West Yorkshire and Harrogate
Health and Care Partnership

Investigating volunteering in mental health settings

Supported by the
Harnessing the Power
of Communities Programme,
West Yorkshire and Harrogate
Health and Care Partnership
and funded by NHSE through
the Integrated Approaches
to Volunteering Programme

June 2020

Preface

Since this research was undertaken, the covid-19 pandemic has refocused services and led to new approaches to volunteering – including for those with mental health needs. The value of volunteering in mental health – both to volunteers and those they are supporting – has been evident across communities as people struggle with feelings of isolation and loneliness, anxiety and depression. Those with existing mental health needs have needed the support of volunteers more than ever, and many are experiencing challenges with their mental health for the first time.

This research highlights how volunteering benefits the health and wellbeing of both the volunteer and those receiving support within inpatient and community mental health settings, from hospitals - to provision in local communities. Nationally, there is strong evidence on the link between all types of volunteering and improved mental health and wellbeing. This report certainly reflects that.

The report concludes that there are seven things we could do differently to build on existing work:

Make volunteers an integral part of teams; improve recruitment and induction; explore different supervision options; build links between inpatient and community-based recovery; involve more Black and ethnic minority (BAME) volunteers; share skills and expertise across organisations and sectors; and support the development of a 'positive approach to risk'.

These are the things we need to think about and build into our thinking and practice moving forwards.

And it is striking in this report how positive the volunteers are about what they do. They are committed, satisfied, building social connections, and learning and growing as a result of their volunteering. We should be proud of this and build on it to enable more people to benefit both from volunteering and receiving volunteer support in inpatient and community-based settings.

Thank you to everyone who has contributed to this report – for your time and insights. We hope the report findings and recommendations will inform discussions about the engagement of volunteers in mental health settings moving forwards.

Jo Baker

Harnessing the Power of Communities

West Yorkshire and Harrogate Health and Care Partnership

Steering group and timeframe

The steering group is made up representatives from across the six districts including volunteer managers from all sectors (voluntary sector; NHS acute hospital trusts and NHS mental health trusts) in the six districts of:

1. City of Bradford
2. Calderdale
3. Kirklees
4. Leeds
5. City of Wakefield
6. Harrogate

The steering group is a sub-group of the West Yorkshire & Harrogate Harnessing Power of Communities (HPoC) programme.

Timeframe

November 2019	Formation of steering group/identification of priorities
December 2019	Development of project brief and appointment of project coordination
January 2020	Formation of 'research team' and start of interviews/research
February 2020	Completion of interviews and case studies//interim report
March 2020	Findings presented to steering group and development of next phase based on initial scoping/final report

Introduction

This report outlines our exploration of volunteering within inpatient and community mental health settings. We set out to identify what works, what could be improved and how the wider voluntary and community sector could best be involved to:

- improve service users' experience
- create meaningful and rewarding volunteering opportunities
- support frontline staff to maximise their resources and impact

Mental health emerged as a theme
Our first meetings considered investigating barriers preventing different groups from volunteering in general and potential solutions such as volunteer passports – but we felt that the fundamental work had already been done.

Mental health emerged as a theme that all members had a perspective on, including:

- Positive impact of volunteering on individuals' mental wellbeing
- The value of volunteers with lived experience
- The widespread shift to a model of proactive recovery
- Community and voluntary sector expertise in therapeutic activities
- Small number of volunteers in mental health inpatient settings compared to other acute settings
- Limited dedicated support for volunteering within the NHS

Research

We set out to understand what volunteering is like and could be like for staff, service users and volunteers in mental health services.

We carried out interviews in each of the six districts and also identified relevant case studies. We interviewed:

- 64 current or prospective volunteers active in a mental health setting
- 43 staff working with volunteers in a mental health setting

The steering group's guidance to interviewers about what to ask is in Appendix 2.

Executive summary

1. Involving volunteers in mental health settings can bring a range of benefits including:

The value of volunteers' lived experience:

1. They can embody the reality that recovery is possible
2. Their established or developing skills are a resource
3. Their links to community organisations and sources of support gives staff and service users valuable insight

Volunteers time and experience provides extra non-clinical resources for service users such as:

1. Therapeutic activities – support groups or activities such as cooking, crafting and reading
2. Time to talk – reducing service users' feelings of isolation
3. Focus on personhood - volunteers' focus on service users' needs helps to anchor and enhance service users' sense of self.

We also identified what volunteers gain from giving their time.

2. There are barriers or difficulties in involving volunteers, factors that contribute to these include:

1. Staff's limited understanding of volunteers' roles and experience
2. Supporting volunteers being seen as a burden or 'extra' to clinical staff
3. Institution/process-focused thinking that leaves volunteers out in the cold

3. There are bright spots of good practice and things working well including:

1. An allocated staff member acting as link for volunteers in inpatient settings
2. Recruitment and induction processes (with some exceptions)
3. Peer support expertise
4. Supervision of volunteers in NHS settings by a voluntary and community sector (VCS) worker
5. Examples of the VCS and NHS working together well in mental health settings
6. Established expertise in peer support, user-led service design and coproduction.

4. Seven things to think about doing differently:

1. Engage staff differently – help them to accept volunteers as integral rather than an 'extra' and improve their understanding of what volunteers offer.
2. Improve the recruitment and induction process for volunteers
3. Reduce 'burden' of supervision on clinical staff – offer a wider choice of supervision options to volunteers
4. Build links between inpatient and community-based recovery projects to improve the 'patient journey' at discharge
5. Involve more Black and ethnic minority (BAME) volunteers
6. Share skills and expertise across organisations and sectors – stop reinventing the wheel.
7. Support the development of a 'positive approach to risk' leading to increased confidence about safety and how to include and enable volunteers

NB: Initial thoughts on the impact of the covid-19 pandemic are appended in appendix 1

> "I think many volunteers go out and give the world what they did not get themselves, or they try to make a dent in a big structural injustice that they cannot solve.
>
> In that sense, you can value what volunteers do by being sincere in what the NHS wants to change and who it wants to be involved."

Volunteer who runs two bibliotherapy sessions a month on an NHS acute ward

Contents

Benefits of involving volunteers in inpatient services **Page 8**

Barriers to or difficulties experienced in involving volunteers **Page 13**

Bright spots **Page 15**

Assets **Page 16**
- Extant projects where the voluntary and community sector (VCS) and NHS are working together
- Established good practice in supervising and training volunteers

Challenges **Page 21**
- A need to diversify volunteering in mental health
- How to change the general NHS staff approach to volunteers

Seven areas to explore **Page 25**

Appendices
1. Relevant specific goals from the Helpforce HELP agenda Page 27
2. Initial thoughts on the impact of the covid-19 pandemic Page 28
3. Steering group guidance on survey questions for volunteers/potential volunteers and staff Page 29
4. Selected quotes from survey respondents in Leeds district. Page 39

Findings

Benefits of involving volunteers in inpatient services

A. Improves wellbeing of service users
B. Is an enriching experience for people who volunteer
C. Provides additional resources for staff

Factors contributing to these benefits:

1. The value of volunteers' lived experience

Personal experience of mental health offers hope to others	Many volunteers have personal experiences of mental health difficulties. They embody the reality that recovery is possible and can help patients and service users to understand more about rehab and recovery.
Established or developing professional skills are valuable to staff and service users	Some volunteers want to supplement or develop existing skills (often in counselling, mental health care or similar), while they and others also bring established professional skills such as teaching or facilitating to their roles.
Link to community organisations and sources of support gives staff and service users extra insight	Volunteers who have used or given/give time to community sector organisations such as the Recovery College or therapeutic groups are able to offer first-hand knowledge and guidance to service users and staff.

I can be an example of the fact that different things work for different people and that mental health patients vary in what they need.

I run two groups for patients: cooking and crafting. I have been a seamstress for 27 years and I want a career change. I have always had a passion for care and mental health work. My ultimate goal is to study to be a mental health nurse.

This makes me want to go to a group in the community when I get discharged.

Where I work we receive clients from the Becklin Centre and the Newsam Centre. I volunteer here because I wanted to get a better understanding of the clients we were receiving and to broaden my outlook on mental health.

Volunteering gave me hope that I could work again.

I bring my own experience of being a client and mental health experiences and clients can see where I have been and recovered.

2. What volunteers gain from giving their time

Useful skills, personal development and increased employability (development of future workforce)	Many volunteers improve their skills. This can help them to help gain employment, add to existing professional knowledge or contribute to personal development.
Satisfaction	Being able to use established skills and understanding in new ways and settings is satisfying to many volunteers. Many also find it satisfying to see how service users benefit from the services that volunteers contribute to.
Investment in own wellbeing	Volunteers often gain a sense of achievement, esteem, connectedness and purpose that enhances their wellbeing. Volunteers with lived experience of mental health often want to 'give back' and find that helping others with their recovery reaffirms their own progress and skills.

I was surprised how much it helped me. I just thought I was giving my time, but I realized how much it was helping me and I was like 'Oh, okay, wow'.

I am thinking of going into teaching and I am gaining experience eg have learned how to write lesson plans.

I have been surprised how much I have learnt and gained from it. I never dreamt it would be as interesting as it is. Don't get me wrong it is hard sometimes, but the strength and knowledge gained is

I see my role as providing something with an evidence base, that complements the existing activity roster and builds a person-centred practice that I know I needed when I was on a ward.

Once you get here, and you see the people that rely on you to do that group, and they rely on you to make them feel a bit better about themselves as well, it gives you a bit of a boost.

