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Oasis Talk Wellbeing Pilot

November 2016 - July 2017

Oasis Talk – Wellbeing Pilot

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Bristol Ageing Better (BAB) is a partnership of organisations working to reduce social isolation and loneliness among older people and help them to live fulfilling lives. It is funded by the Big Lottery Fund. In November 2016, five projects were commissioned to deliver pilot projects aiming to improve the wellbeing of older people and to tackle their loneliness and isolation.

This report provides an overview of the Elders Pilot Project delivered by Oasis Talk, including their successes, their challenges and the characteristics of the participants they engaged with. In line with BAB's 'test and learn' approach, this report will highlight key points of learning and advice which may be useful for other projects within BAB's Wellbeing Service and beyond.

Project overview

The Elders Project was a seven month pilot project based in Easton, targeted at adults aged over 50 from Black and Minority Ethnic (BME) backgrounds.

It aimed to bring people from a variety of BME communities together to explore their experiences of, and barriers to, accessing mental health services and then to co-design ways to overcome these barriers in their respective communities, taking into account factors such as language, religion and culture.

It was originally conceived that these activities would be undertaken within focus groups. However, upon having no volunteers for these focus groups and at the request of the communities themselves, these were replaced by delivering psychoeducational taster sessions to existing community groups of older people and using these sessions as a vehicle for consultation instead.

The taster sessions focused on a particular topic chosen by group participants, for example mindfulness. Cultural appropriateness was ensured through working closely with community leaders.

Participants

116 people over the age of 50 attended these psychoeducational taster sessions and, through these, were consulted on their views, experiences and ideas about mental health services. The participants selected the topics for these taster sessions, including anxiety, stress management and relaxation.

The project also set up a specific pathway to NHS Talking Therapies. Anyone identified through the project who wished to access these therapies could do so with no waiting time, and have access to therapy in a language other than English (through a partnership with Nilaari, an organisation providing multi-lingual counsellors).

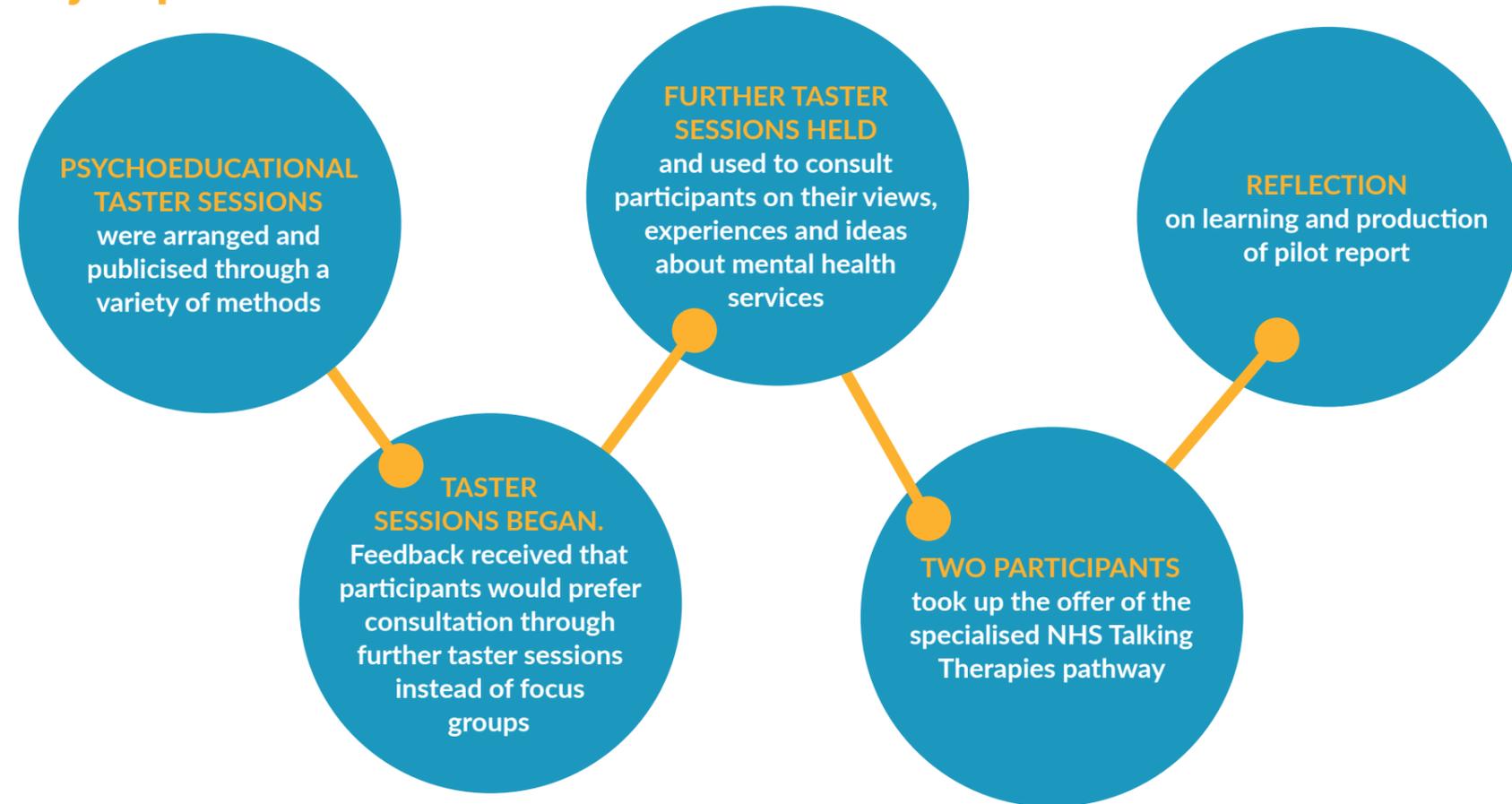
106 people (91% of the total who participated) completed monitoring information. Of these, there were more females than males (67% to 33%) with almost half living in Easton (48%).

