COMMUNITY PROTECT IN HARINGEY

A qualitative study of mental health support for marginalised populations living in the London Borough of Haringey

As part of Haringey's Great Mental Health Programme, funded by OHID (the Office for Health Improvement and Disparities), the public health team developed Community Protect. This involved six local organisations supporting the mental health of marginalised populations through a range of community activities and training mental health ambassadors. This briefing summarises our research findings, which explored the experiences of those who commissioned and delivered Community Protect.

KEY POINTS:

- **Poor mental health affects large numbers of people and has long-term negative health and social consequences.**
- **Marginalised populations are at higher risk of poor mental health and often find it difficult to access relevant and timely support. These groups include people from minority ethnic groups and in low income households.**
- **Community based organisations are well placed to meet the mental health needs of higher risk populations. Community Protect involved the local public health team partnering with third sector organisations to fund such smaller community organisations.**
- **We found this model can improve the mental health support provided to high risk populations.**
- **Challenges to the model include short term funding, which limits the available time to develop effective partnerships and to co-produce innovative and appropriate interventions.**

Background. About 1 in 6 adults experience a common mental disorder each year, but less than half access mental health treatment [1]. Marginalised groups, including people who are socioeconomically disadvantaged, members of minority ethnic groups and those who are homeless, are at higher risk of poor mental health [2]. These inequalities increased during the Covid-19 pandemic [3]. Community interventions have been identified as having the potential to improve mental health and reduce health and social inequities [4].

The London Borough of Haringey (LBH) implemented Community Protect. This aimed to improve and maintain the mental health and wellbeing of seven target populations: people from black or minority ethnic groups, those whose first language is not English, low income households, older people, people with autism or learning disabilities, homeless people and rough sleepers, and young people not in education, employment or training.

To deliver Community Protect, LBH worked with three well-established local third sector partner organisations - Bridge Renewal Trust, Mind Haringey and Public Voice – that they had worked with previously. These larger organisations identified and supported six smaller community organisations, who worked directly with the targeted populations. The smaller organisations received funding to: recruit and train mental health 'ambassadors', run social activities, provide information about mental health, and enable digital access to mental health support.

Our study aimed to explore how well this model of partnership between public health and community organisations, which included provision of modest grants (of approximately £7000 per organisation), worked to support the mental health of marginalised communities.

FINDINGS

1 Trusted relationships are vital for marginalised communities to access mental health support

Participants reported that members of marginalised populations often distrust statutory services, due to negative past experiences, including racism. This was a major barrier to them accessing support. The leads of the organisations delivering Community Protect were generally from the same communities, and therefore understood their culture and needs, and were seen as safe, accessible, responsive and trustworthy. One participant noted a desire for research teams to also come from within the communities, so evaluation is co-produced with those who are the focus.

> ***We are part of them, we are rooted and placed in the communities. At all levels, all our workers are reflective of the community***

2 Small community organisations need to be allowed to work flexibly, to tailor activities to meet the needs of specific groups

It was important to the community organisations that they could tailor what they provided to suit their specific communities. Craft activities were well received by some groups, while others preferred physical activities such as football or walking, or one to one advice on practical issues. Organisations also needed flexibility in funders' monitoring requirements, mainly because of their specific demographics and capacity for data collection. The role of the - mainly volunteer - ambassadors, to provide one to one and group support was valued, but participants emphasised the need to have accessible professional help sources that they could signpost people to as well.

> ***"If we had more time to work things out and actually consult, then perhaps we might have adjusted some of our initiating and start goals. It was a mad scramble to start delivery"***

3 Short-term funding, and funding calls with tight deadlines, negatively impact the range of organisations that can apply and their ability to co-produce interventions with the public.

Participants expressed frustration that Community Protect was launched at such speed, due to a short funder's deadline. This limited the time available to consult with local community organisations about what was feasible to deliver, and with the public about what type of mental health support they might need. Concerns were also raised that short term funding for projects can be harmful in the long-term. Organisations and individuals can get new initiative fatigue, securing funding takes time and resources away from other work, and people become wary of accepting support, for fear that it will then disappear.