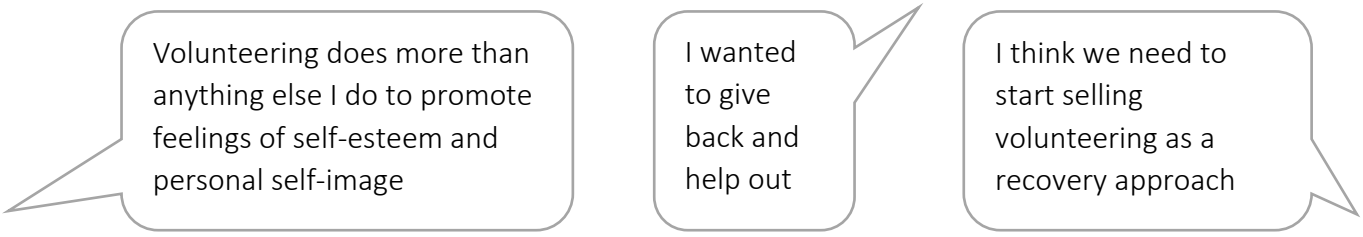
I am surprised at the participants – at how much they value the session and I enjoy watching their confidence grow

Volunteering has helped my own mental health. I have a focus. I don't think my own recovery would have gone as well without volunteering.

Reasons for volunteering

We asked respondents to choose five or fewer options that best described their reasons for volunteering from a list of 20 (the options are in the large table below). We have done a quick and dirty analysis using two methods (details below).

Our analysis shows that most people's core reasons for volunteering are a combination of wanting to do good because it's a good thing to do (and chimes with their values) and wanting to gain from that experience in a personal way.



Analysis 1 - Giving or getting?

Dividing volunteer motivations into broad categories of what they can 'give' to others and what they can 'get' for themselves revealed:

1. Overall more than twice as many 'get' reasons as 'give'.
2. That 'give' choices dominated the top five motives (88 choices to 53 'gets')

The top five choices

Looking at the top five answers shows that there were 88 'give' choices and 53 'gets'.

			Give or get?
1.	Help other people	38	Give
2.	Improves my health and wellbeing	27	Get
3.	To make a difference	27	Give
4.	I enjoy it	26	Get
5.	Give something back	23	Give

62 % of the top five were about giving

38 % of the top five were about getting

Looking at the answers overall:

- 179 reasons were in 'get' categories
- 88 reasons were in 'give' categories
- 21 reasons were in 'give and get' categories (e.g. I wanted to communicate better with others)

It's important to note that 15 of the 20 reasons offered fell into the 'get' category. Three were 'give' and two were 'give and get'

Analysis 2 - Which functional motive?

The Volunteer Functions Inventory uses six different categories to classify volunteers' motives. They are:

		Responses
Values	a way to express ones altruistic and humanitarian values	106 (37%)
Esteem	enhancing and enriching personal development	71 (25%)
Understanding	gaining knowledge, skills, and abilities	37 (13%)
Protective	escaping from negative feelings	30 (10%)
Career	developing or improving career prospects.	23 (8%)
Social	ways to develop and strengthen social ties	21 (7%)

Top five choices		Category
Help other people	38	Value
Improves my health and wellbeing	27	Esteem
To make a difference	27	Value
I enjoy it	26	Esteem
Give something back	23	Value

62 % of the top five were 'value' motives

38 % of the top five were 'esteem' motives

This table shows the distribution of answers using the six categories of the Volunteer Functions Inventory (respondents chose five or fewer options that best described their reasons for volunteering)

Motive	Value	Esteem	Understanding	Protective	Career	Social
Give something back	23					
Help other people	38					
Make a difference	27					
Learn new skills			7			
New volunteering opportunities		4				
Life to have increased meaning				19		
Had spare time/it fills my time well						14
Wanted to learn something new			9			
Wanted to feel more confident				11		
Enjoy it		26				
Get a job/start looking for work through volunteering					12	
Spend time with people who have had different life experiences to me			18			
To feel more part of my local community						2
To communicate better with others			3			
More social contact/make friends						5
Improve chances of getting a job					11	
Go onto training or education		4				
To share own experiences	18					
Helps fulfil part of my spirituality		10				
Improves my health and wellbeing		27				
TOTAL	**106**	**71**	**37**	**30**	**23**	**21**

The experience of volunteers
Overall most volunteers reported very positive experiences. Most were very satisfied and particularly valued seeing their impact on service users, feeling useful and part of something and getting to share and understand other people's perspectives.

Negative experiences tended to be about clear and specific issues which have been highlighted in the analysis.

3. Extra non-clinical resources available to service users

Therapeutic activities	Volunteers bring skills and capacity such as running support groups or therapeutic creative sessions (cooking, crafting, reading etc)
Time to talk	Having time to talk can help reduce service users' feelings of isolation, which are a common part of the inpatient experience.
Focus on personhood of service user	Volunteers don't have additional responsibilities, their singular focus on service users' needs helps to anchor and enhance service users' sense of self. This focus also reminds staff and other carers about service users' unique identities and needs.

Creating social inclusion
A 2011 Department of Health report noted volunteers often provide people with psychiatric illnesses with an experience that is distinct from and more 'normal' than their regular contacts with mental health professionals. Volunteers are vital for creating social inclusion.
See "Social action for health and well-being: building co-operative communities." Department of health strategic vision for volunteering. 2011.

The volunteers have specific skills that we can utilise. As there are limited OTs on the ward, it's useful when a volunteer can come in and run a group with support. It gives me an opportunity to get on with my clinical work.

I'm less stressed than the staff as I don't have a huge workload so I can come into a session more relaxed. When I volunteer I aim to have at least one laugh that day.

Given we are a rehabilitation focused Ward, the group contributes significantly to individuals on-going recovery and development of skills, which ultimately positively influences their discharge pathway into the community.

For the befrienders, their presence and interest in the service user solely on a personal level shifts the focus away from the care needs and struggles of that individual. Staff can end up with an agenda that focuses on care needs and the absence of this in the volunteer/service user relationship has a humanising effect and promotes the identity of that individual.

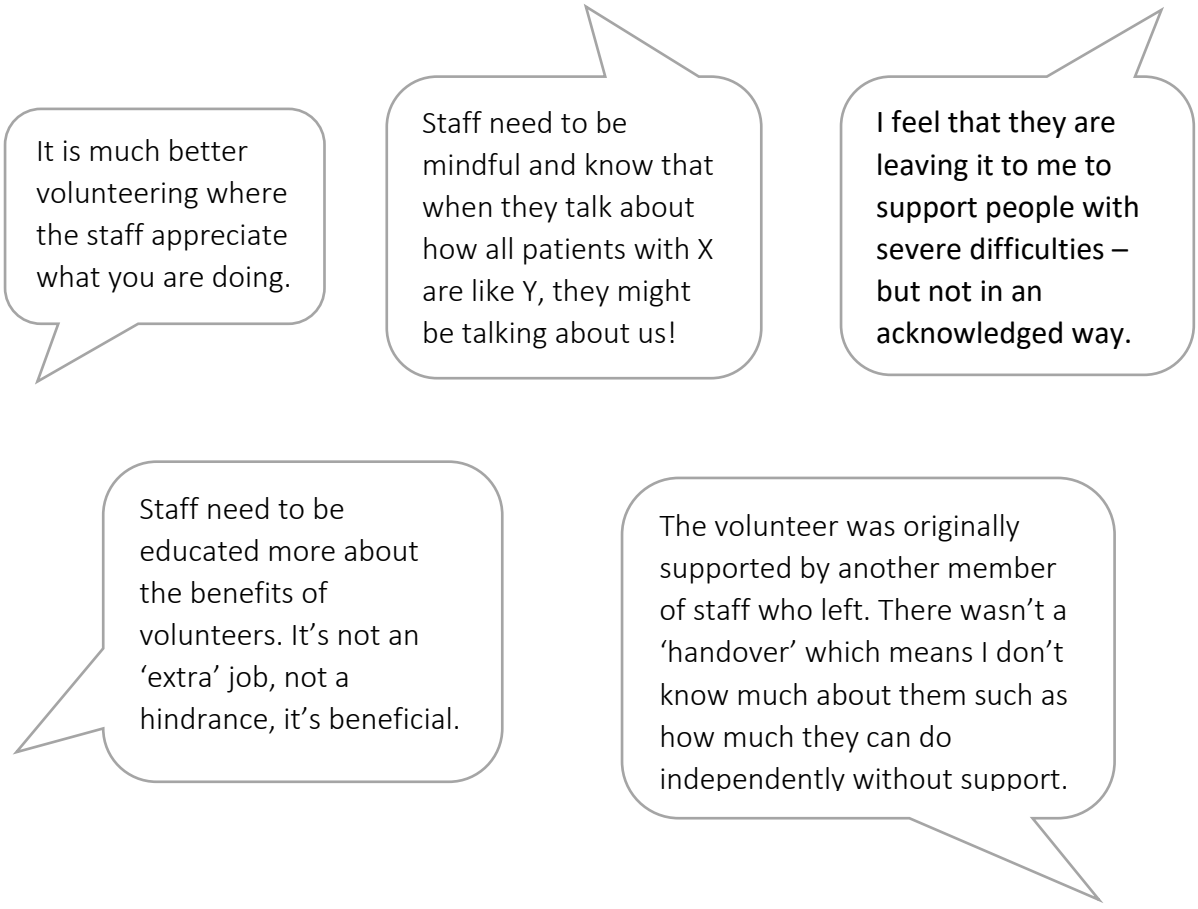
Barriers to or difficulties experienced in involving volunteers

A. Lack of staff time/resources/support
B. Rigid processes
C. Unclear boundaries and insufficient support for volunteers

The factors that contribute to these barriers or difficulties are:

1. Staff's limited understanding of volunteer's roles and experience

Underappreciation of value of lived experience and peer support process	There was frustration at some staff's lack of understanding of the importance of peer support.
Blurred boundaries	A few volunteers mentioned situations where they had felt overburdened or left to make decisions that felt beyond their responsibilities.
Supporting volunteers often seen as an extra	A narrow clinical focus can mean that the contribution or potential contribution of volunteers is overlooked by staff. Interacting with volunteers can be seen as a burden.



2. Institution/process-focused thinking

Intimidating 'job roles'	Some volunteers reported feeling intimidated by NHS volunteer role descriptions that used the formal language and tone of job descriptions.
Fixed processes for recruitment and induction	Volunteers and staff described the recruitment process as cumbersome and off-putting.
Not feeling part of the team	Detached and busy staff meant that some volunteers found it hard to feel part of the wider team.

