willing to engage and commit. Our data suggest that preventive services require the same perceptions of credibility and trust in the skills of programme facilitators. To some extent, shared characteristics or shared lived experiences between facilitators and participants were found to help build that sense of credibility, and that has been found elsewhere both in data about tackling loneliness in older adults (Fakoya et al., 2023) and in relation to outreach work in underheard communities (Gonzalez Benson et al., 2024). Selecting trusted community-based organisations with existing networks in a community and skilled staff and volunteers with proven track records and shared experiences appears to have contributed to the successes observed.

The use of community-based organisations and placing activities in community settings was also important for other reasons. A recent realist evaluation of public mental health interventions co-located with other services in a community (e.g. food bank, library, sports and arts-based services) found that benefits are afforded in a number of ways (Baskin et al., 2023). These include, greater capacity for holistic, person-centred care; greater accessibility within the community; reduced stigma associated with getting support; enhanced sustainability of services and increased psychological safety due to the informal and familiar environment (Baskin et al., 2023). Our data highlighted similar benefits. Specifically, how the combination of skilled community-based facilitators providing structured, regular sessions in accessible community locations engendered a sense of safety for participants. Arguably, creating a sense of safety is an important building block for any preventive mental health intervention to be effective. Feeling safe is the opposite of feeling fearful, and whilst fear is a natural response to threat, chronic or imbalanced fear is a core component of several mental health disorders (Lee et al., 2020) (e.g. anxiety, post-traumatic stress disorder). It therefore makes sense that supporting people early and preventing poor mental health can only be achieved when interventions aiming to so, begin with a focus on making people feel psychologically safe. Location of such services in the community has also been identified as beneficial for groups who may have concerns about accessing mainstream clinical services, where lack of cultural competence, language barriers and previous poor experience may lead to damaging rather than beneficial effects on those needing mental health support (Butt et al., 2015).

DISCUSSION CONTINUED

Beyond creating a sense of safety, our data show that feeling safe enabled people to share their experiences, and in turn hear about others' experiences which supported bonding with others and helped them feel part of a community. The connection between strong social relationships and better health outcomes is well established (Holt-Lunstad et al., 2010; Park et al., 2020). Recent theorisation and associated research has shown that having a social identity that psychologically connects people to other members of a group is beneficial for health and wellbeing (Haslam et al., 2022). The group membership provides an opportunity for social support from other group members (Haslam et al., 2022) and social identification with one or more groups builds self-esteem (Jetten et al., 2015) and sense of personal control (Greenaway et al., 2015) which support improved health outcomes (Haslam et al., 2022). A recent review focussed on community-based responses to loneliness in older people also identified building autonomy, new social connections and belonging as valuable mechanisms by which to improve outcomes (Noone & Yang, 2022). Similarly, our data suggest that in addition to building a sense of bonding and community, the programmes gave people a sense of control over their involvement and supported their sense of agency and empowerment. This is an important mechanism for programmes targeting middle and older-aged adults such as these, since Lee and colleagues have identified that there is a particular need to have achieved a sense of satisfaction with the self, or 'ego-integrity' in order to maintain wellbeing in later life (Lee et al., 2020). Systematic review evidence also supports the importance of giving people the ability to exercise choice and control in interventions to reduce loneliness and social isolation in older adults (Gardiner et al., 2018; Noone & Yang, 2022). Whilst the focus of this evaluation was on programmes targeting mainly middle and older aged adults, there is evidence that the building blocks of good mental health are established during childhood, adolescence and early adulthood while the brain is in development (Arango et al., 2018). The wider programme of interventions funded by the Prevention and Promotion for Better Mental Health fund included some programmes targeting younger people, and wider evidence would support investment in such programmes alongside those focussed on here.

CONCLUSION

Across the three programmes evaluated; the Black Men's Consortium, the Loneliness project and the Outreach Worker, effective support for people's wellbeing was generated by skilled and experienced staff bringing groups and services to people within a community setting at regular times and venues. They were able to create a sense of safety in the opportunities for people to access support. People were enabled to benefit from social connection, given control over the ways they could engage and empowered to take action to improve their mental health and wellbeing.

RECOMMENDATIONS

When funding permits, continue to support people and organisations that can be identified as community assets, and invested in to operate outreach and programme delivery at the community level. Recognise that shared characteristics with target communities and shared lived experiences can be beneficial but credibility can be built in other ways.

Support these kinds of programmes to maximise their reach in terms of suitable locations and dates and times that they can offer services.

Promote the key messages about creating Safety, Community and Bonding, and Agency and Empowerment to people, organisations and services aiming to support mental wellbeing within communities. The evaluation shows that these responses to a programme can be activated amongst participants by different programmes in different ways.

Although the themes of Safety, Community and Bonding, and Agency and Empowerment were identified as operating within the programmes evaluated here, it may also be worthwhile considering how these mechanisms can be supported more broadly by local authority action. Local authorities operate in a range of ways in and with their local communities and action taken could go beyond programme provision.

Onward referrals are likely to remain important and making sure when programmes are newly set up or receive new funding to do preventive work, that they have clear referral pathways in place so that those with more serious need have a way to access that, is important.

The literature suggests that the building blocks of good mental health start with good healthy development through childhood, adolescence, and young adulthood. Other programmes that were not the focus of this evaluation had targeted younger age groups than the three that were the focus here. Building the resilience and protective factors of people in early life should also be a priority for preventive public mental health work.

Lastly, this evaluation was conducted in a largely retrospective way, and in some cases, programmes or parts of programmes had finished operating or were being continued with alternative sources of funding and via goodwill and volunteering. Though funding constraints will always be an issue in a local authority context, looking at sustainability of programmes and aiming to avoid short-term approaches where possible is recommended.

University of Hertfordshire UH

UNIVERSITY OF BIRMINGHAM

UEA University of East Anglia

QUEEN'S UNIVERSITY BELFAST

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phirst@herts.ac.uk

www.phirst.nihr.ac.uk

@NIHR_PHIRST

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.

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