

Network Page

In this Network page, we hear from three volunteering agencies in the same city that offer complementary services to mental health service users.

Diane Bown (diane.bown@nottshc.nhs.uk) is the Head of Volunteering for the Nottingham area of Nottinghamshire Healthcare NHS Trust. Around 150 people give their time to 'complement the specialist professional care provided by the Trust, enhance services and improve the quality of life for users of the service'. Perhaps a quarter of them are known to have used mental health services, which is, interestingly, close to the average incidence of mental ill-health in the population at large.

Diane is involved in recruiting, selecting and supporting people who wish to take up voluntary work in the Trust. She routinely asks for two references, and the potential volunteer sometimes gives the name of their Care Coordinator. Sometimes the Care Coordinator makes initial contact with Diane; while at other times she will ask the person's permission to make contact - simply to 'ask whether it is in the person's best interests to volunteer in the chosen role'.

At times, the person wants to volunteer at a day or residential service where they have received care in the past. This is a delicate matter, involving the following issues (amongst others):

- It may be difficult for the volunteer, the staff or other service users to handle the transition from user to volunteer. Some volunteers need to use the service again at a later date, and then everyone has to negotiate the role changes again. On the other hand, treating these role boundaries as permeable can undermine the rigid categorization of people into user, volunteer and employee.
- Sometimes a person needs to move forward, perhaps through a discharge from the service, but is reluctant to do so. Taking up a volunteering role within the same service can be a way of avoiding the challenge to move on. On the other hand, people may know what is best for themselves, without others needing to decide for them.
- The environment might evoke recollections of their own experience in that setting and so make it harder to genuinely listen to others, while work in a different place would carry no such associations and so help the person to listen better. On the other hand, volunteers who are experts by experience bring a highly prized gift to their work.

Diane's approach to these options is generally to advise people not to volunteer in settings where they have received care in the past. She also pays attention to the personal circumstances of volunteers and implements a local policy that prevents anyone receiving active inpatients care from volunteering until they have negotiated their discharge and settled into their home for several weeks. As Diane says, 'if the Trust thinks you are so unwell that you

need to sleep in one of our beds, then you are certainly not well enough to be volunteering.'

Indeed, the idea that periods of rapid change are not good for sustaining volunteering applies at an organisational level as well as for individuals. Diane reports that staffing shortages (a substantial problem across the whole of the UK) reduce the number of staff who are able to take on responsibility for supporting a volunteer. Furthermore, periods of organisational turbulence – restructuring and the development of new teams – reduce the capacity of staff to take on optional duties, such as supporting a volunteer. This can lead to a paradoxical situation in which shortages of time prevent the recruitment of volunteers who would save time.

That is not to say that supporting volunteers who have experienced mental health problems is entirely straightforward. Diane feels that volunteers with mental health problems often need a bit more support than those without such difficulties - but there are many, many exceptions to this rule. Some become ill again, while others move from volunteering in the mental health trust to volunteering in the wider community, or move into education or employment. Diane's line manager is a clinician and this is a key factor in ensuring that her own support arrangements are strong.

Sangita Dhawan (Sangita.Dhawan@nottshc.nhs.uk) is employed by the Trust as a Community Bridge Builder with a particular focus on supporting mental health service users to take up volunteering in the wider community. She is part of the Community Connections team and shares office accommodation and management support with the Community Occupational Therapists. At any one time, Sangita is actively supporting 15-20 people and their individual volunteering placements. The Community Connections team includes some support workers who work as Community Connectors, travelling with the person and perhaps participating alongside them for the first few sessions, while they settle in and get to know others. In these situations, there is a clear expectation that responsibility for support and supervision will transfer from the Connector to the volunteer agency.

When the Community Connections team was first established, it did not work so closely with the Occupational Therapists, but this has been changed through management restructuring. Sangita feels that the closer working relationship with colleagues in mental health has improved the suitability of referrals and smoothed the person's access to additional support. For example, some volunteers need assistance with travel or daily living skills so that they can make a positive contribution in the voluntary work. Blending these supports with finding, getting and keeping the right voluntary job is eased by the close liaison between the Occupational Therapists and the Bridge Builder.

Promoting opportunities for volunteers with mental health issues over a number of years has had a twin impact in the community. On the positive side, there are an increasing number of mainstream community organisations that now recognise the potential of people with mental health difficulties and where accommodations can easily be negotiated. For example, one volunteer liked administration work and was supported to volunteer in the reception area of a busy charity. However, she found telephone answering highly stressful. The charity reorganised their reception team so that the volunteer could contribute her skills without having to answer the phone.

On the negative side, parallel developments of inclusion-based services in local mental health and learning disability provision over recent years has meant that volunteer-engaging organisations have been receiving an increasing number of requests to offer opportunities to people who need support. Disappointingly, some have begun to design their response around the most difficult scenario and demand that 'everybody from your service must have a support worker' irrespective of the real support needs of the individual. This has the potential to create a discriminatory two-tier system where people who hide their mental health difficulties get more offers than those who acknowledge their need for support.

One of the areas served by the mental health trust includes Hucknall Volunteer Bureau (hdvb@freenet.co.uk), where Anthea Large and Deborah Morton job share. Their training in listening skills, equalities awareness and the Volunteer Bureau's Quality Mark help in providing a responsive service to any citizen who contacts them. As the hospital is some distance away, they have few contacts with Diane Bown, but have worked closely with Sangita in supporting individuals who live in Hucknall or nearby. They have few access barriers, and see people with no identifiable mental health issues, those with unacknowledged difficulties, people who are supported within primary care, and specialist mental health service users. Interviews usually take place over coffee, and may include a consultation of the computer-based directory of local volunteering opportunities. They make sure that everyone goes away with some written information, as this gives them something more tangible to take home and think about.

As well as fixing up individual volunteering opportunities, they run a number of events where people can get together for mutual support. A coffee morning takes place on Mondays and Fridays for the general public, which also provides an informal opportunity for people to come along and find out more about the services on offer. There is a regular group of fundraising volunteers who always welcome new members. They have recently obtained funding to bring training in computing, painting and craft into the group to enhance their work in creating handmade greeting cards. These group activities, alongside walks and theatre trips, provide informal opportunities for volunteers to make friends, seek support and have fun. Participants can use these sessions to

have a private word with Anthea or Deborah or to consult the computer-based directory of local volunteering opportunities.

The Volunteer Bureau has recently moved into a new office base that is shared with a range of other community organizations. This has increased the informal networking opportunities and helped to give a sense of shared community amongst agencies. Additional rooms are available for hire, for training events and to house the support group and coffee mornings.

These brief descriptions only cover a small part of the varied work undertaken by the three organizations named above. Many volunteer-engaging organizations have their own networks for direct recruitment and support, while the pressures of securing operating funds, demonstrating performance and responding to individuals place real demands both on the agencies and the relationships between them. However, they form a helpful illustration of the range of productive networks that need to be established so that people with mental health issues gain equal access to volunteering opportunities.