Half of all participants were aged 70 years or older, with 4% being over 90 years old. This is likely to be reflected in the high number of participants living with a disability (66%).



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Project process



Participant feedback

These taster sessions were one-off consultation meetings and, as such, information about loneliness, isolation and wellbeing was not gathered from participants. Participant feedback gathered by Oasis Talk indicated that participating in the taster sessions:

- Empowered participants to design the taster sessions according to their knowledge and needs
- Raised awareness of the signs and symptoms of emotional distress
- Enabled participants to look at strategies to deal with mental ill health
- Reduced some of the cultural stigma related to mental health

Oasis Talk believe that the large number of participants was due to the fact that taster sessions were held on days when community groups were already meeting. This reduced transport barriers because in most cases the community groups had already arranged transport for their participants. When this transport was not already being provided, Oasis Talk provided taxis for those who were less mobile in order to encourage their participation and ensure their voices were heard within the consultation.

Information about loneliness, isolation and wellbeing was gathered from those who went on to access the NHS Talking Therapies. However there was a very low take-up of this opportunity (only two participants), meaning that conclusions cannot be drawn about the direct impact this pilot project had on the wellbeing of participants.

The primary value of this project instead comes from the learning gained around the barriers to accessing mental health services within BME communities.



A counsellor who speaks the same language as the participant and who understands the cultural context of their health beliefs can help to break down the barriers to accessing support

Learning: Experiences of and barriers to accessing mental health services faced by different BME communities

