Haringey Thinking Space: Progress Report 2015 – 2017.

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Summary of findings

This report summarises the activities and key outcomes of Haringey Thinking Space (HTS) from September 2015 to December 2017 and evaluation research conducted between November 2017 and June 2018 by a researcher familiar with the pilot project, and visiting the Mannheim Centre for Crime and Criminology, London School of Economics at the time of the research.

HTS is a therapeutic initiative based in local communities, experimental in the UK, delivered by the Tavistock & Portman NHS Foundation Trust and funded by the London Borough of Haringey Directorate of Public Health. HTS aims to improve mental health and wellbeing.

Originally piloted in Tottenham HTS has been rolled out across the borough without increased funding, a tapered budget, and the withdrawal of experienced psychotherapists as facilitators.

Implementation

The four core community therapy groups are well-organised and run smoothly but community development and networking activities have been curtailed due to a reduction in the capacity of the community development worker, reducing the profile of the initiative and its ability to attract new participants.

Research participants expressed concern about the reduced networking and capacity of the project to attract new members.

The community development worker (CDW) facilitates most sessions and four residents, trained as co-facilitators, are beginning to take on this task.

The findings show that meeting spaces are therapeutically-informed and the vast majority of research participants feel positively about how sessions are run: they are warm and welcoming (95%), interesting (95%), and make participants to feel good (70%) and good about supporting others (89%).

A co-facilitator training course has almost finished and 17 volunteers are attending. Five participants have been trained as general volunteers.

Attendee and attendance information

A total of 198 core group meetings were held and most attended the open weekly sessions (77), followed by the Mothers' and Toddlers' Tea and Coffee group (55), the men only group (26) and the Women's Health and Wellbeing group (22).

240 people attended core group meetings and special Thinking Space events such as three raising awareness of Black Mental Health (44 attendees), and those held at the YMCA (14), or for Kurds (5).

The majority of participants were women (76%) and most participants attended less than four times, and 20 people attended over 20 times. Attendees reflected the ethnic diversity of Haringey; 31 different ethnic groups attended. Participants welcomed the opportunity to meet people from diverse backgrounds.

Most participants lived in disadvantaged areas but reaching target groups such as young men (8 attendees) and Turks and Kurds (7 attendees) proved to be difficult.

Outcomes

Personal outcomes for participants are consistent with those predicted by the underpinning psychoanalytical and systemic theories and at least three quarters of survey respondents feel better understood (78%), more motivated (81%) and hopeful for the future (78%), and their life experiences have new meaning (78%).

Participants are typically willing to take social action and well over half of the survey respondents feel more able to ask questions and find out new information (78%), more confident to contact a service (78%) and to seek support for a personal issue (68%).

Participants have learnt social skills that enable them to form social relationships and to be more understanding of others: the majority find it easier to understand someone's point of view (73%) and are more able to cooperate with others (78%).

Survey respondents have made new friends (86%), become volunteers (56%), joined a new group (54%), found paid employment (55%) and have improved relationships with friends (68%) and family (64%).

Participants with multiple problems and needs and those with persistent mental health issues benefit from added support from volunteers and/or the CDW.

Thinking Spaces have an ability to change mind sets and offer different perspectives on emotions, past traumatic experiences, and current anxieties through collaborative thinking and discussion about what might enable participants to 'move on'.

Participants feel that sessions contribute to creating a sense of community by providing a regular, safe and respectful environment that offers a sense of togetherness, opportunities to learn about different cultures and faiths, and a space where prejudice and inaccurate information can be challenged. Questionnaire respondents said they meet people they would not normally meet (97%), and are more accepting of different cultures, ethnicities and faith (73%).

Those who are lonely find a place to socialise and make friends; those with enduring anxieties are able to 'off load' which prevents them from escalating; for those in a 'crisis' emotional and practical support is immediately available and provides a 'safety net'; those who wish to contribute to their local area are valued, and feel valued, for the support and local knowledge they offer the group.

Mothers felt that attending contained and reduced their anxieties and they felt more positive about themselves, their identity as mothers, and their ability to care for their child(ren).

Considerations for the future of the initiative

Experiences of living in poverty, alienation, isolation and increasing anger and feelings of stress and depression described by participants suggest an on-going need for Thinking Space to prevent suffering and enhance solidarity.

Reduced funding has limited the number of residents reached by the project and this is unfortunate as regular attendees self-report strong personal, social and community outcomes.

Retaining a robust therapeutic core is likely to require a contribution to training, supervision of staff and group facilitators by specialist therapists. Indeed, it is debatable if the implementation of the therapeutic model can be sustained without the skills of trained therapists.

The role of the community development worker is key to achieving a successful initiative and currently there is insufficient funding for systematic outreach, partnership working, casework, and the administration of the project.

1. Introduction[1]

This evaluation report assesses the progress of Haringey Thinking Space (HTS) between September 2015 and December 2017, midway through a three year contract between the Tavistock and Portman NHS Foundation Trust and London Borough of Haringey Directorate of Public Health.

Between October 2013 and March 2015 Thinking Space was successfully piloted in Tottenham and the same delivery team have rolled out the same community therapy model across the borough of Haringey. There are, however, some key differences: an increased emphasis and promotion of Thinking Space as a mental health initiative; Thinking Space is delivered across the whole borough, rather than just Tottenham, with the same budget as the pilot; fewer and fewer sessions facilitated by experienced and professional therapists from the Tavistock Clinic and more by the community development worker and locally trained residents; and, funds are tapered during the contract. For the first year 41% of the overall budget was spent, 39% in the second year, and 20% is allocated for the final year. The reduction in funding is particularly marked between the second and third year. The research took place during the second year.

This report summarises the results of an evaluation based on the collation of the monitoring data from September 2015 to December 2017 and primary data collection that took place between November 2017 and June 2018 whilst the author was a visiting researcher at the Mannheim Centre for Crime and Criminology, London School of Economics. The author was able to build on her knowledge of the initiative gained from evaluating the pilot scheme. The aim of the research is to 'take stock' and consider the progress of Haringey Thinking Space, and identify issues relevant to its future development.

1.1 Haringey Thinking Space

In the service specification Haringey Thinking Space (HTS) is described as a 'community approach to mental health and wellbeing improvement' set up in response to high levels of risk factors such as worklessness, overcrowding and domestic violence which contribute to poor mental health and wellbeing. Issues ranging from anxiety and depression to severe mental illness, including suicides, are identified in the documentation as increasing problems in the borough. Undiagnosed mental illness is also considered to be a hidden aspect of the problem and it is anticipated that a community initiative will overcome reluctances to disclose mental health issues and address psychological, emotional and social issues related to mental health typically found in more disadvantaged areas. Thus the project aims to focus on communities with high levels of deprivation and mental illness with particular mention of Turkish and Kurdish communities, young men and men over 40 years and those over 65 years.

[1] I would particularly like to thank all the Haringey Thinking Space attendees who participated in the research and openly shared their experiences. Without them the research could not have happened. My thanks to Frank Lowe, Janet Campbell, Leila Maza, Florence Cullen Davies and Elliott Burcham for their support and providing focus group and monitoring data. Thanks to Phil Russell, an independent psychotherapist, Frank Lowe and Janet Campbell who made helpful comments on an earlier draft which have improved the quality of the research report.