4 Pre-existing partnerships facilitate small community organisations delivering timely and relevant support

Community Protect was built on a partnership model set up during Covid-19, to support information sharing and support for marginalised groups in Haringey. These pre-existing relationships, where larger third sector organisations created a link between the public health team and the small community organisations, proved critical in setting up this mental health initiative and obtaining community organisations' buy-in so quickly. The community organisations demonstrated great creativity and agility as well as knowledge of their respective communities' needs in their ability to launch so swiftly.

> ***Now if anyone wants to fund something or engage with the community they are looking to Community Protect. They are almost being seen as the go-to consortium if we want to engage with anything***

5 Community Protect was perceived to provide multiple benefits for those involved

Public health professionals recognised that the Community Protect model enabled them to support populations they often have trouble reaching, and to learn more about their needs and barriers to accessing mainstream services. The third sector organisations had the opportunity to trial different methods to support mental health. The programme helped raise their profile, recognised their unique contribution, and provided a platform for future collaboration with the statutory sector. The ambassadors gained more understanding about mental health, plus confidence and skills in supporting others. Everyone felt that the people who engaged with Community Protect had benefitted from more social interaction and increased confidence to discuss mental health.

> ***We could start doing things that we had in our mind for such a long time, but because of the funding we were unable to start. We can actually implement all these things now, which is giving us loads of opportunities***

RECOMMENDATIONS AND CONCLUSIONS

- Small community organisations have a deep understanding of the health needs of marginalised populations and the barriers to accessing services. Their potential to play a vital role in addressing those health needs and shaping services should be acknowledged and supported. This should be in addition to rather than in place of adequate and accessible universal and specialist health and social care services.
- Collaboration with marginalised groups to co-produce interventions that meet their needs requires significant investment of time and resources. Funders should allow sufficient time for organisations to plan as well as run new interventions when putting out funding calls.
- Small community organisations should have access to more reliable and longer-term funding, to enable them to provide tailored, trusted and effective support to their communities.
- Local public health teams should invest in ongoing relationships with community organisations. This may include working with larger organisations to broker contacts with smaller ones as happened in Community Protect. This will help identify and address emerging health issues of under-served groups.
- Data monitoring and reporting requirements need to be proportionate to the grant given, and the size and capacity of the funded organisations, and need to be suitable for the population being served. Light touch methods for collecting outcome data from marginalised groups who are attending community activities need to be developed to evaluate effectiveness.

This study found that the Community Protect model – in which larger or more strategic third sector organisations create a route for public health funding to reach small, and bespoke community organisations – is an effective way to deliver appropriate mental health support to marginalised, high risk populations. This model was seen as benefitting all those involved. However, for it to work at its best, sufficient time and resources are needed to ensure genuine co-production of interventions with community organisations, and the public that they serve. Crucially, community organisations need to be adequately funded, and supported to work flexibly, so they can tailor interventions to suit the needs of their communities.

INFORMATION ABOUT THIS STUDY

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Methods: We interviewed 28 individuals involved in Community Protect: 4 from the local authority, 6 from the three partner organisations, 8 from the six community organisations and 10 mental health ambassadors. We also attended and observed 6 activities delivered by the community organisations.

We shared our findings with the partners and at a public event in Haringey, and discussed what our recommendations should be.

Interviews were recorded and fully transcribed. We used the Framework method of thematic analysis.

References

[1] McManus S, Bebbington PE, Jenkins R, Brugha T. (2016) Mental Health and Wellbeing in England: the Adult Psychiatric Morbidity Survey 2014. Leed, UK: NHS Digital.
[2] Pinfold V, Thompson R, Lewington A. et al. (2023) Public perspectives on inequality and mental health: a peer research study. Health Expectations https://doi.org/10.1111/hex.13868
[3] Camara C, Surkan PJ, Van Der Waerden J. et al. (2023) COVID-19-related mental health difficulties among marginalised populations: A literature review. Cambridge Prisms: Global Mental Health, 10, e2, 1–10 https://doi.org/10.1017/gmh.2022.56
[4] Castillo EG, Ijadi-Maghsoodi R, Shadravan S. et al. (2019) Community Interventions to Promote Mental Health and Social Equity. Curr Psychiatry Rep 21, 35 https://doi.org/10.1007/s11920-019-1017-0

Authors and Acknowledgements

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