NIHR | Public Health Intervention Responsive Studies Teams

LAMBETH PREVENTION AND PROMOTION FOR BETTER MENTAL HEALTH

A Realist Evaluation of a Prevention and Promotion for Better Mental Health programme: the Outreach Worker programme.

Briefing Report - July 2024




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Background

An increasing number of individuals across the world are dealing with mental health challenges such as depression and anxiety (World Health Organization, 2022). These issues are considered one of the main reasons why individuals live with disability, with suicide ranking as the second leading cause of death among adults up to age 29 (WHO, 2022). The recent COVID-19 pandemic has made these struggles worse, particularly affecting those with limited financial means or resources (The Lancet Public Health, 2020).

In the United Kingdom, there has been a 22% increase in the number of working-age adults out of work due to long-term mental illness or nervous disorders compared to pre-pandemic levels (ONS, 2022). This trend is seen to be worse in areas experiencing significant deprivation (The Lancet Public Health, 2020). People living in the most deprived areas of Lambeth have a higher proportion of individuals experiencing mental health issues, and 1 in 4 people are experiencing anxiety (Lambeth Council, 2022). Additionally, data shows around 32,000 per 100,000 individuals in Lambeth accessed community and outpatient services for support with their mental health between 2019 and 2020 (OHID, 2024).

To address the mental health challenges exacerbated by the pandemic, the Prevention and Promotion for Better Mental Health and Wellbeing programme, funded by former Public Health England, was introduced in Lambeth in September 2021. Comprising nine distinct projects, the programme aimed to support residents and groups most affected by the pandemic. Among these initiatives was the Outreach Worker programme. The outreach worker programme was supported by the Public Health England funding for a total of 12 months, and Lambeth Borough council later decided to fund this post on an ongoing basis hosted by an external organisation called the Ascension trust.

The Outreach Worker project, operational since October 2021, adopts a community-centric approach to preventing mental health issues and promoting wellbeing at the neighbourhood level. Using evidence-based strategies such as motivational interviewing, the Outreach Worker focuses on reducing mental health disparities, particularly in underserved areas at higher risk. They facilitate twice-weekly meetings at community centres, churches, and the Lambeth wellbeing bus, while also providing referrals to mental health services and disseminating information on accessing support. Through these efforts, the Outreach Worker aims to foster community relationships and destigmatise getting mental health assistance.

THE OUTREACH WORKER

Aims

Using a Realist Evaluation methodology, this research aimed to identify factors that contribute to the programme's ability to reach, engage, and bring about positive change in or support for mental wellbeing for Community members within Lambeth. It also aimed to understand which factors support sustainability and maintenance of the programme and its effects.

Methods

For more information on the methodological approach, please refer to the Methods briefing available here. In summary, Realist Evaluation involves creating "theories" about how a programme will work (or not), who it works best for (and who it may not work for), and the contexts that support it or prevent it from working. The theories are developed through consultation of existing evidence and discussions with relevant stakeholders. These theories are expressed in terms of contexts (already existing conditions), mechanisms (program resources and individuals' responses to them), and outcomes (impacts or changes resulting from interactions between contexts and mechanisms). Through interviews with program leads, programme deliverers, and service users, these theories are tested and refined based on the evidence gathered. Initial program theories and details on how they evolved for the Outreach Worker program are accessible within a supplementary file here. Summaries of the refined programme theories are presented below, along with illustrative quotes from interviews.

PROGRAMME THEORY 1: PERSONALITY AND SKILLS

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.

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 **Service user**

So I think for me personally, and I think for other people, they find it quite more comfortable speaking to someone like that, rather than a pushy person, and it does help the fact that Polly is a woman, because women find it sometimes, I mean I'm seeing psychiatrists and psychologists, both men. Yes you can talk to them, but you still can't talk to them in the same way you would to a woman.
Service user

I tend to use, I tend to use motivational interviewing and also erm... I focus on actually building a rapport with these people, and I build a rapport, and just showing them that I'm listening to them, empathy and not being judgemental, valuing their opinion, and also being aware that people can only change their behaviour when they're ready to, you know, when they're ready to, you know. It's just knowing that, so that you don't push things on them, you don't, you know, erm... what's the best way to use? You know, to be forceful to them, to tell them what to do, you know, they've got their own minds, they know themselves better than anybody else, it's just respecting, it's respecting that, having that relationship with them, yeah. **Service provider**

PROGRAMME THEORY 2: A WAY TO CONNECT

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.