The project is expected to deliver a community therapy approach that 'involves working through historically entrenched feelings of hopelessness, depression and powerlessness' that will enable participants to 'forge independence and becomes more solution orientated'. The 'safe' space encouraged participants to 'freely associate', described as 'the gateway to the unconscious and opens up the possibility of greater engagement of the whole personality and of deeper psychic work'.[2]

The Thinking Space approach incorporates psychoanalytical and systemic perspectives. Psychoanalytical theorists propose that psychic injury results in 'acting out' destructive behaviours and they are manifest as neurosis and depression which can be projected onto another person and/or groups and expressed as hatred and resentment.[3] To change these behaviours it is thought necessary to understand motives for expressions of self-hatred and deep anxiety that are internalised. A therapeutic effect is achieved where a patient relives their painful emotions and traumatic events and this retelling improves self-understanding and reduces demonising 'other'. It is conjectured that this process has a cathartic effect that repairs and inner psyche and reduces the need to 'act out' destructive behaviours.[4]

According to the systemic therapeutic perspective destructive behaviours arise from power relations that are socially, economically and political constructed and internalised as oppressive, and the pain of being disadvantaged creates anxiety, fear and despair.[5] Therapeutic conversations seek to challenge dominant social discourses and power relationships that shape people's lives in destructive ways and subjugate other stories that offer different understandings of people's lived experience.[6] Thus, HTS meetings create a space where residents can share and reflect on their difficulties and challenges and think together about what options they may wish to address these problems.

Expected outcomes for the community therapy meetings are summarised from the service specification as follows:

- Participants are able to improve their capacities to manage their own lives, to advocate for themselves, develop their self-understanding, relationships and skills to enable them to reduce self-defeating and destructive behaviours.
- The 'community' is able to develop the capacity to collaborate, create their own self-defined solutions to their problems, be responsive to different individuals, families and communities and improve a capacity for dialogue and working with tensions and conflicting perspectives.

[2] Lowe, F (2014) 'Thinking Space: The Model', in F. Lowe, ed., *Thinking Space*, 11-34. Karnac.
[3] Lowe, F (2014) 'Thinking Space: The Model', in F. Lowe, ed., *Thinking Space*, 11-34. Karnac.
[4] Atkinson, R (2015) 'Urban Policy, City Control and Social Catharsis: The Attack on the Social Frailty as Therapy', *British Journal of Criminology*, 55,5: 866-882.
[5] Barreto A and Grandesso, M (2010) 'Community Therapy: A Participatory Response to Psychic Misery', *The International Journal of Narrative Therapy and Community Work*, 4: 33-41.
[6] Monk, G and Gerhart, D (2003) 'Sociopolitical Activist or Conversational partner? Distinguishing the Position of the Therapist in Narrative and Collaborative Therapies', *Family Process*, 42,1: 19-30.

HTS is also expected to work co-operatively with other similar initiatives and to develop a sustainable community therapy approach by focussing on training, supervision and facilitation. Additional outcomes include developing a robust evidence base and evaluation method and demonstrating the sustainability of the project.

2 Research

A realist and 'theories of change' approach is used to assess HTS.[7] This approach identifies problems the initiative is designed to alleviate, theories embedded in the initiative used to explain change, and contextual factors that influence outcomes. By using this approach researchers are able to consider if processes or causal mechanisms are activated by Thinking Space that make a difference to the everyday lives of participants and if the change is beneficial or harmful.[8] The scope of the study is limited by the size of the budget.

2.1. Data collection

Data collected, collated and analysed are summarised in table 2.1 below.

Table 2.1. Data and description of data

Data type	Number	Description of data
Monitoring data	240	September 2015 – December 2017
Self-completion questionnaires	37	Administered by the CDW during the last quarter of 2017.
Non-participant observations of Thinking Space sessions by researcher	5	2 Weekly sessions 2 Women's group 1 Mothers' group
Notes of sessions written by a Thinking Space volunteer	7 14 30 40	Men's Group (Between 18/10/16 & 18/7/17) Women's Health & Wellbeing (Between 5/11/2016 & 4/12/17) Mothers' Tea and Coffee (Between 10/2/2016 & 23/11/17) Open Weekly Group (Between 11/10/16 & 19/12/17)
Focus groups conducted by an assistant psychologist from the Tavistock	4	YMCA group (I participant) Men's group (2 participants) Open weekly group (8 participants) Women's Health and Wellbeing (13 participants)
Face-to-face interviews with participants and staff conducted by researcher	9	These interviews lasted between 40 and 90 minutes, were taped and transcribed.

Self-completion questionnaires were administered by the CDW during autumn 2017 and of those 37 participants who completed a questionnaire; 69% were women and 31% men, 93% were heterosexual and 7% bisexual, and 14% had physical disabilities. The majority (51%) were aged between 36 and 55 years old, 29% over 56 years old, and 11% aged between 17 and 35 years. Respondents self-identified 12 different ethnic groups, of whom the majority

[7] See for example Sayer, A (1992) *Method in Social Science: A Realist Approach*. 2nd edition. London: Routledge; Pawson, R and Tilley, N (1997) *Realistic Evaluation*. London: Sage.
[8] Weiss, C (1997), How can theory-based evaluation make greater headway?' *Evaluation Review*, 21, 4: 501-24. Pawson, R and Tilley, N (1997), *Realistic Evaluation*. London: Sage.

were black African and black Caribbean (47%), with the other ethnic groups similarly represented amongst white and black British, white and black European, Irish, and mid-eastern. They attended the different types of Thinking Spaces, events and activities as well as volunteers' training; 57% attended the weekly open sessions, 24% the mothers' group, 19% women's health and wellbeing group, 19% the men's group, 32% special events, 5% play activities, and 14% volunteer training. Many attended more than one type of session, the weekly open and men's sessions, for example.

With respect to the representativeness of the questionnaire sample, women and White British are slightly under-represented and those in the older age range slightly over-represented. The overwhelming proportion of respondents first attended Thinking Space when it was piloted in Tottenham (74%) and the overwhelming majority are repeat attenders. According to the monitoring data 22% have attended between four and 21 times or more, so the regular attendees are significantly over-represented in the self-completion questionnaire cohort. Nevertheless, the information gained from the questionnaires gives insights into changes that have occurred in the lives of participants following their regular and sustained involvement in Thinking Space. These data are therefore informative about outcomes.

Those approached for face-to-face interviews included two members of staff and eight participants who were able to reflect on their experiences of using Thinking Space, some volunteered and three trained as co-facilitators. All except one participant agreed to be interviewed and two were men, seven women and self-defined their ethnicities to include Caribbean, British, and European. The interviews were semi-structured and the discussions mostly centred on their experiences and their observations of other attendees, and exploring relationships between attendance and outcomes.

Three of the four core community therapy meetings were observed; two open meetings, two Women's Health and Wellbeing meetings and one Mothers' and Toddlers' meeting. The researcher was a non-participant observer and known to many of the participants from her time spent researching the pilot. During the sessions notes were taken and then further recollections recorded immediately afterwards.

An assistant psychologist was employed by the Tavistock to run focus groups and two of the four groups were poorly attended with one or two people. The questions were structured to illicit information about group dynamics and processes.