I find the questions in the Health Assessment check quite intrusive, even though I know the answers are treated confidentially.

I was sent eight different forms to complete, expected to print them off myself and given no details of where to send the forms once completed.

I think each year there seems to be more bureaucracy that we're required to do, more mandatory training, more form filling…obviously, there needs to be professionalism and safe practice in whatever you do …it just feels a bit like 'I'm already giving you my time!'

It's a shame that the process was so difficult as I am sure it has put a number of people off who just want to help.

I would like to be more involved on the ward (team meetings?)

I don't need this stress, I've got mental health problems.

Volunteer who withdrew from recruitment after being sent three days' notice of a volunteer health check.

There was a spillage in the corridor …staff were busy...Sandra took it upon herself to ask if she could clear it up and was told she couldn't as it had to be a special mop and detergent. Sandra couldn't understand why they couldn't just show her where these things were so she could do it correctly.

Bright spots

1. Allocated staff member as link for volunteer in inpatient setting	Allocating a member of staff as a 'link' person to tell volunteers about the ward and link back to the voluntary services department within the hospital was reported as working well by staff and volunteers. It was also reported that if the link worker was absent the volunteer could be left stranded and unsupervised.
2. Recruitment/induction	Most volunteers were very or quite satisfied with their recruitment and induction. The exceptions tended to be when NHS bureaucracy caused delays. Volunteer managers know that delays between recruitment, training and starting volunteering cause volunteers to lose motivation and commitment.
3. Peer support expertise – promoting connection and inspiring hope	There is a rich pool of people who've 'been there' and are motivated to share tools and strategies that can complement or replace clinical supports. This includes strategies for self- empowerment and supporting people in recovery to move forward in life, even when experiencing challenges. Our districts contain a wide range of models of peer support that create valuable acceptance, understanding, and validation for mental health service users.
4. Supervision of volunteers in NHS settings by paid VCS worker	The Words in Mind project has shown how a paid project worker based in the voluntary and community sector can provide high quality supervision for volunteers working in a range of settings including inpatient mental health wards.
5. Success of the Recovery College model – a supportive route to volunteering for people with lived experience	Recovery Colleges enable people who have had mental health issues (as well as those who care for them) to become experts in their own self-care and develop the skills and confidence to manage their own recovery journey. Using co-production and shared decision-making means this is a rich route for encouraging people with lived experience to become involved.

Assets

Examples of extant projects where the voluntary and community sector (VCS) and NHS are working together:

1. Bradford District Care NHS Foundation Trust exploring peer mentoring	Piloting volunteers providing peer to peer emotional support and enhancing patient experience in a mental health setting.
2. Bradford Volunteer Centre drop-in volunteering info events for inpatients at Lynfield Mount Hospital	The Volunteer Centre has run three sessions offering information on volunteering opportunities (sessions happened in the hospital café). Staff have been surprised by interest levels – many patients talking about how they'd like to volunteer as a way of using their life experience and wanting to understand the landscape in readiness for discharge. This work is developing a good working partnership between Bradford District Care NHS Foundation Trust and the Volunteer Centre.
3. Words in Mind a therapeutic bibliotherapy project working across in-patient wards and community settings	Words in Mind (WiM) is a three-year Big Lottery funded project, operating in Kirklees and managed by Third Sector Leaders Kirklees. Bibliotherapy group sessions are delivered by trained volunteers. Groups are mainly delivered with the aim of improving outcomes for people with mental health issues and/or dementia. WiM run groups in community mental health settings, on wards and in dementia care settings. External evaluation has shown the project has provided immediate and longer-term therapeutic benefits for group participants and volunteers.
4. Monthly Arts Café at the Dales Unit at Calderdale Royal Infirmary	Once a month musicians and artists run activities in the café at the inpatient psychiatric unit. This is a partnership between the South West Yorkshire Partnership NHS Foundation Trust and Creative Minds (a VCS organisation).
5. LYNFEST – annual arts and crafts day in the café at Lynfield Mount Hospital	An award-winning annual day festival of music and arts for in-patients experiencing mental health conditions and their families. A chance to enjoy taster sessions – a partnership between Bradford District Care NHS Foundation Trust and local performers and community-based arts providers.

It's widespread practice for voluntary and community sector arts, wellbeing and mental health organisations to be invited to deliver services in inpatient settings.

Established expertise and good practice in supervising and training volunteers

Every volunteer needs support and supervision. How much and how often will vary according to the role and the individual volunteer. How people are supervised affects their ability to understand their role and develop and use their skills. It affects their motivation, sense of being valued and overall enjoyment of volunteering.
Supervision cannot be isolated from other aspects of how volunteers are managed, but it doesn't all need to be done by one person (or be perceived as hierarchical). The functions of a supervisor can be shared between paid staff or other volunteers.

> Staff are trained to have boundaries that protect them from the difficult bits of the job, but volunteers don't have as much of that so we need supervision.

> There are problems with service users becoming volunteers who think they 'know it all' but fluctuate in health and reliability.

High quality supervision includes:

- Development of a trusting relationship
- Focus on empowerment
- Emphasis on building volunteers' competencies

The 2019 NCVO report Time Well Spent showed that volunteer expectations were higher when there was a paid volunteer coordinator.

People who have lived experience of mental health are likely to need space and support to ensure they are attending to their own self-care and recovery process.

Voluntary Action Leeds has online training available in supervision skills. This could be used across the districts to create a shared approach.

Boundaries are key
Managing boundaries emerged as a key supervision issue.

Our survey revealed many examples of people managing boundaries well.

> I do not get involved in things I am not trained to deal with and know when to pass over to staff. I think it is very important for staff to be in a session with me as they know the people in the group and know their story and their triggers…

> I accept that this is their journey not mine. Although they are on similar journeys, they have to live and learn to grow as I have grown.

Responses also revealed some of the challenges and positives of working with volunteers that are living with mental health issues. Volunteer managers identified the importance of:

Organisational flexibility	Making sure that the organisation is aware of volunteers' mental health and can maintain and deliver a high-quality service whilst also responding to volunteers needs and limitations.
Developing volunteers' skills at a pace that suits them	Giving people the time, space and support to develop their skills – to understand their starting point and go at their pace rather than a predetermined schedule
Understanding the needs of 'vulnerable adults supporting vulnerable adults'	Volunteers need support to establish clarity about their own relationship with recovery and what that means in terms of how they support others. Understanding and maintaining healthy boundaries is a key part of this. It is important to manage risk and ensure volunteers are not placed in settings where they have received treatment themselves without careful consideration.

Case study 1

Volunteer team leaders help make mutual support happen – what could we learn from international development model?

The International Citizen Service is funded through the Department for International Development, UK and shaped by a UK consortium of volunteering in development organisations led by VSO.
Volunteers are organised in small teams of 5/6 and each team is based in a different partner organisation. Each team has a Team Leader who is responsible for bringing the group together to coordinate tasks.

Team leaders ask for ideas and feedback, they enable discussions to happen and help team members to express their feelings and concerns. All team members (including team leaders) have regular one-to-one supervision's with paid staff and know they can go to staff for support at any time but their day to day supervision needs are looked after in their team.

Team leaders are recruited because of their characteristics rather than skills and experience. This model depends upon finding people who are resilient and able to take responsibility for how their team performs and develops. Team leaders are a point for information flow to and from the team, helping to let the organisation know what the team is planning to do

and how it is performing. They are not responsible for high risk issues such as safeguarding or unusual health and safety considerations.

Feedback from team members showed they felt they were supported well, that they enjoyed feeling part of a team and also part of something bigger.

Case study 2

"Within the mental health setting supervision has to be more than check-in."

Catherine Jowitt - Charity and Volunteer Lead
Bradford District Care NHS Foundation

A fluid and flexible approach

Bradford District Care NHS Foundation Trust is piloting a new approach to supervision for people volunteering in inpatient settings. The aim is to provide a fluid and flexible system that will safeguard volunteers as well as providing them with a safe space to explore issues and receive support.

Group plus one-to-one

Volunteers can find inpatient settings to be a difficult, even intimidating environment. The plan is to offer supervision through both one-to one and group sessions. A new member of staff (with a clinical qualification) will be recruited to offer the individual sessions. They will be the first and most regular point of contact, but groups will also be available. Led by a different clinical person (such as an occupational therapist) to ensure that they are a safe space, the groups will offer contact with peers and thus a route to peer support and learning. Groups will have no more than ten participants and there will be an explicit expectation that volunteers must attend a minimum number of groups every year.

Proactive supervision – a better volunteer experience

Volunteers are currently supervised individually by occupational therapists with centralised support from the volunteer support team. The hope is that the new system will create a proactive style of supervision focused on raising issues as early as possible to ensure as positive an experience as possible in the inpatient setting. This is particularly important for ex or current service users who volunteer as part of their recovery and journey to discharge. Effective supervision should lead to better volunteer recruitment and retention.

Organisations in our volunteer and community sectors (VCS) have experience of and expertise in peer support, user-led service design and coproduction

Overall, VCS organisations tend to work *with* people rather than do *to* them. Particularly in mental health where many projects have developed from people coming together to make things better for themselves because they have not been able to find suitable help elsewhere. For this reason there is widespread understanding of peer support, user-led service design and coproduction in the sector. Examples include:

Peer support

Leeds Mind was one of nine regional Minds that ran successful 'Side by Side' projects to improve understanding and practice in running community-based peer support services (part of a £3.2 million Big Lottery project). Following on from this it has been awarded a pot of money from National Mind to support individuals, groups and organisations develop peer support in the community.

The **Leeds Peer Support Network**, co-ordinated by Leeds Mind, provides peer support for almost 100 people delivering and developing peer support activities in Leeds

User-led service design

Battle Scars is a survivor led charity running adult survivor led groups in Leeds and Wakefield, to support anyone who self-harms, their families, friends and carers, professionals, or anyone who is trying to understand self-harm.