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 **Service user**

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. **Service user**

Oh yeah, yeah, I do, before I just go to places and just sit down and not speak, but you know, I find that I can you know, engage in conversation. **Service user**

PROGRAMME THEORY 3: CONTINUITY AND FAMILIARITY

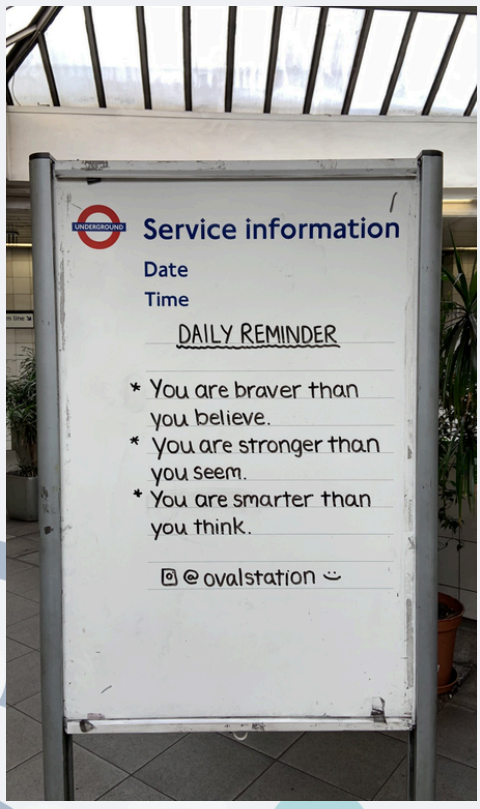
Context: If the outreach worker programme is delivered at the same time, in the same location, on the same day and the activities are delivered by the same facilitator.

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.

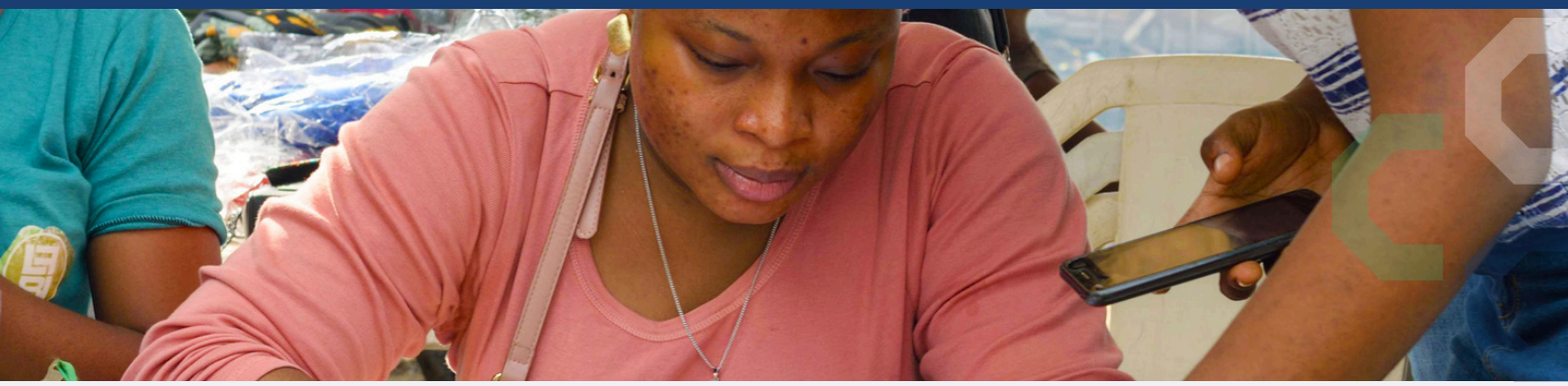
Outcome: With time community members develop more confidence, build friendships, and improve their mental wellbeing.

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, I would say about five, six people, four to five people are regular, you know, yeah. **Service provider**



Yeah, but it's better if it's just one person because one person you get to know, you don't know know the person, but like with Polly, I feel fully comfortable because I've seen Polly a few times, I know who she is, I see her quite a lot, you just feel more comfortable in going up to her going, look, I really need to discuss this, or I just need a while, you get what I'm saying? When you get a new person you're still a bit more, until you know that person, does that make sense? **Service user**

So she's coming into my environment, I'm not having to... see because like as Polly knows I'm sick, so she knows I won't turn up all the time, you don't feel like you're taking someone's space, this is people who want to know to her that are there, and I know she's ended up with a few groups of women, you know, that have had different conversations with her. But like I say it's a comfortable environment for me already, so it's not like I've got to get to somewhere, where I don't know, I don't know anybody, I think that's what made it more comfortable, is I know there. **Service user**



PROGRAMME THEORY 4: REACH AND AWARENESS

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.