Notes of sessions are taken by volunteers and whilst the quality varies most are accounts of what happened and what participants said and contain little on the emotional content of meetings. The weekly staff meeting discuss the Thinking Space meetings held in the previous week, interpret the key themes and identify what follow-up actions are required for the delivery team, individuals or a Thinking Space group.

The project monitoring data was collected and collated by Florence Cullen Davis, an assistant psychologist at Tavistock Clinic.

2.2. Data analysis

All data were analysed from the situated logic of the participants. This information was used in conjunction with the academic literature to generate hypotheses about how the project works and the evaluation data used to refute these hypotheses and those that best fit the data were selected.[9] Contradictory accounts and anomalies were identified to learn more about how problems and challenges were conceptualised and what solutions were proposed. These findings were discussed with interviewees and their experiences of regularly participating over several years used to check the proposed theories of change and outcomes outlined in this research report. By using this approach to data analysis some insights were gained into how Haringey Thinking Space works, for whom and under what circumstances.

Quotes are used for illustrative purposes and as evidence. To protect the interviewee neither the gender nor ethnicity are used when quotes are given. This is in line with our ethical code that ensures anonymity for research participants.

3 Implementation

HTS funds a part-time community development worker and a few sessions each month for two psychotherapists. The contract specifies that as from Year 3 the delivery of community therapy meetings will be facilitated by the community development worker (CDW) and volunteers. The aim is for local people to deliver the community therapy with minimal support or no support from clinical supervisors.

The core meetings are well-organised, well-established and run smoothly. The implementation of other aspects of the initiative such as the outreach, casework and advocacy, the training programme for volunteers, and responding to requests from organisations to run Thinking Spaces in their organisations have been compromised due to the limited capacity of HTS to deliver. As an innovative community therapy approach in the UK the reduction in the activities of the CDW and administrative support has adversely affected the capacity of the project to reach new residents and also curtails learning about the potential of Thinking Spaces.

3.1. Monitoring information

3.1.1. Attendance and attendees

Between September 2015 and December 2017, 198 core group meetings were held. They are summarised by type of Thinking Space and number who attended in table 3.1 below. Some participants attended more than one type of Thinking Space and they have been accounted once in the type of meeting they attended most frequently.

[9] Sampson, A. (2007) 'Developing robust approaches to evaluating social programmes', *Evaluation*, 13 (4), 469-485.

Table 3.1. Number of core Thinking Space sessions run between September 2015 and December 2017 and attendance

Core Thinking Space Type	Number of Sessions	Number of attendees
Weekly Open Thinking Space	93	77
Mothers' Tea and Coffee mornings	38	54
Women's Health and Well-being	42	22
Men's Group	25	26
Special events at core meetings		10
Total	**198**	**189**

Note: 10 people only attended special events at core meetings.

Information on attendance at special events is summarised in table 3.2 below. Some participants attended more than one event and are counted once.

Table 3.2. Number of special events and Thinking Space sessions for specific groups

Special events	Number of Sessions	Number of attendees
Black mental health	3	42
Men's group at YMCA	2	14
Meeting for Kurds	1	5
Total	**6**	**56**

Five people attended core sessions and special events, thus a total of 240 adults attended core Thinking Space sessions and special Thinking Space events. The majority attended between one and three meetings or events (79%) and 20 participants attended 21 or more meetings.

Table 3.3. Attendance

Attendance Once	2-3 times	4-10 times	11-20 times	21 times and over
53%	26%	10%	3%	8%

The majority of attendees were women (76%) and most lived in the disadvantaged areas of Haringey, mostly in Tottenham and its immediate vicinity.

Table 3.4. Postcodes of attendees

N17	N15	N22 & N8	Other 'N' codes	Other	Not known
32%	20%	12%	10%	8%	20%

Where ethnicity was recorded, attendees reflected the ethnic and cultural diversity of Haringey with 31 different self-identified ethnic groups attending. Ethnicity was recorded for

66% of the records and these showed that most attendees were: Black African Caribbean (16%), Black African (13%), and White English (11%). Other ethnicities were represented by less than 10 attendees and mostly between1 and 3, and included Asian, Chinese, Somalian, Spanish, Italian and Irish.

Ages were recorded for over two thirds of attendees (68%) and they were mostly aged between 30 and 49 years. Those under 30 years less well represented.

Table 3.5. Age

Under 30 years	30-49 years	50+ years	Not known
13%	35%	18%	34%

We know little about those who attended once, the majority of participants.

3.2 Meetings and events

Four different thinking spaces are community based. Overall, the single gender women's groups and men's group spend more time discussing personal troubles whilst the open mixed gender group dwell more on local community and societal issues. The groups share a common concern for young people who are perceived as growing up with relentless pressures, and share an anger that young Blacks suffer injustices from the police, discrimination in schools, and the a lack of suitable mental health services. The main issues discussed by each group are described below.

3.2.1. Open group

This group is run weekly except during holiday periods, is open to all, and takes place in the evening in a church hall in Tottenham Green where it has been run since October 2013. The weekly Open session was the original Thinking Space and it is interesting to note that the three other Thinking Space groups described below were all suggested by participants during the pilot and are single gender groups. Some one-off groups are for particular groups such as young men, although participants also comment on the cross-generational value of a mixed age group, and these are also popular.

Participants can find issues discussed in this group anxiety-provoking, for example local homicides and terrorist attacks which precipitate fear and rekindle memories of past traumas.

Recurring themes include
Environmental pollution that causes illness including mental illness
Violence, murder and knife crime, death of young black men, Black on Black violence, anger about police harassment of young people
Terror attacks at Manchester Arena, Westminster Bridge, Borough Market, Finsbury Park mosque, and Grenfell Tower fire

Inadequate services, loss of community organisations, lack of support and increasing unmet need particularly for those with mental health issues

Homelessness, temporary accommodation, high rents, social cleansing, and regeneration across the borough

Uncertainty about local authority regeneration initiatives, exclusion of current residents

Financial problems, redundancies, effects of austerity on their everyday lives

Racism and discrimination

Stress, depression, social isolation and loneliness

3.2.2. Mother's and Toddlers' Tea and Coffee Morning

This session was held successfully for many years in an accessible Church Hall at Tottenham Green. Increasing rental cost and demand pressures on the Church Hall led this Thinking Space to be relocated from Tottenham Green to the Hub in Lordship Recreation Ground and subsequently this Thinking Space moved again to the Children's Centre at Broadwater Farm. These moves have been driven by financial pressures, lack of suitable and affordable premises, as well as an attempt to reach more women living in disadvantaged areas and to attract more mothers living in poverty.

Participants say that they prefer weekly sessions and shorter breaks for holidays, and talked about 'storing up' issues causing their anxieties to escalate to the detriment of their ability to cope.

The recurring themes of this group are centred on motherhood and raising children and this focus gives a continuity between sessions and allows worries to be discussed in-depth.

Recurring themes include

Exploring motherhood and discussing their identity as a new mother and how to maintain a sense of self

Challenges raising children, being a 'good' mother, anxieties about being inadequate, and fears about raising boys

Difficulties raising children with long term health problems, learning difficulties, and with challenging behaviours

Negotiating different relationships with partners, family and extended family

Growing up in dysfunctional families

3.2.3. Women's Health and Wellbeing

This group runs fortnightly except during holiday periods and has been located in a library in Tottenham since early 2014. The CDW observed that of all the groups, this women's group have a stronger sense of purpose and participants are more supportive of each other.