Coproduction

Support 2 Recovery (S2R) run a wide range of creative and activity-based groups and sessions to improve people's wellbeing. Sessions include gardening, walking and bush crafts as well as indoor arts and crafting. Service users are fully involved in designing and delivering the sessions. People often move from being participants to peer supporters and then to group facilitators.

Challenges

A need to diversify volunteering in mental health

Our survey revealed that they majority of peer support volunteers identified as White British. This was a small sample size, but anecdotal evidence suggests a lack of diversity in people who volunteer in mental health settings.

> I would like to target the non-white population and get them more involved, at the moment it's almost 100 per cent White British, we've only got one volunteer who's not white. I mean mental health is bad enough anyway, so a lot of people from Asian and Black communities just won't admit to struggling with mental health

A peer support volunteer

> Breaking down barriers for Asian people who traditionally don't talk about mental health issues, such as depression…I'd like to get rid of the stigma that is attached to mental health, especially for men and in particular Asian men.

An Asian Words in Mind volunteer

Less likely to engage

It's widely acknowledged that people from ethnic minority communities are less likely to engage with mental health services which can lead to social isolation and mental health deteriorating. Stigma, feelings of guilt and fear of being misunderstood are common and there is an underrepresentation in those that are giving the treatment. Many cultural barriers exist, for example within Islam mental health problems can often be viewed as a spiritual crisis to do with a person's relationship with their faith.

An independent review of the Mental Health Act in December 2018 found that there were "profound inequalities" for people from ethnic minority communities accessing mental health treatment, their experience of care and their mental health outcomes. The Mental Health Foundation has found that African-Caribbean people in the UK have lower rates of common mental disorders than other ethnic groups; however are three to five times more likely than any other group to be diagnosed and admitted to hospital for severe mental illnesses.

Improving understanding, peer and community support

Three of the four underpinning principles for reform identified by the Independent Review of the Mental Health Act (final report December 2018) are relevant to improving numbers of BAME volunteers. They are

1. choice and autonomy – ensuring service users' views and choices are respected
2. therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the Act

3. people as individuals – ensuring patients are viewed and treated as rounded individuals

We need better understanding of the experience of patients from BAME to be able to create volunteer roles that support and enhance their experience and recovery. How can peer support help BAME volunteers with lived experience and BAME service users? What would it look like and how can we support it to develop? How can volunteering opportunities help BAME volunteers to gain employment in mental health service?

Research by Voluntary Action Leeds has shown low levels of volunteering by Black men in particular. Those who do volunteer have difficulty maintaining their role. We need to understand more about the dynamics behind this.

Case study 3

"We want to increase understanding, reduce stigma and help people to define recovery in their own terms."

Christine Heath – Voluntary Services Manager
Leeds and York Partnership NHS Foundation Trust

Weekly support group for BAME men

The Unique Minds support group for inpatient BAME men is designed to help participants to find solutions to their mental health problems in a way that recognises and uses ideas around religion, spirituality and identity. The group focuses on a social recovery model and recognises the lack of support available in many of the participants' communities.

The group provides a safe space where BAME men who are patients in the Becklin Centre can comfortably talk and share experiences. Peer support volunteers with lived experience (including accessing mental health services) help to build trust and understanding between participants. The group helps men to understand their own conditions and build their abilities to take care of their mental health and wellbeing by recognising triggers and how best to respond to their own early warning signs of mental distress.

How to change the general NHS staff response to volunteers

Busy staff tend to see volunteers as an extra demand on their time.

> It is difficult to insure that as a link person if I'm not present at work…that the volunteer can still provide their time. This is due to wider staff team not fully understanding the benefits of the volunteers and feeling that it takes extra time out of their working day that they do not have.

Agency and 'bank' staff are less familiar with established ward norms and thus less likely to engage with volunteers.

Volunteers offer an additional resource to support frontline staff to maximise their resources and impact. The questions are: where are NHS staff and volunteers working well together? What lessons can we learn? What can we change with existing or few resources and who or what can be agents of change?

Case study 4

Lived Experience Connectors® - using patient insight to improve staff training and governance

Cheshire and Wirral Partnership NHS Foundation Trust have created a role for volunteers to buddy up with trainee nursing associates to help them understand a person-centred approach to care. The scheme has now developed to include links between volunteers and board members.

Volunteers known as Lived Experience Connectors® are people who have experience of accessing (or caring for someone who has accessed services). They describe their experiences, emotions, feelings, fears, concerns and hopes to help the trainee or board member understand the service users experience. Connectors meet with their trainee approximately every two to three months and with board members three times per year.

Leeds and York Partnership NHS Foundation Trust Voluntary Services are interested in using this model to develop understanding and empathy between volunteers and senior managers.

Seven areas to explore

We want to create change that will impact on Helpforce's four 'HELP' outcomes of:

1. **H**ospitals - better outcomes for patients, better experiences for patients, carers and staff
2. **E**mergency – reducing unplanned/emergency readmissions
3. **L**ocal services – providing support where it's needed
4. **P**eople – optimal opportunities for volunteers, staff and service users to develop their skills, experience and self-care.

More details of Helpforce's specific relevant outcomes are in Appendix 1.

Our particular focus is to improve the experiences of mental health service users, volunteers, and staff working with volunteers in inpatient mental health service.

What can we do differently to create the changes we want to see?

1. Engage staff differently – help them to accept volunteers as integral rather than an 'extra' and improve their understanding of what volunteers offer.	Staff training on understanding/valuing volunteers – a light touch approach eg one-hour online module that sells the benefit of volunteers and helps staff to see things from their point of view (including basics such as how important it is to know where the loo is, what people's names are etc) Volunteer training Create opportunities for volunteers to access clinical expertise in a way that creates an exchange of understanding/builds rapport with clinical staff.
2. Improve the recruitment and induction process for volunteers	Redesign processes from a volunteer-centric viewpoint rather than an institutional/systems-centric one. Establish where change is possible and identify a route to make it happen. There will be learning from the mass recruitment of volunteers during the covid-19 pandemic where inductions have been done promptly online. For example there could be scope for a shared generic online induction that volunteers engage with before moving to individual organisations.
3. Reduce 'burden' of supervision on clinical	• Increase understanding of what type of supervision works best for volunteers and staff in inpatient and

staff – offer a wider choice of supervision options to volunteers	community mental health settings. • Explore how volunteer's views can be heard and used as 'critical friend' feedback to improve service design and delivery. • Identify sources of expertise within the districts that can help to design and implement change • Voluntary Action Leeds (VAL) have an online training module on 'How to supervise and manage volunteers. This could be developed to provide a locally agreed gold standard, ensuring a unified approach.
4. Build links between inpatient and community-based recovery projects to improve the 'patient journey' at discharge	Transitions are often difficult and discharge can be a time of vulnerability for mental health service users. People who understand and engage with the support and resources available to them in the community have a better chance of recovery. Better links between inpatient settings and community-based recovery projects would help to orient people in the world of proactive recovery before they are discharged.
5. More Black and ethnic minority (BAME) volunteers	People from BAME communities tend to have a higher rate of mental health problems but less access to suitable and culturally appropriate mental health treatment. Our Volunteer Centres have experience of working with BAME communities. We need to identify what works to increase participation and pilot suitable new ways of working.
6. Share skills and expertise across organisations and sectors – don't invent the wheel again.	Our districts contain a wide range of expertise that could be used to improve volunteer, staff and service users' experiences of mental health services. Knowledge of peer-support, supervision, user-led service design, the role of practice champions in primary care. We need to find a way to share what we know in a straightforward, accessible and supportive way.
7. **Support the development of a 'positive approach to risk' leading to increased confidence about safety and how to include and enable volunteers**	Services and institutions tend to be risk-averse as a default. It would be good to take a more service-user focused approach to risk, exploring the possibility of benefits and weighing them appropriately against potential harms. Clear information would be a good starting point, for example our research revealed examples of over-cautious (and legally questionable) requirements for DBS checks.

Food for thought – a peer worker academy

This suggestion was made by an experienced volunteer when asked 'what single thing would you like to change?'

> For the region to start a peer worker academy that operates similar to bank staff agencies or a national apprenticeship scheme. Most of the volunteers I know struggle to volunteer and manage being out of work/get jobs in the NHS/on benefits. Giving skilled volunteers a chance to do sessional work with a clearly laid out pay scale would reduce the burden on clinical short staffing, increase your uptake of skilled new recruits, give a pathway for volunteers recovering from illness to transition back into NH S roles and it would allow the NHS to negotiate with the DWP, affording volunteers more protection…With social care collapsing and the labour in a state of low waged insecure work, the NHS could be a pioneer in bringing in the valuable experience of people who volunteer.

Appendices

1. Relevant specific goals from the Helpforce HELP agenda
2. Initial thoughts on the impact of the covid-19 pandemic
3. Steering group guidance on survey questions for volunteers/potential volunteers and staff
4. Selected quotes from survey respondents in Leeds district

Appendix 1 Relevant specific goals for the Helpforce HELP agenda:

Hospitals	**Emergency and urgent care**	**Local services**	**Enabling people**
Support patients carers and staff to improve the experience and outcomes of hospital based care	Reduce unplanned admissions with emotional and practical support to those in crisis	Promote mental and physical health	Empower young people and others interested in careers in health and care
Support mental wellbeing and physical recovery	Reduce emergency re admissions through proactive support to those recovering from a period of ill health	Prevent ill-health and tackling health inequalities	Enable older people to share their experience and skills
Improve patient flow and reducing delayed discharge enabling people to return home and regain independence			Support frontline staff to maximise their resources and impact
			Support individuals and communities to take control of their own health and wellbeing

Appendix 2 - The impact of the covid-19 pandemic

The pandemic will have impacts on:

- Volunteering
- Mental health
- Volunteering and mental health services

It is an evolving situation and we do not yet know what the legacy will be. What will have changed? What will we have learnt? And which new ways of working will be worth keeping?

