

Community Psychology Model

[East London Foundation Trust]

This report features two interventions rolled out through a community psychology model – Oceans Estate Women’s Group and Gardening for Health.

Oceans Estate Women's Group: a partnership project between Bangladeshi Mental Health Forum (BMHF) and Tower Hamlets Community Psychology Team

Tower Hamlets Community Psychology Team – Tower Hamlet Mental Health Directorate

In the Tower Hamlets Community Psychology Team is a community-based psychology service in East London NHS Foundation Trust. The team is comprised of Clinical and Counselling Psychologists, Peer support workers, assistant psychologists, and trainee clinical psychologists. The team are committed to providing client-centred, culturally and faith sensitive services that are adapted to meet people's needs in connecting with the local community.

The team provides services for people aged 18 and above, draws on Community Psychology principles (Orford, 2008) and utilises Collective Narrative therapy approaches amongst some of its interventions.

The aims of the service are:

- To build on and strengthen community resources.
- To improve accessibility and cultural relevance of psychological therapies for local communities.
- To facilitate engagement of service users with community resources.

Bangladeshi Mental Health Forum (BMHF)

Bangladeshi Mental Health Forum has been a registered charity since 1999, offering community-based support to the Bangladeshi community in Tower Hamlets. The focus of their work has been to challenge stigma and promote a proactive approach to mental health.

Ocean's Estate Women's Group

The Oceans Estate Women's Group was developed in response to a need to support Bangladeshi Sylheti speaking women residing in Tower Hamlets in partnership with BMHF. The group draws on the Recipes of Life methodology, adapted from the work of Natale Rudland Wood (2012). The approach uses food and shared recipes to hear stories about the women's experiences.

As of March 2023, there are 113 women registered with the group, and 100 women have attended at least one session. The groups current focus is on collating the recipes and stories into a book, the dissemination process of which will be coproduced with them.

Alongside cooking, the space has provided peer support for the women, is a valuable space for advocating for their rights (e.g. writing a joint letter to politicians regarding inaccessibility of GP appointments), practising English and signposting. The remit of the group has also organically expanded, with women taking day trips and inviting professionals (e.g. dance movement therapist, massage therapist) to lead sessions, which have been well received.

Women are referred to the group through the NHS, word of mouth, self-referral, GP practices and other community organisations.

Outcomes and lessons learnt

A sociogram has been developed on site where women mark out how they came to access the space. It demonstrates the community connectedness and value of inviting others to the group. The group continues to grow through as women attending invite others that they think will benefit from the space, resulting in 113 women registered.

Working in partnership BMHF who have an established relationship with the local community and an understanding of their needs has been crucial to the running of the group. As the idea of the group came from the women, it is important to speak with and understand the needs of the local community when providing a service. Creating a space that is safe and built on trust outside of traditional clinical spaces supports accessibility for the local community. Sustainability continues to remain a challenge in ensuring steady funding is made available.

To learn more about this intervention, please contact the Tower Hamlets Community Psychology team via email: elft.th-community-psychology-team@nhs.net.

Hear more about the model by watching this [webinar recording](#) which took place in June 2023, hosted by Transformation Partners in Health and Care.

Gardening for Health in ELFT

Tower Hamlets Community health psychology – Tower Hamlet Community Health Directorate

1. Introduction

What is gardening for health?

Gardening for Health (G4H) is a group-based project for local Bengali Women who experience chronic pain within the context of reduced mobility, other physical health conditions and emotional distress. The project aims to re-engage women to their abilities by connecting with nature and being amongst other women who have similar experiences and difficulties.

Background and context

Within the Tower Hamlet community health teams, physiotherapy, and occupational therapy offer home exercise programme to improve physical health condition, functioning and independence level while psychology offer consultations to increase motivation and engagement in rehab goals within the context of adjustment, loss, disability, low mood and anxiety. During a psychology-led reflective practice session, a physiotherapy colleague discussed the impact of not being able to successfully engage some service users in home-based rehab. This raised concern informed joined efforts between psychology and physiology to think more about these people from a population health perspective.

This led to the identification of a group of Bengali women in their 30's to 50s who experience chronic pain, limited mobility, low mood, and increased isolation. Narrative around these women was lack of engagement across services with multiple referrals for investigations of pain and reduced functioning.

2. What was done?

From a population perspective, they set out to understand what the problem was by asking three key questions and undertaking a piece of co-production and engagement work by consulting with women identified as not engaging:

- a) How can we think differently about these women's presenting difficulties so that they can feel more able to participate in therapy?
- b) What might we change in our approach to maximise the women's assets¹?
- c) Who do we need to involve, to learn more about this?

¹ Assets-led models are focused on strengths of individuals, work to build relationships amongst people/group, empower people to be an integral part of the solution to community problems and issues. This is a move away from a needs led approach that focuses on deficiencies

The next step was de-medicalising and re-framing the problem. What was perceived to be the ‘problem’ now morphed from ‘They are the problem for not accessing services offered to them’ to ‘We are offering these women services not fully meaningful to their lives and experienced’. It became apparent that a joint, integrated approach was essential – psychology, physiotherapy, and occupational therapy collaboration. This led to the offering of rehabilitation in a different way with gardening as a means to re-engage women to their abilities by connecting with nature and increasing their physical activity whilst amid women who have similar experiences and difficulties.

An 8-week pilot programme was run in 2019 which involved 2-hour sessions per week (with ample flexibility), gardening activities, walk and talk, expertise, and advice from a local city farm and women sharing their knowledge of plants and recipes.

3. Approach and impact

Guiding principles

- A biopsychosocial framework was adopted, eliminating the mind/body split model and addressing the whole person.
- Adopted community psychology narrative therapy principles: reflecting and documenting strengths, resources and enabling stories.
- The project was founded on the principle of co-production which involve service users actively participating in the design and execution of the project, with a continuous feedback mechanism.
- Transparency around an asset-based approach.
- Careful use of language; Respectfulness and Inclusivity.

Outcome and impact

As the project progressed, service users experienced a collective sense of connection and acceptance, alongside determination and inspiration in knowing there was more



to their identities and lives than their experiences of pain. There was increased activity in the group and some reports of increased activity outside of the group.

For staff, there were increases in job satisfaction and well-being, promoting health through an asset-led approach and connecting with nature.

Challenges or lessons learnt.

The COVID 19 pandemic posed a challenge to the continuity of the gardening sessions as participants were unable to attend in person. However, the staff's dedication and quick thinking enabled them to set up virtual sessions which was agreed by all services users.

More details can be found [here](#).

Contact person:

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Lead Clinical Psychologist.

4. Appendix

- For further information, see [Appendix 2: Gardening for health presentation](#).

Further information

This case study has been shared as part of a quality improvement project led by Transformation Partners in Health and Care's (TPHC) Psychological Therapies for Severe Mental Health Problems Programme team.

This project aims to promote the delivery of psychological therapies that are accessible and responsive to the needs of diverse populations. Through an information mapping exercise, the team has gathered information on good practices and interventions that mental health providers have adopted, or are adopting, to make therapies and therapy services more accessible.

To view more case studies and learn more about this programme, please visit the [TPHC website](#).