Recurring themes include
Lasting trauma arising from death of a partner or child, loss, and separation from parents due to migration
Living with mental illness and depression, poor services and fewer community organisations offering support for mental health issues
Everyday day racism, racial discrimination and humiliation from health services, housing and racism in schools
Experiences of domestic violence and child abuse, feelings of anger and injustice
Local murders, violence and robberies and participants' connections to these victims and their families
Menopause

3.2.4. Men's group

The Men's group is run fortnightly and moved from Tottenham Green to the library in Wood Green to attract men from outside Tottenham.

Men also expressed a strong preference for weekly meetings and shorter breaks for holidays. Sessions often start with personal anxieties which are discussed in-depth and may broaden out to more general issues of concern.

Recurring themes
Bottling up feelings which are detrimental to mental health and the need to talk
Loss, loneliness, personal insecurity
Relationships with women and fears about being a father
Unemployment, lack of training and difficulties finding work
Cutting of services and lack of support

3.2.5. Special events

The CDW has also organised seven special Thinking Space events in the borough and 16 in total, some in collaboration with others. They are organised in response to requests from participants, are widely publicised to all residents and those working in Haringey, have two or three speakers who each talk for about 10 minutes before the space is opened up for a discussion.

Monitoring data are available on three events which profiled Black mental health and were:

A presentation and discussion on improving Black Mental Health in Haringey. May 2017.

Of the 31 participants 17 completed a monitoring form and their ages were spread between 18 and 65 years, attendees typically lived in Haringey and were predominantly black African followed by Caribbean and black British. They heard about the event through word of mouth, friends and colleagues, were most likely to be employed and have a professional interest in Black mental health, for example, a therapist, community social worker and community outreach worker, teacher and nurse. They unanimously found the event very helpful or helpful and their feedback comments included;

…"Very informative and encouraged individuals to open up on personal situations and experiences. Participants imparted a great deal of knowledge and everyone contributed to a very lively and thought provoking discussion. It highlighted the importance of the support Black Mental Health needs. Hearing service users' experiences will help me adjust my practice".

'Prevention is better than cure': improving Black Mental Health in Haringey. July 2017.
Of the 35 attendees 20 completed monitoring forms, most of whom were Black British, Caribbean, or Black African, lived in Haringey and aged between 30 and 65 years old. Typically attendees heard about the event via word of mouth, friends and colleagues and the overwhelming majority were employed. Many attendees had a professional interest in attending, for example, family and mental health workers, and teachers who respond to black mental health issues in their everyday working lives. Most of these participants found the event very helpful and others helpful.

Feedback forms including the following comments: "The session was considered to be informative, very focused and the professional touched on a range of issues and solutions. It was an excellent opportunity to get together and listen to professionals as well as clients who have experienced mental health issues with a large cross section of the community and experiences".

Reducing school exclusions to improve Black mental health in Haringey. *November 2017.*

This event attracted 10 participants. Six completed an evaluation form; four were women and two men and they were Black or dual heritage, and three had children. These participants were either parents or had a professional interest in mental health and they found the session either very helpful or helpful and in particular they said that they gained a better understanding of the education system and relationships between teaching staff and parents. The reasons for the low attendance are unclear but links made on the flyer between school exclusion and mental health may have deterred some, as the small number attending with children might suggest.

3.3 Reaching target groups

The extent to which Thinking Space has engaged with its target groups is summarised as follows:

The monitoring data shows that almost two-thirds of attendees (62%) lived in disadvantaged neighbourhoods, many in Tottenham and its surrounding area. Thinking Space seems to be an attractive initiative for those living in these neighbourhoods where it can be difficult to engage residents.

Haringey Thinking Space has less successfully met other targets groups set by the local authority. These are to engage groups identified by the local authority as having high rates of mental health issues, as follows:

Kurds and Turks: 7 attendees.

Young men aged 18 to 29 years: 8 attendees.

Men over 40 years: 20 attendees.

Those aged over 65 years: 15 attendees; 10 of whom are women and 5 men.

At the end of this evaluation report in section 8 the setting of such targets is discussed and it is noted that targeting specific groups does not fit well with the intentions of an inclusive community therapy approach.

3.4 Recruiting and training volunteers and co-facilitators

During the evaluation period 23 co-facilitators training sessions were run and 17 volunteers are attending. The course is expected to be completed shortly.

Three volunteers trained as co-facilitators three years ago and have recently started co-facilitating, one trained volunteer is expected to start soon, and a further two will commence in due course. These co-facilitators will be paid. A further volunteer has been co-facilitating the Men's Group since 2015 and is undertaking systemic training.

The CDW asks participants to become general volunteers and five have been trained during this period. These volunteers assist with note-taking, supporting participants and attending appointments with them, as well as administrative tasks.

3.5 Facilitation of Thinking Spaces

During the pilot the CDW gradually took on a greater facilitation role and by the start of HTS was an experienced and well-regarded facilitator. With tapered funding two trained and experienced psychotherapists reduced their involvement in 2017 and an experienced facilitator from Corner Stone organisation was co-opted to run some sessions, and local people trained to become co-facilitators, a process that was taking place at the time of the project evaluation. This period of transition is likely to take time and it is too soon to know if these changes will affect attendance and outcomes.

Participants who had completed the co-facilitators' training programme identified a number of group tensions as potentially challenging. These tensions are consistent with observations of sessions and include:

- Changing role from participant to co-facilitator and allowing the 'group to lead the discussion' rather than participating

- Managing volatile participants, those with frustrations and personality-based conflicts
- Feeding back the 'mood of the group'

Interviewees anticipate that it will take time to build trust and that they will learn through experience and from handling different situations. Incorporating new attendees into an established group is considered a further challenge.

The research findings indicate that keeping the general flow of the conversation going is a skill less experienced facilitators are comfortable with but it was observed that experienced therapists are

… more likely to coax a person to talk more about their pain and what is troubling them, to give a view on their situation… acknowledge that what they say is worrying, and ask what coping strategies the participant has tried and suggest additional strategies. (Participant, focus group, Men's group)

The trainees' awareness of potential challenges is encouraging and their knowledge about creating a therapeutic space promising for the future of the initiative. One interview commented, for example;

People often think its group work but it's very different, it's not what we put into the group, we are working with what comes out of the group. (Interviewee)

3.6 Clinical supervision

It is intended that the CDW develops the capacity to lead and facilitate sessions with minimal supervision from clinical staff at the NHS Trust. The CDW has increased the number of sessions she facilitates or co-facilitates since the pilot and manages the administration for all the Thinking Spaces. She works two and a half days a week and each week 20% of her time is spent in a team meeting run by clinical staff where the Thinking Spaces are reviewed and interpretations are made, and future interventions are planned. When the funding is reduced in September 2018 clinical supervision can also be expected to be less frequent. There is an immediate review and debrief after every Thinking Space but the new co-facilitators have yet to receive clinical supervision. Monthly supervision is planned but a convenient time for all has been difficult to find. Supervision is intended to maintain the quality of the provision and scaling it may adversely impact on the effectiveness of Thinking Spaces.