We have identified some areas worth paying attention to:

Retaining new volunteers	Formal volunteering at unprecedented levels - NHS Volunteer Responders (the largest UK peacetime mobilisation of volunteers) and many other local spontaneous NHS volunteers brings many new people into volunteering in a health setting. This cohort will hopefully contain a diverse range of individuals. How do we make sure we don't lose these people that have offered to volunteer but have no immediate role? Will they still be willing to help at a later point? Informal volunteering – many people have become (or want to be) involved in mutual aid and community support. This new behaviour might stick.
Managing without experienced volunteers	Many current volunteers who are over 70 and/or with underlying conditions will stop volunteering. As will anyone self-isolating or needing to offer care to others. This means there may be a substantial turnover in who volunteers where, which is a huge volunteer and knowledge management challenge.
Mass recruitment	Remote mass recruitment and induction is being used to assess people according to their skills and experience and assign them to roles. What are the positives and negatives of this?
Managing risk and safety	New widespread understanding that safeguarding needs to be proportionate to the role. We now have a shared sharp focus on reducing unnecessary barriers and delays (balanced with providing clear guidance on how to volunteer safely). What are the implications for DBS checks, training, risk assessments, information sharing, equipment use and insurance? And what new risks and protocols has the pandemic brought?
Coordinating and supervising volunteers	Volunteers are carrying out new and established roles, there is a wider interest (and range of inputs) in how they are managed than ever before. What can we learn about supervision and support?
Evaluation and impact	How are we defining and measuring success? What developmental evaluation techniques are helping to design our response and make mid-course adjustments? What impact measures are easily understood and workable

Appendix 3

Questions for volunteers/potential volunteers

1. What is your experience of volunteering or wanting to volunteer with mental health services?

a) Are you currently a volunteer? Y/N

If yes - please outline your role(s) (including how often you volunteer? (eg How many hours a week/month and how regularly?)

If no - please outline your experience of volunteering/wanting to volunteer.

b) Your details:

- Age/Gender
- Ethnicity?
- Disability?

2. Your thoughts on volunteering in mental health services.

a) Overall how satisfied are you with your volunteering experience?

Very satisfied – quite satisfied
-neither satisfied or not satisfied-
quite dissatisfied – very dissatisfied

b) What do you think works well?

Think about:
- your experience (including how you found out about the role, your induction and any training)?
- service users' needs?
- staff roles?

c) What do you think could be done differently? And how? <u>For volunteers</u> - think about: - how your role is designed? - service users' needs - how you interact/work with staff? - what you know about the difference you make? <u>For people wanting to volunteer</u> think about: - your experience - any information you have been given	

3. Please choose five (or fewer) options from this list that best describe your reasons for volunteering or wanting to volunteer:

I wanted to give something back		I wanted to get a job/start looking for work through my volunteering	
I wanted to help other people		I wanted to spend time with people who have had different life experiences to me	
I wanted to make a difference		I wanted to feel more part of my local community	
I wanted to learn new skills		I wanted to communicate better with others	
I wanted new volunteering opportunities		I wanted more social contact and to make new friends	
I wanted my life to have increased meaning		I wanted to improve my chances of getting a job	
I had spare time/it filled my time well		I wanted to go onto training or education	
I wanted to learn something new		I wanted to share my own experiences	
I wanted to feel more confident		It helps fulfil part of my spirituality	

5. What barriers or difficulties have you faced in volunteering or trying to volunteer in mental health services?

a) Do you have examples?

b) What single thing would you like to change? (You can have a magic wand).

6. Have you been surprised by anything in your experience as a volunteer or potential volunteer in mental health services?

Questions for staff

1. Who are you? And what is your experience of working with or supporting volunteers?

c) Current role? Contact with volunteers?	
d) Past roles/ experience/ Contact with volunteers?	
e) Age/Gender	
f) Relevant qualifications or other info	

2. Your thoughts on involving volunteers in mental health services.

d) What do you think works well?

Think about:
- service users' needs
- practicalities and logistics
- volunteers experience

e) What do you think could be done differently? And how?

Think about:
- new opportunities
- service users' needs
- practicalities and logistics
- volunteers experience

3. What are the benefits in involving volunteers in mental health services?

a) Do you have examples?

Think about:
- service users' needs
- practicalities and logistics
- volunteers experience

4. What unmet needs could volunteers help with?

Think about:
- what would help you?
- what the volunteer role(s) could look like?

5. What are the barriers or difficulties in involving volunteers in mental health services?

c) Do you have examples?

d) What single thing would you like to change? (You can have a magic wand).

6. If all barriers and difficulties were magically removed who would you like to target to volunteer in mental health services and why?

Appendix 4

Voluntary Action Leeds
Supporting Communities Together

Voices of Volunteers and Volunteer Managers that deliver Mental Health Support in Leeds.

Report written by Gary Blake, interviews undertaken by Connor Craig-Jackson, March 2020

"To have someone say,' Oh yeah I've felt like that before makes you realise actually you're kind of not the only one that's stuck going through what you're going through. Other people felt similar things, had similar thoughts, done similar things. So if you're living in that bubble, yeah it's like somebody popping it and being like 'actually no you're part of something', you're not just on your own."

A Leeds Volunteer involved in delivering mental health peer support.

Background

This report is focused on interviews conducted with fifteen active volunteers and three Volunteer Managers all from Leeds. These interviews were undertaken by Voluntary Action Leeds (VAL) and form part of a wider project that interviewed more than 120 volunteers and volunteer managers from across West Yorkshire & Harrogate. A report from this wider project will be released April 2020.

The aim of these interviews was to engage with volunteers that had lived experience of dealing with issues around mental health, and to talk to volunteers and Volunteer Managers who provide support to people dealing with issues around mental health. The project was particularly keen to talk to volunteers involved in delivering Peer Support and all the interviews took place January to February 2020.

This report deliberately focuses on the thoughts, experiences and ideas of volunteers and Volunteer Managers. A report, due to be published April 2020, will include recommendations based on all the interviews that have taken place across West Yorkshire & Harrogate.

What motivated people to become a volunteer and how did they go about it?

Many of the volunteers interviewed discussed how they moved from being a service user to becoming a volunteer:

"*So I mostly started with Leeds mind about six months ago, because I used to be a service user for a couple years and they kind of said one time, 'Actually, you've come really far, you've done well for yourself, so if you want to do some volunteering' and I thought it would be great because it'd be nice for me to give back and I've been doing that coming up to a year now*."

Another volunteer said:

"*I was kind of roped into it! It was a case of 'We're doing this, do you want to do it?', so I said 'Yeah, alright go on then!" To be honest, it was a case of Jenny saying I am going to start this off with a support group, we're going to need this person and that person. Do you want to be on board? So back then it was just a case of saying yeah, go on then I might as well I've got the experience so let's put it to good use*."

Another volunteer talked about how they were asked to take part in some training and then went straight into volunteering:

"*I'd been self-harming for years and I'd been talking about volunteering at some point if something came up. So I got in touch with Jenny and that evening she's like 'Ok, can you start training next week?', so I was like 'Oh...yeah!', so I started pretty much straight away. I remember after the first training session I said to her 'is there any more training coming up to give me time to think about it' and she said 'no, we've not got anything else in', so I was like 'alright then, I'll do it'. I think we did about five Saturdays in a row and they were sort of*

full-ish training days. So initially it was quite overwhelming because you were meeting a lot of new people and there was sort of quite a lot of work to get through as well."

A Volunteer Manager said they had set up a project in response to them needing support:

"*I set up Battle Scars because I needed support and now it's just grown into what it is now. But because it's all peer led, then if I struggle it means the volunteers support me, so it's not just a one way thing. So I'm still learning all the time because like I said, I didn't know anything about mental health stuff. And I've come in having to support people with different mental health conditions instead of just thinking about myself and some people's conditions are quite severe*."

Many volunteers talked about how volunteering had giving them a "purpose" and "something to do". Typical of responses was:

"*I think it's been brilliant. I've got a lot from it and I'm finding it gives me purpose a lot of the time because if I'm not doing anything else, I'll often find something to do with Battle Scars that gives me something to do, gets me out of the house and gives me some kind of purpose. It's something to work towards, and aim for and gives me a sense of achievement once I've done something*."

Another volunteer described how they went from being a service user to a volunteer:

"*I went there actually just after my daughter passed away because I needed something. So I put all myself into that and got myself to where I was actually being a mentor for other volunteers*"

How did you feel when you first began volunteering?

A volunteer described how they felt "*terrified*" the first time they volunteered and how volunteering after a mental health episode is challenging but ultimately positive for their mental health:

"*It was terrifying! The first time I facilitated anything. I was scared beyond my wits. But you get used to it, and you get more comfortable the more you do it. I think the first time I go back to a group after I've had a bad mental health episode, that lack of confidence comes back, but then I keep going and I get used to it again. But yeah, the very first time you go into a group and the first time you're expected to facilitate something is so scary, because suddenly all these people are looking at you and expecting something of you and you're just sat there like, 'I have no clue what I'm doing!'. And I think sometimes having like sort of pretend confidence can help. It sounds cliché, but it can lead to confidence. And sometimes it just leads to more pretend confidence. But on a good day when the actual confidence is there, I think you can tell the difference, because at the end of the day, you can go home and say' I did it', I didn't feel confident I still did it and then that builds up self-esteem as well*."

Another volunteer talked about how after volunteering "*I always feel better*":

"*It's been great though because when I go to these sessions it's almost like I'm a service user as well as a volunteer, I get as much if not more out of it than some of the people who you*

would class as service users. I'd say I'm a service user as well by default because I always feel better when I leave the sessions and I've made some real friendships actually. It's almost like free therapy!"