It's one of the ladies that done the vouchers that has told me about Polly, you get what I'm saying? It should be a bit more, advertised what Polly does, that she is there and, you know what I mean? **Service user**

No, it was someone else that invited me here, and that was for, I think it was for the, the activities, you know, the, I think it was, you know, to do the jewellery making, and knitting and stuff like that. And then I think started getting my blood pressure checked, and then you know, sitting with Polly, and everybody just getting together really, and chatting really. **Service user**

I think interacting with people, without interacting you won't understand, you won't even know some of these things exist, but when you start to talking people, opening them, opening up, just by making, you know, like coffee morning, something small, and then make things easy, people will feel, one thing, you want people to feel comfortable with one another, and then let people know that there are things that are available, there are things that are happening and they're happening because of these reasons, and we want to see changes and these changes can be brought by putting this and that into place. Such, I think if you bring such things it will make it more effective. **Service user**

PROGRAMME THEORY 5: 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.

O**utcome:** Community members are better able to navigate the healthcare system.

> *Yeah, but it's just the same, like I say I'm not there all the time, and or I might be there but something, I'm seeing an advisor, so I don't get time to be getting into… I'll say hello, we say hello to each other, but that's about as close as I get, and like I say when did I speak to her about… a few weeks ago I think I actually had a conversation with her where I sat down at the shop, and then we had a sort of 10, 15 minutes, about 10 minute conversation, you know, oh how I'm doing and how's everything. Because that sort of thing, you know, 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.* **Service user**

> *Yeah, I think, I think when I think about Lambeth and when I think about specific pockets of communities so you might have in Streatham you have a huge Somali community, Muslims, Muslim women. We know that women suffered a lot in their mental health during the pandemic, post-pandemic because of all the issues I've already said. When you think about sort of some areas in Streatham where you have Portuguese speaking communities or Spanish speaking, when you think about other areas that have specific issues really specific to their characteristics, I think it's difficult to provide full coverage and I think there was an expectation that one stop shop meets all needs, and actually we needed to keep coming back to our unique selling point that we have a real reach within the faith communities, we have a real reach within certain ethnic minority communities and we have a real reach even beyond specific faith communities. They're quite willing to engage with us but it must be on their own terms. And so not having access to perhaps a female mental health and outreach worker who could go into the mosque, that was, or go to their women's walking group once a month, so that was, it was disappointing that we couldn't do that the first year. I'm not saying that you should just appoint someone just based on their gender, but I think that it maybe thinking about how we address the needs of specific target communities and be quite targeted and perhaps having two mental health workers would have been helpful.* **Programme Lead**

PROGRAMME THEORY 6: FORMAT OF DELIVERY, ENVIRONMENT AND LOCATION

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.

> *So the fact that the bus could go to various sites and be mobile whether it's parked outside Streatham Ice Rink where parents may be dropping off their children for skating classes or the fact that the bus is pulled up outside a food bank or in a community centre, we're trying to get access to people so turning the whole model around* **Service provider**

> *Yes, yes, because lucky for me I have a Freedom Pass, otherwise I wouldn't get out as much as I do, I couldn't afford the fares, and I know some people who I've recommended [Church A] for, to get help and what not, like they say don't you, it's either a long walk for them, and it is a long walk, because some people live a lot further than I do. Or they've got to be able to afford the bus fare, and for some people just can't, especially when you're living on the bare basics in benefits, you know, you're struggling as it is. So you know, travelling somewhere even though you know you can some help, you've got to have the money for, and I know a few people that don't turn up, they just don't have the money.* **Service user**

> *I have [disease], so I can't do, keep going to go on courses, or do anything like that, because nine times out of ten I won't get there because I'm too ill.* **Service user**

PROGRAMME THEORY 7: EXPECTATIONS, DEMAND AND CAPACITY

Context: With both widening health inequalities 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 outside 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.