Maintaining the quality of the provision is achieved by reflecting on what has happened in the group and taking issues back to the group and observing and how the understandings of co-facilitators may be improving, their ability to make sense of issues increasing and their capacity to manage, and working with them over time. Arguably community therapy clinical supervision requires professionally trained psychotherapists but funding for their services is being withdrawn.

3.7 Thinking Spaces as therapeutic sessions

A therapeutic approach distinguishes Thinking Spaces from discussion groups, self-help, single interest or campaigning groups and the success of its implementation rests on the extent to which sessions can be considered as therapeutic. Ascertaining the frequency with which sessions were wholly or partially therapeutic is beyond the scope of this study, although some

insights into therapeutic experiences can be gained from self-completion questionnaire findings. Whilst meetings adhered to therapeutic principles and research participants were clear when they experience a session as therapeutic and recognise that sessions are not always therapeutically informed.

Factors that make therapeutic groups effective include installing hope, exchanging information and enabling group social interactions. Thus participants help and are helped at the same time, and the therapist is responsible for the management of the group and facilitating interaction and communication within the group.[10]

The format of meetings adhere to a therapeutic approach; all participants receive a warm welcome, attendees sit in a circle and introduce themselves, and facilitators explain the purpose of the approach and all attendees are invited to contribute. Research participants explained that they experience sessions as therapeutic when everyone is given the space to speak, they are given time to express themselves, and when there is mutual respect amongst participants. This inclusive and respectful setting enables them to relax and feel safe. An interviewee describes a therapeutic experience as;

It's very difficult to unburden feelings… when facilitators are very supportive and there's a trust and it feels reciprocal… all [participants are] listening and focussing on one person and it feels respectful… and you express feelings deep down inside and then there's a sense of relief. (Interviewee)

Participants welcome the democratic approach and a space where everyone is considered of equal value. A participant explains the benefits as follows;

… you get Thinking Space gold [when] people are talking and sharing their experiences, everyone's chipping in with their views, encouraging people, it's very positive, yeah. (Participant 1, men's focus group)

Therapeutic responses to accounts of traumatic events such as the murder or serious injury of a family member or friend, attempted suicide, or death of a child, include being listened to, the acknowledgement of pain, and exploring different ways of coping. Various interpretations of a traumatic experience are offered by those who have had similar experiences. Story tellers often describe feelings of guilt, shame, and blame themselves and participants challenge these perspectives and at the same time show compassion.

Similarly, therapeutic responses to accounts of mental illness are non-judgemental, allow non-stigmatising and frank discussions about mental health and its debilitating effects. Group support creates a space where there is a 'culture of enquiry' and learning that enables participants to become more knowledgeable and understanding about mental health, services, and how they can be accessed.

At the end of meetings the discussion and feelings of the group are summarised by a facilitator, participants are thanked for their contributions and their courage for sharing their inner anxieties acknowledged. Information is given about future Thinking Space meetings and other events in Haringey and facilitators make sure no one leaves a meeting feeling vulnerable.

[10] Kemp, R (2010) 'The Emergence of Group and Community Therapies', *Existential Analysis*, 21,2: 282 – 294.

Findings from the self-completion questionnaires show that the overwhelming majority feel positively about the sessions;

- Warm and welcoming (95%)
- Sessions make me feel good (70%)
- Discussions are interesting (95%)

They also convey high levels of responses that constitute an effective therapeutic milieu as follows;

- respondents feel that participants offer helpful advice all of the time (32%) or some of the time (60%) and they feel good about being able to support others (89%)

Further, findings show that the therapeutically-informed spaces are likely to have contributed to respondents' increased social skills which are further likely to increase the therapeutic effects of Thinking Space. Respondents said that they feel;

- Better able to support others (89%)
- Better able to share my life experiences (86%)
- More able to listen to others (78%)
- Easier to express my opinions (76%)
- Tell people how you are feeling (68%)

To date no participant has been excluded from a session or the initiative and this underlines the inclusiveness of Thinking Space and the challenges of facilitating; whoever arrives is welcomed and whatever the group dynamics the facilitators manage the group and facilitate a therapeutically-informed safe space.

3.8 Co-operative working with similar initiatives

Although liaising with other similar initiatives has been curtailed, seven meetings were organised in conjunction with other agencies and HTS participated in festival celebrations. These activities included coordination with the Bridge Renewal Trust, Mind Haringey, BEH Mental Health Trust, SPICE, White Ribbon VAWG initiative, and National Mind.

The CDW organised for participants and local faith-based organisations' front line volunteers to attend a two day intensive Mental Health First Aid training run by MIND.

HTS are members of an Early Action Task Force led by voluntary organisation Community Links, a cross-sector group of leaders making the case for a society that prevents problems occurring, supported by the Big Lottery. However, they have been unable to attend meetings.

A recurring theme is participants' opinions that HTS is not widely advertised and that it should be reaching out to more residents in the borough and there is a lack of integration with other similar initiatives. Of the 14 questionnaire respondents who added written comments, 79% thought HTS should 'get word out more, advertise better', 'market itself more, liaising with similar groups', 'more publicity', 'higher profile in the community and increased volunteer participation', 'reinvigorate publicity', and 'recruit more volunteers'.

4. Outcomes

Since attendance is voluntary and open to all participants are typically self-motivated and whilst their motivations for attending may vary, in general, they are seeking to improve their lives. The research has found that attending Thinking Space harnesses these desires and benefits are consistent with those anticipated by the therapeutic model, as illustrated by the following findings from the self-completion questionnaires. A clear majority of respondents said that they have benefited personally, for example, they;

- Feel better understood (78%)
- Feel better about myself (72%)
- Feel more motivated (81%)
- Feel that my life experiences have new meaning (78%)
- Feel more hopeful for the future (78%)

Of those who completed the questionnaire 22 respondents (59%) said that they suffered from depression/anxieties and of these respondents the majority said that their depression/anxieties were about the same (61%) and for 39% they experienced depression/anxieties less often. Thus, attending sessions has not made a difference to anxieties/depression for the majority of these respondents, although their situation may be worse had they not attended, and no respondent said that their depression/anxieties had increased. Findings from interviews and focus groups strongly indicate that Thinking Space prevents these conditions from worsening.

Factors which contribute to constructive social interactions and the formation of social relationships have improved for most questionnaire respondents who;

- Find it easier to understand someone's point of view (73%)
- Find it easier to respect a different point of view (73%)
- Are more able to cooperate with others (78%)

Integral to the therapeutic approach is supporting others in the group and this gives virtually all the respondents a sense that they are contributing to the community, and makes them feel good (97%).

A consistent research finding is the desire of participants to understand their inner anxieties and turmoil and, as one participant comments;

… they have mental health problems and whatever but they obviously want to overcome their problems that's why they come to the group. (Participant 1, men's focus group)

Some who attend live on their own, might be socially isolated or lonely and may have no one to 'offload' to and, as a result their worries build. An interviewee, like others, observes;

They come into Thinking Space having hung on to issues all week and this makes them volatile. (Interviewee)

Similarly, some live in adverse circumstances; they may be experiencing domestic violence and abuse, family conflicts, debt, damp and overcrowded accommodation, have no recourse to funds, and children with challenging behaviours and they come to talk, to get advice and to feel supported. As one interviewee commented;

They are coming to Thinking Space for a reason and come back time and time again because they believe they are getting something out of it… it's offloading for many people. (Interviewee)

This positive feedback loop explains the attractiveness of Thinking Space for repeat attendees and personal, social, and community benefits are described in more detail below.