A volunteer discussed the challenges of going from a "*member to a leader*" but got over their anxiety by reminding themselves that they are someone that has "*got experience and now wants to help people out*.":

"*It was, yeah, because the group I kind of led as a volunteer was the one that I was a service user of. So for me, I didn't want to feel like I was going from member to leader, you know, that would have felt quite anxious. But I kind of thought of it as someone who's got experience and now wants to help people out. So I think over time that transition's got a bit easier. It was hard in the first year because I was always thinking 'Am I going to say the right thing? Am I going to get it right?' But I realized that it's not so black and white, you know, my judgement might be different from someone else's as long as I'm acting within what we call the guidelines of peer support. So at the start of the session, we will tend to agree like five to ten things that we want to get right. So, basic things like not interrupting, or avoiding things like, you know, political comments and stuff like that. So I think if me as a facilitator, I respect that as much as the person then you can't go wrong really."*

A volunteer shared their experiences of thinking "*how can I make a difference"*

"Starting here was a bit daunting because I was used to other kinds of mental health relationships in my work. I've worked on wards, done support and researching mental health so it was a new kind of role where I was trying to figure out 'what can I do in that role? What can I not do?' So it was nerve-wracking definitely and especially the complexity of people who use St. Vincent's it's like 'how can I make a difference when the gravity of problems so big? The social circumstances so difficult how can I help someone with that?' Really, I'm never sure if I can make a significant difference with someone in just 20 sessions. (St. Vincent's) is holistic though isn't it, there's counselling, there's debt advice, immigration advice so I don't feel like I have to cope with it all."

Another volunteer talked about how the routine of volunteering gave them "*something to look forward to*":

"*It also creates that routine of knowing 'Every Thursday each month I'm going to go and do this', so it's something to look forward to*."

A volunteer described how they first thought volunteering was all about "*giving my time*" but then went on to realise "*it was helping me*.":

"*I was surprised how much it helped me. I just thought I was giving my time, but I realized how much it was helping me and I was like 'Oh, okay, wow'. I mean I thought I might get help from it, but it's normally very hard very hard for me to talk about my issues. But during the groups I wasn't expecting to open up as much as I did. When I went into it I also thought I would be sort of dealing with a certain type of person that I maybe couldn't connect with or that maybe, I guess I went into it feeling a little bit aloof, like maybe I'm not as bad as these people or I'm kind of ahead of these people in some way. But I quickly realized that that was*

a load of absolute bollocks and that we were all in the same boat, just that everyone's journey is different."

What training and do you receive as Volunteers?

Generally, the volunteers interviewed were positive about the training they had received, one volunteer commented:

"I'd say that the dedicated trainings really good. I mean, when I came in the first few weeks we had a specific workshop about mental health awareness. So if you wanted to learn all about things like psychosis or schizophrenia they would teach you about that and you'd get like a certificate. So it was really nice to get that recognition. And aside from that, it's just local coaching, so I've got a supervisor that I see that every month and they just check in with me see how things are going and we just make those improvements as we go along."

Another volunteer talked about "*it was nice to have that transition*" period before beginning to deliver services:

"*Yeah it was quite big actually. It was probably about like six to twelve weeks, so they gave you plenty of time to like to get your feet under the table, and really get used to it. I think when I started out, I would never volunteered alone, I would always volunteer with a member of staff, or volunteer who's been there for long enough. So it was nice to get that support and I guess I could bounce my style of theirs and kind of learn a few things as a result. If I was ever struggling (staff) could jump in and I always had, like, you know, the sexy stuff like housekeeping and all the things to get me more comfortable. And once I was used to all that it was about 'right, you're now, in a good position to start giving the support, start volunteering.' and it was nice to have that transition."*

Another volunteer talked about being "*chucked in at the deep end*" but had also talked about training they had received:

"*I was just sort of chucked in at the deep end, I was just basically answering the phone which anyone can do. I've had mental health awareness training and also other types of training, not administration training though. I just picked everything up myself because I used to be assistant manager anyway at British Heart Foundation, so customer service I know about. People when they rang up a lot of them were either distressed when they rang up on the phone, some were just wanting advice, some wanted to speak to others upstairs and because I was experienced in a lot of issues that had gone on, I could identify with some of the people in the phone calls*."

A Volunteer Manager described how their organisation delivered paid-for training and this income stream was then reinvested in training for their volunteers:

"*We're quite fortunate because we deliver training that we get paid for. It's really nice to have unrestricted funds coming in like donations and stuff. So we always make sure that there's enough money for volunteers. So, you know, make sure that your expenses are covered. And we are in a very fortunate position that we pretty much do not have a cap for their training, that they get offered various opportunities. And if they spot something they*

just need to ask and if it's relevant to the role then we 'ok' it. If somebody's done their facilitator training and then want to go on and do a suicide prevention, first aid, or counselling skills course we've got the money for that and we make sure the money's there for them. Obviously, not everybody takes all five training opportunities. But if someone wants to take them, then it's down to them, they're not under any pressure to do so."

Another volunteer, while recognising the importance of training, thought there was a "*big increase every year in what you've got to do*.":

"*I think each year there seems to be more bureaucracy that we're required to do, more mandatory training, more form filling, you know, and I've been volunteering since I was 16, I'm 42 now and I've seen the change in volunteering and obviously, there needs to be professionalism and safe practice in whatever you do whether you're voluntarily or paid staff. But there does seem to be quite a big increase every year in that you've got to do this health and safety training and you've got to do these forms, it just feels a bit like 'I'm already giving you my time!', there doesn't seem to be that two-way thing, I mean it's like everybody's scared and covering their backs and that there's loads of box ticking, you've got to have done this training not that training*."

What other support and supervision do you receive?

There was a mixed response from volunteers when asked what supervision and other support they received. One volunteer talked about someone is "*always there to talk about any difficulties*":

"*It's gone up a level since I've worked here and they've really worked hard at making sure that we get our regular supervision. Always when you come back from a visit, someone will say, 'how was that, how did it go?' Joanne (the Volunteer Manager) knows everybody, all the clients and she's always there to talk to about any difficulties or any stumbling blocks, so yeah it's really positive place to work. Because we're so well supported supervision is good because you can go in a bit deeper to sort of say 'right okay what training needs to come out of this' or you can develop it a bit more."*

Another volunteer talked about the challenges of getting the support they needed through stretched resources:

"*It just seems stretched and that can make me feel quite stretched as a volunteer because a lot of time when I just want to speak to her she's on the phone or with a client so I'm just trying to catch her at a time when she's not so busy. So that can make you feel a bit unsupported, not through her being unapproachable but because just trying to get one moment from her is very difficult. So it adds quite a bit of pressure for me and because she's the only one it's not like I can go to somebody else, there's nobody else here that knows this service and about the counselling, so if it's more general questions I know I can go to somebody else but if it's more specific questions about a client then I need her to be available and she just can't be there all the time*."

Another volunteer discussed not getting feedback about their volunteering or an opportunity to share experiences about their work:

"*I would like to have some kind of feedback of my work and I don't know how am I being evaluated or not at all? I don't know if they do an assessment, I think they do but I don't have access to this. I don't have a moment to share experience for instance so it's not a negative point but something that could be improved."*

Another volunteered talked about wishing they had opportunities to "*share experiences*":

"*We never manage to meet and we cannot share these kind of experiences about what works better or what didn't work, we don't have this gathering. It would be good to just talk about and share experiences, suggestions and critiques, why not? Also to be evaluated because I'm doing a lot of work so I would like to feel that my work is appreciated, or that I could do better. After all, I've never volunteered before so I don't know if I'm doing it right or not, I'm going by my feelings of doing things*."

One volunteered talked about how they felt "*taken advantage of*" as they had to pay their own expenses and external supervision:

"*It's the sector as a whole, I think therapists and counsellors have been taken advantage of in their volunteering, because there's this situation where 'you need your hours, we need therapists, we haven't got any money, you haven't got your hours'. We don't get bus fare expenses, we don't get supervision, so we have to pay to get there, we have to pay for external supervision as well, so it actually costs us to volunteer. And some people do go private straightaway but personally, ethically, I didn't feel like I was ready to be in a private practice therapist as soon as I qualified. So I felt like I needed to be in an organisation that had some support and structure*."

Another volunteer talked about having to pay their own travel expenses to volunteer:

"*I think they could at least provide us with bus fare, it seems like a small thing and it's only a fiver, but it annoys me that I have to pay a fiver when I'm already giving my time. I mean I can afford it, I'm not loaded, but I can afford a fiver really, but I just think why should I? It's more the principle rather than the money*."

Many volunteers described how volunteering in a group had given them support around their mental health. Typical of responses was:

"*I know if I get in any trouble with my mental health then there's people in there that I can speak to. Because at times you all find certain things in life difficult so if you're a volunteer and people come into the groups that you're running, and you can kind of think I'm not on my own because that person feels very similar to how I'm feeling, like with the friendship group that's here. Once you get here, and you see the people that rely on you to do that group, and they rely on you to make them feel a bit better about themselves as well, it gives you a bit of a boost*."

The Challenges and Positives in working with volunteers that are experiencing mental health issues

Volunteer Managers discussed some of the challenges and positives of working with volunteers that are living with mental health issues. One Volunteer Manager thought it was about "*managing how the organization can be flexible enough*" to allow people to actively volunteer and the importance of volunteers not having an experience that "*make*(s*) them feel worse*.":

"*For us the thing that needed more thinking was out of the 35 volunteers there are only two who don't have mental health issues themselves. So we've got 33 people that have varying degrees of issues, and some of them are quite heavy duty stuff. we've got quite a large number of people with personality disorders, the PTSD and complex trauma we get quite a lot of that, so it's not just a little bit of anxiety or a little bit of depression, I don't think anybody's like that. So for me, the challenge is not just managing the people it's managing the conditions and it's managing how the organization can be flexible enough to allow you to volunteer and help them get better, but also allow them to not be well enough to volunteer and without that having any impact on the organization, because the last thing I want is for them to feel guilty about not being well enough to do the job, that's going to make them feel worse*."