> *...you saw people came who had more severe needs because actually they weren't able to access their usual routes of care so you had people who perhaps shouldn't have approached the bus but you wonder where else were they to go. So that was a huge concern, but what's going on out there and who is maintaining contact with these people, so that did take us by some surprise to be honest with you, that was a bit of a challenge.* **Programme Lead**

> *So we always had to sort of put measures to protect the mental health worker because capacity is always an issue when you're in systems that are so pressurised and there's an overspill. So it's important to ensure that people aren't expecting the world, you know, and yeah, just manage those expectations.* **Programme Lead**

> *So it's like I've got to be thinking, myself, what is it that I can do to make the role more effective so that I deliver, I support these people. So it's something that I'm constantly working on, thinking, also meeting with other people, other connectors, finding out what they do, what I can get from them and, you know, also what I can give them. So that's how I'm managing this role myself, because there was no clear cut of, this is what you do.* **Programme Lead**

CONCLUSIONS

Engagement in the outreach worker programme has led to improvements for otherwise underserved members of the community. Improvements included a range of health and wellbeing markers; increase in confidence, improved mood, decreased stress, reduced loneliness, and new friendships. These beneficial effects were experienced due to factors such as; the skills, personality and experience of the outreach worker and their placement within the community, making use of existing networks and links there; and the content of the Outreach programme and its environment.

The skills, experience, and personality of the employed outreach worker were an important factor highlighted throughout the interviews. Data suggested that the outreach worker was non-judgemental, friendly, compassionate, and had the ability to build trusting relationships with community members. In addition, their experience and skill set acquired from working with individuals struggling with mental health challenges, made community members feel more comfortable and confident which aided rapport building. Furthermore, personal characteristics, including shared gender and cultural backgrounds, supported community engagement and built a sense of trust between the outreach worker and community members.

The outreach worker programme brought individuals together into one-to-one or group settings where they could open-up and have conversations with the outreach worker or others with shared experiences. This built a sense of community which facilitated self-reflection and discussions centred around common challenges. It was important to note that the environment in which the group and one-to-one conversations occurred may support engagement. Where community members felt a sense of continuity and familiarity, e.g. activities were in the same location, at the same time of day, a sense of routine was built and a safe space was created where people felt comfortable discussing mental health challenges, and motivated individuals to engage with the programme. In chaotic, busy spaces some individuals did not feel as comfortable discussing information about their mental health, suggesting dedicated spaces for the outreach worker to occupy might be more desirable for some members of the community.

CONCLUSIONS CONTINUED

It was suggested that being a well-established and connected member of the community supported the outreach worker's ability to engage and appropriately signpost community members. It allowed the outreach worker to draw on existing links within the community to disseminate information about mental health support. It also allowed them to access existing 'safe spaces' where community members may congregate, therefore being able to access individuals who may not normally engage with health services. Additionally, being placed in community centres and churches made the outreach worker programme easily accessible to members of the community.

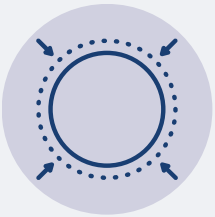
Some challenges were highlighted across the data that may need to be considered. These included limited reach and awareness of the Outreach Worker programme; cultural and language barriers experienced by community members; and the demand, capacity and expectations placed on the outreach worker. Under these conditions some service users may not be able to fully engage with or benefit from the outreach worker programme. Additionally, the outreach worker may be working outside the remit of their current role by seeing community members with more acute mental health conditions than expected. Although these challenges were highlighted, they should be considered in light of previously mentioned issues regards the outreach workers capacity and resource to support an increase in engagement.

RECOMMENDATIONS

It may be important to consider the skills, personality and previous knowledge and experience an individual has during the employment process for the outreach worker. In addition, the outreach worker should be well connected within the community and make use of already exiting links to support community members engagement with health and wellbeing services.

Continue to offer both group and one-to-one support for individuals within the community at a range of different locations, to ensure that it is as accessible as possible. To increase accessibility, different formats of delivery might be important to consider e.g. by telephone. In addition, a dedicated private space for the outreach worker is preferable.

Data suggests that there is limited awareness of the outreach worker programme and who the outreach worker is. It might be beneficial to focus on strategies to raise awareness of the outreach worker programme within the community. This could include advertising through workshops, online forms, posters in GP practices, through word of mouth or at local coffee mornings.



It may be beneficial to set boundaries within the outreach worker's role to manage expectations set by community members and prevent the outreach worker working outside the remit of their role. It may also be important to consider possible upstream communication with decision makers in public health to help understand community-based challenges and how to support and address these issues during the delivery of similar services.

Data suggests it might be beneficial to fund multiple outreach workers, with differing genders and backgrounds to help support some groups that are still underserved, so they are relatable to a range of community members.

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