4.1 Personal

Anticipated personal benefits are to:

Develop self-understanding, relationships and skills to reduce self-defeating and destructive behaviours and manage own lives and to advocate for themselves

The following section illustrates how personal outcomes are connected to repeat attendance and show how therapeutic spaces themselves facilitate improvements, and describes when spaces usually work best and for whom.

Women research participants described how Thinking Space gives them 'me time' and those living with mental health issues explained that they evade thinking about themselves and it's time 'for me' - an opportunity to focus on themselves and express their feelings which prevents difficulties from escalating.

Similarly, some participants live with depression and have periods when they struggle to cope with their everyday lives. These participants seem to attend regularly when they feel low and anxious but less regularly when they are severely depressed or feeling positive. For these participants Thinking Space acts as a safety net and prevents the build-up of self-destructive thoughts associated with their recurring depression. One woman who has had bouts of deep depression for years explains how attending Thinking Space helps her;

When I relax I can get things 'off my chest' and I share my problems and my thoughts. When we talk other things change, may be they [other participants] have a different idea and this changes your mind. It's helped me a lot… I am more confident in myself… I have better relationships with my family, they see me going out, I've improved my thinking, I've improved my style … they respect me more and this makes me happy. (Interviewee)

Participants explained how facilitators enable them to engage with their feelings and, with contributions from other participants, they think differently about their personal troubles. For some this process has positive consequences for their personal development, as one participant explains;

The facilitator can lead the feelings, readjust the direction. They absorb the feelings, take what I said and feed it back in a different way that enables me to think and this helps me to progress and with personal development. (Interviewee)

Not all participants are willing to share their inner feelings. The role of the facilitator and the contributions of participants can affect the 'mood' of sessions and sometimes participants do not feel safe enough to talk about their deep-seated worries or partially disclose their inner anxieties, as this participant explains;

… I might be having an internal battle with myself to voice what I am feeling, making sure it makes sense, it's safe, want to share with the group but because of the internal battles you may not share. (Participant 6, focus group, weekly session)

These decisions to withhold information limit the extent to which support can be offered. Similarly, observations of meetings found that participants may tell their story but the group does not respond and when this occurs they may feel let down, despondent and unsupported, and positive outcomes are less likely to occur.

When attendees share similar circumstances participants seem 'naturally' able to support each other and the group assists participants manage their situation better. For example, research findings suggest that the Mothers' and Toddlers' sessions can work particularly well. The women are in a similar situation, have strong shared interests and concerns, and are all in a period of transition, adjusting to becoming a new mother or mother for a second time, to their children growing up and going to nursery. They share their anxieties about motherhood and their changing relationship with their partner, wider family, and being a single parent. Collectively these women are often dissatisfied with their new social position and wish to be more certain about who they are and to find their 'new' voice. Motivated by these needs they are willing to receive, and offer, support and advice to improve their situation. They value Thinking Space as an opportunity to speak openly and not to be judged. The following observation by an interviewee gives an insight into how the session itself enables these women to feel more positive about themselves, and is typical of other participants;

… it makes me realise that although I am struggling I also have a lot. I might come in stressed and in a low mood but I am always leaving on a high note. (Interviewee)

Since the women are in a similar situation information sharing amongst the group can be highly relevant and assist reduce anxieties and uncertainties about not knowing who to ask for help and how 'systems work'; for example, early years education and registering children for nursery. In other Thinking Spaces information exchanges include many issues and the CDW plays a key role in providing information about volunteering opportunities, community events and local activities to join, as well as giving practical advice about where to get advice for debt, housing, and legal matters. For those with multiple problems and needs such as homelessness, fleeing domestic violence and abuse, extreme poverty, the information and advice given by the CDW is invaluable.

The following findings from the self-completion questionnaire indicate that since attending Thinking Space the majority of participants feel more confident to act on this advice and information. They said that they are;

- More able to ask questions and find out new information (78%)
- More confident to contact a service (for example, housing, benefits, Citizens Advice Bureau) (60%)
- More confident to seek support for a personal issue (68%)

Respondents have also become economically active and contribute to the local community since joining Thinking Space and the findings from the self-completion questionnaires show that the following respondents have taken the following actions;

- Become a volunteer (56%)
- Attended an education course (47%)

- Attended a vocational course (31%)
- Of those looking for work, just over half found paid employment (55%) and just under half would like to find paid employment (45%).

There are various circumstances when additional casework and advocacy by the CDW and/or other participants acting as volunteers enable a participant to make improvements to their lives and the following are examples of these circumstances.

Some participants repeat their anxieties over several sessions but do not take any action to alter their situation and the group can grow tired of making further practical suggestions; for example, many participants are lonely but seem reluctant to make enquiries about moving into sheltered accommodation where there are community activities. Others repeatedly express their concerns about general issues such as the environment or local authority policies and the group suggest that the participant joins campaigning organisations. These situations surface a recurring tension between participants who believe attendees should take more responsibility for their own lives and those who believe participants should be able to seek support, and for some receiving support is perceived as an entitlement. These differences can adversely affect mutual respect and tolerance between attendees making it difficult to create a therapeutic milieu. This participant reflected the views of others when they said;

… sometimes I think it's used as a platform where someone just comes and they moan and groan and complain about the same thing, week after week and the rest of us have to sit and listen to it. To me that's when my patience and tolerance is challenged. Solutions are offered but it's never acted on. So it's just the same thing going over and over week after week. (Participant 4, focus group, weekly session)

In these situations the CDW proactively supports a participant to encourage them to find other outlets for their 'platforms' and the facilitators' role is considered important, and others note, in the words of one interviewee, that;

… it can be hugely infuriating, and some may have left… but they are challenged and there's an understanding… allowances are made… and I like the way there's generosity and respect in all meetings. (Interviewee)

Participants living in poverty, those who have no family or family living in another country or have been rejected by their family, feel insecure, and find it difficult to make friends. Thinking Space can be the only place where the atmosphere is friendly and they receive a warm welcome. This group often require ongoing casework support from the CDW as they lurch from crisis to crisis until they are able to manage their anxieties, feel valued, and find stability in their lives.

A few attendees have long term and severe mental health illnesses. They can arrive at sessions very distressed, combative, in their own delusional world or unable to listen. Observations found that they tend to dominate sessions in ways that disrupt the therapeutic intentions of a group and which increase participants' anxieties. Whilst the group can be very supportive they also recognise that these participants require specialist support from professionals as well as community services. The CDW is often concerned about these participants and arranges additional one-to-one sessions with them and acts as their advocate to secure long term professional support. The behaviour of these attendees can remain self-

defeating and self-destructive. Nevertheless the CDW plays a key role in preventing their situation from deteriorating.

4.2 Community/Social

Community outcomes include social outcomes that arise from the social dynamics of the group and those defined by participants who typically refer to 'community spirit' and 'sense of community'. These outcomes are often strongly interlinked with personal outcomes such as feeling more confident to form social relationships.

It is anticipated that the therapeutic spaces will:

- Increase collaboration and create own self-defined solutions to their problems
- Be responsive to different individuals, families and communities and improve capacity for dialogue and working with tensions and conflicting perspectives.