A Volunteer Manager talked about the importance of not adding "*stress*" to volunteers, each volunteer was different, and it was important not to "*drop them in it*":

"*We have so many people that are can be quite fragile the last thing I want to do is add stress to them. So it depends on the volunteer and it depends on how they show me they can handle stuff, where they're going to step out of their comfort zone or not. You try that with all of them but obviously, it's the varying degrees. Yeah. Sometimes I will say 'right, I think you could do that,' but I'm not just going to drop them in it. If people want to do events and stuff, but they weren't quite sure then you're not going to do it yourself, we'll do it together for the first time and see what they think to it."*

One Volunteer Manager talked about the challenges of supporting "*vulnerable adults, supporting vulnerable adults*":

"We've got vulnerable adults, supporting vulnerable adults and vulnerable children. So in some respects, the level of responsibility to me is a lot higher, because I've got both sides to worry about, both the volunteers and the people that we're working with. We've got to make sure that everybody's kept safe and everybody's protected as much as possible and thinking 'what situations are we going to put the volunteers in?'. So there's a lot more to consider than if you weren't working in mental health. And obviously when you throw in the mix my own mental difficulties then it gets quite entertaining!"

One Volunteer Manager discussed the approach of "*were not going to be scared*" of recruiting volunteers that are dealing with severe mental health issues and it was important to find a way of working with these volunteers:

"The severity of the mental health issues volunteers are dealing with, you know, we will recruit some of the most troubled people in terms of mental health, we're not going to be scared by that, it's just whether we can work with them or not that's a different story, but

more often than not, we can find a way to do it. So some of the stuff to ask for help, we've actually got a plan in place that we think is going to work for us."

A Volunteer Manager said that before they had volunteers they were having to facilitate five different groups but thanks to volunteer support they were now having to only facilitate two groups. This however did not happen overnight but was done through "*developing the people we've got*":

"Without them there's no way we could do what we've been doing. They still do so much and as they get more confident they're taking on more things. Before, we had five groups and I was facilitating all of them. Now we have six groups and I'm facilitating just one and helping out in others. That's changing now that they're developing themselves and they're kind of coming out of my shadow a bit so in terms of contribution it's definitely increasing. There was one point where we kept recruiting people but I think now we just want to develop the ones we've got. We got a lot more capabilities and a lot more capacity so it's worth developing the people we've got. So it's a bit sad because I have people approaching us and I'm saying I haven't got any roles – 'We haven't got any anything you could do', that's a shame to be honest, so they do contribute a lot."

A volunteer with OCD identified the challenges that their condition presented when they were volunteering:

"I have OCD and if there's too many people I'll get distracted and I'll start thinking about how many germs that they're spreading using the printer or going up and down making tea, so my manager will come and say 'I want you to do this on the copier etc.' so then it distracts me. It was hard to adjust to (moving from Reception) because it's very crowded and I'm so used to Reception being mainly just me. I mean people come but we had the desk close to me so there was no contamination once I'd wiped it down and nobody would come past me, they'd just say 'Hi' and I'd say 'what do you want now?' and I'd get it for them so that they weren't passing through and invading."

Volunteers and the delivery of Peer Support

A volunteer when asked to describe Peer Support said:

"*You speak from a place of experience. So you're not just never just saying to people 'Oh you should do this'. You know what works. Not that you ever put that on people, because people can make their own decisions, but you really can empathize more when you've felt the same way as somebody else*."

Another volunteer when asked to describe Peer Support said:

"*It's really interesting because I think everybody at some point or other has had mental health issues no matter what your job title is or however high up you are, so I think it's really interesting hearing people's different stories as well and trying to help people with mental health issues. Sometimes you can kind of empathize with different people and think 'well I went through something similar' so you can put your experiences forward. So it kind of helps a volunteer in a way as well but it also helps the person you're trying to help, so*

volunteering's really good because on some levels you feel like you're giving back, so that's always a plus."

One volunteer described their role in Peer Support as that of a "role model":

"For me, it's just about being a role model and just uniting people and getting that support. It's that kind of lived experience you know, I'm not teaching them thing but at least I can relate to what they've been through and hopefully we have some things in common."

One volunteer discussed how they were surprised how "quickly some people trust you" when delivering Peer Support:

"*I think I've been surprised by how quickly some people trust you and how quickly they will open up to you ,often, contrary to how they appear like they might come across in groups as quite, standoffish or not wanting to be there. But then they'll come and talk to you and you'll realise they do want to be there, it's all just a front because they're just trying to protect themselves and keep themselves safe, but actually they believe in Battle Scars and they trust you enough to talk to you about life."*

The mental health charity Mind describes Peer Support as:
When people use their own experiences to help each other. There are different types of peer support, but they all aim to:

- bring together people with shared experiences to support each other
- provide a space where you feel accepted and understood
- treat everyone's experiences as being equally important
- involve both giving and receiving support.

All the volunteers interviewed in this research had experience of delivering Peer Support to people that were dealing with mental health issues. The volunteers were overwhelmingly positive about Peer Support, and they highlighted the positive differences it could make to those they supported but also discussed the positive benefits to them:

"*I think volunteering in mental health is definitely a worthwhile thing because it gets you talking about yourself as well. I think it gets you to focus on the person that's coming to you to focus on their life, which is obviously important as well, but it also can have the other effect where you focus on your life. At a certain point you might think your life's a certain way, but then you listen to somebody else whose life would maybe be quite a lot worse than yours or different to yours. What I'm trying to say is that you might see your life one way, but then speaking to somebody else, you might then see your life in a completely different way, so it's really eye-opening."*

Another volunteer explained how volunteering within a Peer Support setting had helped them to start communicating about their situation with family and friends and to think more about their own situation :

"*I've been surprised at just how much people have been open to share and tell their story. Because of my background I was a really closed book with it, so in a way that was really*

good because it helped me break that down and start talking to people about it more like with my friends and family, which was something I'd never done."

Similar feelings were expressed by another volunteer:

"*I think another surprise as well would be how easy I found it to open up about stuff. I have been and can be a very closed private person, don't talk about anything and sometimes I still feel like actually I'd rather not say anything. But in a room full of people where everybody's going to understand you it's easier to be able to say 'actually, this is my experience'*."

One volunteer described how delivering Peer Support had made them realise that "*other people had similar things*" and experiences:

"*To have someone say, 'Oh yeah I've felt like that before' makes you realise actually you're kind of not the only one that's stuck going through what you're going through, other people felt similar things, had similar thoughts, done similar things. So if you're living in that bubble yeah it's like somebody popping it and being like 'actually knowing you're part of something', you're not just on your own*."

Another volunteer described the place and setting of where they took part in Peer support as their "*second home*" and as a place that was able to provide a "*connection with being able to survive*.":

"*So basically it's my second home, I feel really safe there. It's got to where, I used to work three days a week but now it's only one day a week, because now I've got other commitments like babysitting and stuff. But it used to be before that when I couldn't go I used to have breakdowns because I couldn't go to Leeds Mind. I'd have more panic attacks, I might get disoriented because of not being there. Leeds Mind is my connection with being able to survive and although I've got no outside support at the moment I've got Leeds Mind when I'm on a low, I can go to Leeds Mind and my Manager will say 'Come here then, get in the room' and I'll just let it all out and I'm fine I can just get back on with my volunteering."*

Many volunteers described how they linked being able to "*help people"* to helping them with their mental health challenges:

"*I'd kind of struggled myself a little bit with mental health related issues so I felt like it was something that I was able to do that I can genuinely help people with, because I'd been there myself so it's kind of something I've always been thinking about. And actually, when I was looking for my last job, I looked at working for Mind and places like that because I thought that that would be something where I can make a meaningful impact. Volunteering was a way to make some kind of an impact is in my own experience so that's why I wanted to do it*."

One volunteer talked about how service users they had supported had become their "friend" and how being involved in Peer Support had led to the creation of "*that safe space people were prepared to chat*.":

"*I never really felt that I was on my own and service users themselves… became my friends. The people who turned up to the group were also so supportive and for something like self-harming which like you say can be very daunting and difficult to talk about. But we were really able to create that safe space where people were prepared to chat and as I say we made some close friendships*."

Another volunteer discussed very similar feelings around mutual support:

"*What I think works well is getting a better understanding of mental health. I know if I get any trouble with my mental health then there's people in there that I can speak to. Because at times you all find certain things in life difficult so if you're a volunteer and people come into the groups that you're running, and you can kind of think I'm not on my own because that person feels very similar to how I'm feeling, like with the friendship group that's here. Once you get here, and you see the people that rely on you to do that group and they rely on you to make them feel a bit better about themselves as well, it gives you a bit of a boost*."

Many volunteers talked about the positive satisfaction that felt though providing Peer Support. One volunteer said:

"It's quite touching because you know that you've been at the centre of that person's recovery and you've just gotten them to speak out a bit more, because that's one of the most difficult things considering that mental health has a lot of stigma. Us as volunteers, we're there to try and break it down and reassure the people."

Another volunteer said:

"*The first time someone singled me out to talk to me after a group I was like, 'this is amazing, this means I'm doing something right, I don't know what it is but it must be right because this person feels like they can talk to me'."*

How does Peer Support for mental health differ from traditional NHS Support?

One volunteer, when asked how they thought Peer Support for mental health is different from traditionally clinical support, they said:

"*I mean I've experienced it myself where I go to a GP and it's a very clinical, it's like, 'Have you had trouble sleeping? Have you had trouble with that' and I kind of felt a bit nervous. Whereas at least with this, it's like, we actually don't have to ask you anything. Like, if you guys want to tell us something or you don't want to tell us something that's fine. We'll just work with you to decide what's best. You obviously don't want to be like a parent like 'come on, tell me what's wrong'. But over time, we find sort of ways of teasing it out with people. So for example, if a group member's relatively quiet at the start of the session and it's probably been that way for a few weeks, you might ask guiding questions in the sense of 'What do you think this?' or 'What's on your mind?' But it's never to force a person it's more just to encourage….a little bit, more of a polite nudge. And then obviously, if that's consistent we may have the casual kind of one-to-one that just says you know, 'You might be*

uncomfortable in the group. So just talk to me as a person, tell me what's going on' and then if they want to continue that support, they've had that session in confidence, and if they don't, absolutely fine, because it doesn't work for everyone, but it's more about getting used to it and learning."