- **Symptom-based approach:** Many of the BME communities participating in this pilot described stigma and taboo around mental health. This was reflected in the lack of volunteers for the focus groups. To overcome this barrier and encourage discussion, Oasis Talk placed greater emphasis on the symptoms of emotional distress (e.g. low mood, anxiety, stress) instead of clinical mental health, which was successful. This symptom-based approach was more relatable for some people and enabled them to engage with the discussion.
- **Confidentiality:** This stigma meant that confidentiality was seen by these BME communities as vital when accessing mental health services. Many participants reported being ashamed of their feelings and concerned that others would think they were “crazy” or “mad” and would gossip about them.
- **Bilingual counsellors** who speak the participant’s language and understand the cultural context of their health beliefs, can play an important role in breaking down barriers to accessing support. For example feeling unable to cope with the pressures of looking after family members can be experienced as guilt and shame if the individual does not perceive themselves as being a ‘carer’ (this word does not exist in some languages e.g. Punjabi and Urdu).
- **Familiar venue:** It may be beneficial for NHS Talking Therapies to be based within community venues. These venues are more likely to be within an individual’s existing comfort zone, which makes them a more accessible location than clinical settings. This community location may also help to reduce the stigma around mental health by increasing familiarity among others using the venue. However it is possible that this may deter some people from seeking support, as it may be seen as less anonymous.



BME communities should not be seen as a homogenous group; barriers to accessing mental health services can be significantly different both within and between communities

- **Informal or ‘lower-level’** interventions may be more accessible and less daunting for older people, particularly those from BME communities. For example it might be useful to have volunteers trained in listening skills based at community centres who can signpost older people to the appropriate services in an informal and accessible way.
- **Perceptions of GPs:** Short consultation time with the GP and perceived long waiting times for NHS therapy were reported as preventing some from accessing mental health services. There was also a perception that GPs mostly prescribed anti-depressants rather than offering other treatment options.
- **Sources of support:** When asked who they would speak to if they were feeling stressed or low, the majority said they would not tell anybody. For those who would seek support, responses included family, close friends and faith leaders.
- **Awareness raising:** There is a need to improve information about mental health services and how they can be accessed,. Many participants, for example, did not know that they could self refer to talking therapies or how to do this.
- **Home-based:** Mental health services delivered in the person’s home may be valuable for those with less mobility, those who are very isolated and those who are carers.
- **Diversity:** It is important to remember that BME communities are not a homogenous group and that the barriers to accessing mental health services can be significantly different both within and between communities.



Participants reported feelings less comfortable leaving their communities to access support

Key challenges and what would be done differently in the future

- **Project location:** Oasis Talk had originally planned to deliver the project at a new location, however participants reported feeling less comfortable leaving their communities to get this support. The taster sessions were instead held at locations already familiar to participants.
- **Gender imbalance:** The majority of participants were female. In order to address this imbalance, Oasis Talk engaged with a Sudanese men's group. This helped to increase the number of male participants, however the pilot still remained mostly female.
- **Cultural considerations:** There was a month when no taster sessions were held due to Ramadan and Eid. These taster sessions were held at a later date meaning there was minimal disruption to the pilot, however this consideration is important to remember when planning the timing of future projects.

Other learning, recommendations and advice for similar projects

- **Community leaders:** Finding participants by going through those in the community who were already trusted (e.g. leaders of existing community groups) was very successful.
- **Trusted by the community:** Hiring a community worker who is already embedded in the target communities and already trusted by them can be a significant help with finding participants. When hiring someone not already embedded within your target community, try to hire them early so that they have time to build up trusting relationships.
- **Project location:** Try to deliver interventions within an individual's own community or at a familiar location where they feel at ease. This eliminates the barrier of trying to get people to come to a different location in the city which may be outside of their comfort zone.
- **Language:** Delivering interventions in the participant's preferred language helps you to find participants and build trust with them.
- **Framing discussions:** In order to overcome some of the negativity and stigma surrounding mental health, and to facilitate participant engagement, it can be useful to frame discussions using the language of emotional distress (e.g. low mood, anxiety, stress, panic attacks). This is easier for some participants to relate to and engage with.
- **Interpreters:** When using interpreters, it is important to factor in the time taken for the interpretation. You might want to meet with the interpreter 15 minutes prior to the activity to brief them on the format of the activity, agree the pace of interpretation and review if there are any specific terms which need explanation. When delivering the activity, build in pauses to allow time for both the interpreter and the participants to ask questions.



When using interpreters, remember to factor in time for the interpretation to occur



Bristol Ageing Better (BAB) is a partnership working to reduce social isolation and loneliness among older people and help them live fulfilling lives.

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