A range of social and community outcomes are apparent from the research findings and the main findings are described in this section.

Changes in mindsets can arise out of the social dynamics of a group with positive effects and, at the same time, concerns about the group can limit possible outcomes, as one young man describes in the example presented below:

How Thinking Spaces can facilitate changes in mindsets

A focus group with a young man who attended sessions run for men at the YMCA illustrates how sessions which are non-judgemental, respectful and facilitated in a calm and relaxed manner is welcome. This young man explains there is a real need amongst young men for a Thinking Space:

Come on, a lot of the stuff is happening to a lot of us men day to day so we need to talk about it. We need to know if there's other ways… We need these sessions you know.

Curiosity and the pleasure of debating motivated this young man to attend. He explains however, that young men are used to arguing and use violence to settle their differences but a Thinking Space provides them with a different social setting that enables them to relax and be calm:

So we wasn't all hype, everyone's getting angry like. It's just mellow init and that's the kind of vibe we need amongst men like us init… It's like the vibe that they set is calming init.

Within this context young men felt able to talk about issues which trouble them, although he has concerns that talking about personal issues risks participants breaking confidentiality and the possibility of retaliation occurring outside Thinking Space. Nevertheless, he explained how a discussion on domestic violence has changed his mindset:

I was very interested to hear what a lot of people thought about hitting women and that, I was curious bruv, and it made me change my mindset init. So that's what's making me want to come back again init. You guys have slightly change my mind set and that's a good thing.

The effect of this change in mindset on rates of domestic violence and abuse are unknown but Thinking Space offers a safe space for young men to consider their attitudes towards a serious crime in a non-judgemental environment.

Where participants are responsive to an issue or the story of a participant co-operative behaviours and working with tensions is apparent. A group discussion can move participants from making dogmatic assertions to considering alternative explanations, and in doing so they become more flexible and open-minded. The following summary of a discussion in the Men's group illustrates how different perspectives about an issue are articulated and whilst the impact of these discussions on attitudes and behaviours is unclear, they broaden participants' understandings of the issue, anger.

Anger: Discussing different perspectives and considering alternative explanations

Participants expressed different opinions about anger; some felt it can be motivational whilst others thought that anger can never by motivational and only serves to alienate people. Some thought anger is a justifiable response to injustice and it is a human right to get angry whilst others thought that being restrained and polite is the best response.

Anger can be indignation and when someone is angry it is best to separate the situation from the person and to remain calm with the person but not about the injustice. Some felt that angry people are the only ones to suffer and being in control of your mind enables 'you to be in charge of the world'. Hurt was thought to be the root of anger and addressing hurt is how anger can be overcome. (Notes from Men's group)

This example above also illustrates how Thinking Space engages with emotions and feelings and how discussions open up 'processes of thought' and possibilities for individuals to change their behaviour.

Those who feel isolated talked about losing their social skills and the research shows how Thinking Space improves communication skills, summarised by one participant as follows;

People learn how to connect, talk, and express their emotions. (Participant 1, Men's focus group)

The experience of participating in a group gives attendees greater social confidence and several attendees feel that setting their own agenda is integral to change as confidence arises from group dynamics. An interviewee comments;

For me personally, it's given me a lot of confidence… it's so organic, it's out of us. (Interviewee)

Others explain how their new found confidence has opened up new possibilities, as this woman elucidates;

When confidence grows in yourself you can see you can do it. (Mothers' group notes)

These findings are reflected in responses from the self-completion questionnaires which show how respondents' social relationships have improved and they have become more socially connected;

- The majority said that their relationships with friends (68%) and family (64%) has improved, and to a lesser extent with their children (46%)

- The overwhelming majority said that they have made new friends (83%), and the majority have joined a new group (54%).

Attendees who participated in the research feel that sessions contribute to creating a sense of community and a community spirit for several reasons. Many describe how there is increasing uncertainty in Haringey and they find this unsettling and a 'disturbing' place to live with many opposing views and high levels of violence. It is apparent that many are personally and deeply affected by murders of friends, family and acquaintances. Thinking Space provides them with a regular safe and respectful environment that offers respite and a feeling of togetherness at a time of uncertainty, as one interviewee comments;

We've learnt that there is so much isolation and Thinking Space is a coming together… It's disturbing what goes around but Thinking Space is so respectful… (Interviewee)

When participants feel respected and safe some feel able to challenge prejudices against women and gays, for example. In some spaces a 'culture of enquiry' gives participants the confidence to ask about different cultures and faiths and these discussions give them a greater understanding of the 'rich culture' in Haringey. An interviewee explains the effects of discussions on racism;

It's a space where they (Blacks) can be heard and they feel that they can talk about it… it's educated me, made me more knowledgeable, more aware, and more thoughtful about issues of racism and discrimination at work. (Interviewee)

For this reason research participants unanimously preferred meetings with a 'larger diverse' group, with new members who tend to broaden and reinvigorate discussions and debate, thereby increasing learning and understanding. Advantages of smaller groups with attendees well-known to each other are also recognised as they are more likely to facilitate expressions of inner emotions and difficult recollections of past histories. However, the following findings illustrate how Thinking Space contributes to improving social relations amongst local people. Questionnaire respondents said they;

- Meet people they would not normally meet (97%)
- Are more accepting of different cultures, ethnicities, and faith (73%)
- Have found others with similar personal issues (78%)

One questionnaire respondent's comments captures how these findings contribute to a sense of community;

Thinking Space provides us with thinking and emotional space to engage with others, a collection of different cultures sharing space. It builds a sense of community. (Questionnaire respondent)

And another participant's comments on how Thinking Space is a welcome opportunity to contribute;

It's an opportunity to do something positive in the community rather than just complaining about it. (Participant 4, focus group, weekly meetings)

Integral to participants' wishes to build a sense of community is a strong belief in the accuracy of information about what is happening locally. When it is felt that people are misinformed then they should be challenged as accuracy is needed to reassure vulnerable people who 'may

be panicked or scared' by misinformation, particularly around issues concerning violence. Some participants found it difficult to believe some stories told about criminal incidents 'as we would have heard it on social media' whilst others were in the media and more plausible.

5. Evidence-base

For many years societal trends for loneliness and distress have been on an upward trajectory and social commenters describe the last decades as an 'age of anxiety'.[11] These experiences are particularly acute in areas of social and economic disadvantage and marked inequalities, a feature of the London Borough of Haringey.[12] This social suffering arises from lived experiences of unequal social structures and power relations and are internalised and felt as stress and hurt.[13]

With its history of street riots in its poorest neighbourhoods, most latterly in 2011, festering feelings of anger and injustices were expressed publically and the persistence of lethal violence and assaults illustrates the presence of anger in these communities.[14] Stressful living and traumatic events adversely affect states of mind, as well as physical health, and can undermine residents' capacity to trust and collaborate and ability to be hopeful, increasing social isolation and conflictual relationships that have a detrimental effect on mental health.[15] Poverty also increases the risk of mental health and can be both a cause and a consequence of mental illness. Further, stigma and discrimination associated with living in poverty and living with mental health issues compounds adversity.[16]

Historically 'collective therapies' have emerged as one response to experiences of alienation, isolation and disillusionment with politics.[17] These feelings of estrangement from one's own neighbourhood and society more generally are addressed in a therapeutic group which is a meaningful social space for 'talking and being-with'.[18] Based on the premise that those who are socially excluded internalise suffering and misery Barreto led the development of community therapy in Brazilian favelas and inspired the development of HTS.[19] This community therapy approach aims to create a sense of solidarity and compassion, and challenge submission to suffering. It is based on a belief that responsiveness to internalised

[11] See for example, Wilkinson, R and Picket K (2010) *The Spirit Level: Why Equality is Better for Everyone*. London: Penguin. Bauman, Z (2006) *Liquid Fear*. Cambridge: Polity Press.