Another volunteer believed that mental health support from the Voluntary & Community Sector could be much more flexible than that provided by the NHS:

"*There's much more flexibility in the voluntary sector, you don't have to fit into certain criteria, you can come with whatever problem and someone will help you, they don't just turn people away and say 'that's not for us'. But that's the thing because we are lucky to have the NHS service anyway. It's like I'm not saying the NHS is shit, it does as much as it can do, but in mental health services it's nowhere near enough what it can do*."

One Volunteer Manager talked about the challenges of providing adequate support to people when they had a limited budget:

"We're finding cases that have been referred are more and more complex, you've got people with special needs and people with real mental health disorders who need that support. So if we found funding for that then it would be brilliant, that means we could deal with it instead of just saying, 'Oh, well, you know, where do we refer you on to?' and you just feel like you're putting them onto another waiting list. And that's when the damage is done when they're sat there thinking no one's listening to them."

A volunteer described how they took a client dealing with psychosis to see a psychiatrist, but all they got was five minutes and told to eat more broccoli:

"*I was with an Asian lad who had terrible psychosis and anxiety. He really was on edge, his medication wasn't working so I took him to see a psychiatrist, but they spent all of five minutes with him, I know because I timed it, and they told him to eat more broccoli. I swear, that's what she said and I felt like telling her to fuck off, I really did. So his mind was just in turmoil after that and I reported it but nothing was ever done*."

Another volunteer said they thought that charities could do more around bridging gaps in mental health support:

"*I think the IAPT* (Improving access to Psychological Therapies) *service, if it helps some people great, but I think there's a lot of people that it isn't working for, so I think other services or other charities could do a lot to bridge that gap with people that aren't served by IAPT. I don't think there's a magic bullet or a quick fix, and trying to create systems and services that are streamlined and short and snappy and are going to fix you in this number of days, people, human beings don't work like that*."

Comparing the services offered by IAPT and the voluntary sector was something also discussed by another volunteer. They discussed issues around the limitation of the amount of support sessions someone could receive:

"Well they've just changed it recently, but before this change clients could have unlimited amount of sessions. So they can come for six months, a year, two years, and minimum donation is like five quid a session. I don't know five pound a week is a lot to some people, but I think that's fairly manageable for most people, to give five pound week towards therapy I think, I love that. And the fact that you know, for people to access NHS counselling, one it's made mainly CBT (Cognitive Behavioural Therapy), two there's a long waiting list three they only get between something like four and eight sessions, generally it's very limited. And the staff that work in IAPT are under loads of pressure in terms of workload and targets and things like that and I just think what Mind used to offer was great, it was totally different to that. But now they're saying they're going to bring in a new thing where they're capping it at 20 sessions for everyone, which is fine, because I think 20 for most people will be enough. But I think there's the odd person where 20 won't be enough, so I think that's a bit of a shame."

A Volunteer Manager emphasised the important difference between a service being led by service users and a service being led by professionals:

"*With it being kind of Peer Support with it being service user led, that's just something that really appeals because a lot of times we do come across these brick walls by professionals who just don't understand something or they don't, you know, get something and the resources aren't there, so Battle Scars just seems to meet that need for a lot of people. And I think from my own personal experiences as well I just thought it would be a service that I'd really want to get involved in*."

Another Volunteer Manager said that people using their services for support would never open up to Nurse or Social Worker in the same way that they will with someone with similar experiences:

"*All our volunteers are self-harmers. It's not like they're having to open up to a nurse or a social worker, they're opening up to someone who may have really similar experiences to their own and I think that's the key thing… The rules are that you have to be a current self-harmer and I know a lot of people, like my parents I told them that and they were like, surely that's just going to make you continue to self-harm so you can continue to be a volunteer. But that doesn't mean you have to keep self-harming, it means that you still have the urges and you still have to keep fighting them… If you came across someone who said 'Yeah I used to be a self-harmer but you know what I'm absolutely fine now so this is what you need to do to get better' it's not going to come across well is it? If you're saying, 'Yeah, actually something similar really happened to me last week and I came close to self-harming' it's totally different, so I think that's why it works*."

Many of those interviewed thought there was lots of opportunities and a need for the NHS and voluntary sector to collaborate better in delivering mental health support. They gave an example of where this had successfully happened:

"*It's impressive how (Charlie's Angels) has changed because they've been dealing with infant deaths and now they've got a good connection and it works with St James' Hospital, they're*

referring a lot of people and families, because the NHS don't provide counselling do they, or if they do then you go to the doctors and get put on a waiting list. Whereas now Charlie's Angels have worked it out with St James' and they're getting referrals off midwives. So it's just taken off because of the service they're providing. Like I say it's all different independent groups and charities working independently and it's took this long for St James and the NHS to recognise Charlie's Angels and really they should be doing this all along for parents and families who are losing children. That's (Charlie's Angels) started up because they lost their baby and there was no counselling, so she just had to suffer. So when it started it was just a small room where clients would come, but now they've got their own centre and it's absolutely fantastic."

A need to diversify the delivery of Peer Support

When undertaking these interviews demographic information was collected about the volunteers taking part. This showed that nearly all the volunteers involved in the delivery of Peer Support identified as White British. Obviously this research involved only a small sample size of fifteen volunteers making definite conclusions around a lack of diversity in the delivery of Peer Support. However this issue was identified by one of the volunteers interviewed for this research:

"*I would like to target the 'non-white' population and get them more involved, at the moment it's almost 100 per cent White British, we've only got one volunteer who's not white. I mean mental health is bad enough anyway, so a lot of people from Asian and Black communities just won't admit to struggling with mental health*."

Do you feel your volunteering in mental health is making a difference?

As already discussed all volunteers could see the positives around delivering Peer Support, both for clients and in the direct positive differences it was making to them as individuals. Volunteers were asked if they thought they were able to make a difference and overwhelming they believed they were, typical of responses was:

"*For somebody who's doing what I'm doing it's one of the most rewarding things ever to see people grow into doing different stuff and building their confidence and self-esteem as well as a purpose and sense of belonging*."

One volunteer talked about a young person they had been supported and said "*if I hadn't have stepped in then God knows what would have happened to him*.":

"*Just before Christmas there was a guy that lives up in (*North Leeds*) and living on his own, and he was only 19-20. But the housing department wanted him out of the flat they were washing their hands of him, so I just stepped in and he started coming in (to the hub) and causing trouble so the Manager was phoning the police. But I just got to know him over a couple of weeks or and took him outside talking to him, then he just opened up to me and I was telling him a bit about myself and my background I was brought up in a rough area. But*

once you open up to somebody that's where the trust is in counselling, you build that trust and that bond. He opened up and told me about his life and I knew straight away he had Schizophrenia as well as all sorts of drug issues. Just before Christmas he was admitted to the mental health department in hospital, he was in there for four weeks over Christmas and got back in touch with his mum after falling out with her so then she took him back home with her and he just wanted to thank me for everything I'd done, if I hadn't have stepped in then God knows what would have happened to him."

Another volunteered talked about how sometimes you don't know the difference you are making until a long time after:

"*I do see results with it, I saw one of them a few weeks ago, I'd seen him for 20 sessions and when I first started seeing him he was coming in stoned, his wife had just kicked him out and his life was just falling apart and he hardly ever saw his kids. And I did keep telling him that most of it was his own fault and he needed to accept some responsibility for the drug use and cannabis. But this went on for 20 weeks and I honestly didn't think I'd got anywhere with him even though he kept saying thanks after every session. But then one year later I was in Sainsbury's when somebody shouted me and I knew it was him. There he was, smart, smiley, got a job, moved into a nice flat, his life was turned round and he was thanking me*."

One volunteer said that sometimes it was hard to know if you were making a difference when supporting clients whose "*experiences are so traumatic*":

"*It's so difficult because some people's experiences are so traumatic and so dark you just think 'how can I make a difference?', it's difficult so I hope I am. I never know if what I'm doing can be enough to help, because 20 sessions of free counselling is what they offer here and it's unheard of to get that many free sessions, yet for some people that is such a little amount of time for the depths of their problems. A lot of the time the amount of sessions needed runs over 20 and stuff stays but you need to make sure someone's going to be ok when they leave the room but it's just not enough*."

How is your volunteering contribution recognised?

One volunteer when asked this question identified the fact that they could just go at their own pace was a way of recognising the important contribution that they were making:

"*I've worked for kind of corporate companies before where it can feel quite overwhelming with the workload and stuff. But with this, you don't really have that. It's a sense of just go at your own pace and obviously, we can work between us what's best suited to you really. I mean, I still do volunteering alongside my full time career, so I'm never pressured to do set hours or a set commitment, it's more about we'll negotiate ..what you can do if things come up and if stuff happens in life then we can work around that. So for me it's all about as much or as little as you want to give. For me I'm so passionate about it so whatever time I can give up, I really just get into it and get stuck into it and volunteer for stuff really and you definitely get a lot out of it."*

Lots of volunteers talked about how social events were important them and how this played an important role in recognising their contribution:

"We've had volunteer social days, basically where we've had activities and free lunch. And yeah it's kind of nice to get that recognition for what we're doing. It's a case of you know, you've given to us now we'll give you back this fun activity day basically."

For another volunteer however these opportunities to socialise with food was something they'd "*rather not go to*":

"*The best thing we'll have is a fuddle and I'm like 'really?', because I can't go to that because everybody's hands are touching the food. They've also got people there who are tucking into the food with their hands and it's all being left there gathering germs, this is how I see it, I can't have anything being sat there because to me it's just getting contaminated and that's before people put their hands in it. So if I go to places like that I have to have a separate plate and it has to be covered. So I just say to my manager 'I'd rather not go, it's too much hassle', so I don't go to any of them. So that's basically all they really do for volunteers, so I just need to speak to the new Volunteer Co-ordinator about that actually, I'll have to explain to her 'you know a little recognition wouldn't go amiss*!"