[12] The Marmot Review (2010) *Fair Society, Healthy Lives*. Strategic Review of Health Inequalities in England post-2010. Department of Health.

[13] Frost, L and Hoggett, P (2008) 'Human Agency and Social Suffering', *Critical Social Policy*, 28, 4: 438-460.

[14] See for example, Newburn, T et al (2015) 'Shopping for Free? Looting, Consumerism and the 2011 Riots', *British Journal of Criminology*,55,5: 987-1004. McGarvey, D (2017) *Poverty Safari: Understanding the Anger of Britain's Underclass*. Edinburgh: Luath Press Limited.

[15] Bell, R (2017) *Psychosocial pathways and health outcomes: Informing action on health inequalities*. Public Health England Report. The Marmot Review (2010) *Fair Society, Healthy Lives*. Strategic Review of Health Inequalities in England post-2010. Department of Health.

[16] Elliott, I. (2016) *Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*. London: Mental Health Foundation. Royal College of Psychiatrists (2010) *No Health without Public Mental Health, the Case for Action*. Position statement PS4/2010.

[17] Kemp, R (2010) 'The Emergence of Group and Community Therapies', *Existential Analysis*, 21,2: 282 – 294.

[18] Kemp, R (2010) 'The Emergence of Group and Community Therapies', *Existential Analysis*, 21,2: 282 – 294.

[19] Barreto A and Grandesso, M (2010) 'Community Therapy: A Participatory Response to Psychic Misery', *The International Journal of Narrative Therapy and Community Work*, 4: 33-41.

or psychic misery can prevent suffering and participatory solutions enhance solidarity networks.[20]

Whilst many may find the implementation of 'collective therapies' in poor, stressed and violent neighbourhoods appealing, to my knowledge the schemes in Brazilian favelas and the mental health therapeutic initiative led by psychoanalyst Mark Borg following the 1992 riots in Los Angeles, for example, have not been independently evaluated.[21] Similarly in the UK there is an absence of robust evaluations to assess their effectiveness, although a small scale study was undertaken of the Tottenham Thinking Space pilot and reported positive and promising findings.[22] Part of the challenge of a comprehensive evaluation is to assess if the scheme has prevented particular social problems from occurring as well as measuring the effects of intervening early to prevent distress and other issues escalating, and/or has stopped the further deterioration of those living with long term mental health illness. Thus larger scale studies are required to assess this community therapy approach in the UK.

6. Sustainability of project

This study shows that with the reduction in funds engaging local people and embedding HTS into community networks, casework and advocacy for those with complex needs, and attendance at networking events have been curtailed. Findings from the pilot study highlighted how the dual role of therapeutic Thinking Spaces and community development work was key to explaining attendance and its success. Whilst many participants have become volunteers they are, in general, reluctant to undertake outreach work, networking to raise the profile of HTS, and attending meetings, all of which may be considered core work and activities that raise the profile of the initiative. At the time of the research no application has been made for additional funding to extend the scheme although this is being planned.

7. Situating HTS in a public health programme

The dilemmas of situating Thinking Space in a mental health programme were described in the research findings for the pilot; on the one hand a mental health label may deter some from attending and participants can worry that by attending they are open to further stigmatisation. On the other, participants were observed discussing living with depression and their past traumas that they felt accounted for their anxieties and suicidal thoughts. HTS has placed more emphasis on mental health than TTS by targeting particular groups and these concerns remain.

Part of the problem is that mental health is perceived within a medical model as an illness that belongs to an individual and that these individuals require a community-based project that is time-limited and will 'fix' the condition or at least stop it from escalating into a mental meltdown and admission to a psychiatric hospital. This conceptualisation misconstrues the

[20] Barreto A and Grandesso, M (2010) 'Community Therapy: A Participatory Response to Psychic Misery', *The International Journal of Narrative Therapy and Community Work*, 4: 33-41.
[21] Borg, M (2004) 'Venturing Beyond the Consulting Room: Psychoanalysis in Community Crisis Intervention', *Contemporary Psychoanalysis*, 40: 147-174.
[22] Price, H and Sampson, A (2016) *Evaluation of Tottenham Thinking Space Pilot: Final Report.* University of East London, Centre for Social Justice and Change. Research Report 11.

spirit of ‘Thinking Space’ and the following description draws on previous research and findings from this study to convey how such an initiative might work with best effect, provided it is sufficiently well-resourced.

A defining feature of community therapy approaches like HTS is that they are woven into the social, economic and political fabric of stressed, low income, and violence-prone neighbourhoods. Just as residents regularly visit their corner shops to buy milk, they develop a habit of dropping into their local Thinking Space. Where deep structural inequalities and poverty exist Thinking Spaces are designed to be a ‘fixture’ of these neighbourhoods and arguably, a humane response to the harsh realities of austerity and living with past traumas. Open to all they provide a warm and friendly space to ‘off-load’, as a ‘safety value’, to socialise, and to offer support that reduces anxieties, social isolation and loneliness, and creates a ‘sense of community’. Attendance is voluntary and flexible; residents attend when they can and leave early if they have other commitments, they may attend regularly for nine months and then have a four month gap but are always welcomed back, others may only attend if they are having a ‘crisis’. New members are warmly welcomed as equals.

The value of a locally-based Thinking Space is that it occupies a space where community tensions and communal anxieties can fester and grow. Additional Thinking Spaces sessions responsive to the wishes of residents address their inner concerns and may be health-related such as dementia or menopause, worries that cause angst such as the treatment of Blacks with mental health illnesses, school exclusions or stop and search by the police. Institutions with concerns about interpersonal conflict, anger, and feelings of injustice request Thinking Space and include schools, colleges, and hostels for the homeless. In these settings the sessions provide respectful, supportive, as well as challenging safe spaces for participants to work though their issues. Other possibilities for Thinking Space are places of work where there is violence and abuse against staff such as hospitals, housing and job centre offices. Both issue-based and institution-based Thinking Spaces held in the same neighbourhood as place-based Thinking Spaces offer a more comprehensive response to social ills and anxieties, and it is possible that where they co-exist outcomes will be strongest.

Findings from HTS show that core sessions are used as intended by those living with painful memories of past traumas and in distress. These participants are typically self-motivated to bring about changes to their lives. Outreach work is a method of attracting less motivated residents and those who lack confidence to try something new. As with all new types of initiatives it takes time to become established and an inclusive approach to raising the profile of Thinking Space may be more successful than attaching a mental health label to the scheme and setting targets to reach particular groups.

The findings from this study suggest that many outcomes may be difficult to systematically capture and quantify. Further, ongoing simple and ‘light touch’ assessments of Thinking Spaces allow the initiative to maintain its responsiveness to changing local circumstances and remain receptive to issues that arise from groups. These issues may be related, but not confined to, health.