



Nafsiyat: Intercultural Therapeutic Support: An Evaluation

Healthwatch Islington, June 2022

Introduction

Nafsiyat is a pioneering charity offering intercultural therapy in over 20 languages to people from diverse cultural communities. Based in Islington, Nafsiyat is committed to providing effective and accessible psychotherapy and counselling services to people from diverse religious, cultural and ethnic communities in London. The team is made up of experienced, fully qualified psychotherapists and counsellors from diverse backgrounds who are sensitive to the particular therapeutic needs of cultural minority groups who may be finding it difficult to access help because of barriers such as culture or language. Staff include therapists who speak Bengali and Sylheti. They have two community link workers who work alongside our therapists to provide general advice, information, advocacy, and practical support to Nafsiyat's clients.

Nafsiyat is accredited as a member of the UK Council for Psychotherapy (UKCP) and the British Association for Counselling and Psychotherapy (BACP). They offer in-house training for individuals and agencies including a wide range of health professionals.

During the Coronavirus pandemic Nafsiyat adapted their model to include remote support delivered by phone or video-call, dependent on client needs and preferences.

An NHS Race and Health Observatory Evidence Review (Feb 2022) notes that a lack of interpreting can be an issue with access to counselling and Improving Access to Psychological Therapies (IAPT) services, though found inconclusive evidence that outcomes differed by ethnic group. Healthwatch Islington found that awareness of mental health services was very low amongst some of our ethnic communities in Islington *Mental health support services for migrant communities in Islington*, April 2020. Equality monitoring data collected by local statutory mental health care providers can also be inconclusive in terms of reach and which communities are accessing local support. Provider reports suggest that 'ethnic minorities' collectively are accessing support but data often doesn't break down ethnic groups and often includes large numbers of 'Did not respond' responses.

Healthwatch Islington know from conversations with residents and our Healthwatch partners across the country that many people, especially those from minority backgrounds, are simply not aware that mental health support is available and can benefit them. NHS communications are often unclear, not routinely translated and poorly targeted, as we saw during the Coronavirus pandemic.

Nafsiyat approached Healthwatch Islington to independently evaluate their Intercultural Therapy Service for Bengali/Sylheti speakers, delivered in partnership with Islington Bangladesh Association. This service is funded by the National Lottery.

Islington Bangladesh Association was established in 1984 as a self-help group when several local Bangladeshi families settled in Islington came together to work collectively to improve their quality of life. Since inception IBA's main concern has been to engage with those members of the community who are



poor and most at risk of social exclusion in learning and networking activities, so they can regain confidence, raise health awareness and improve health equality, acquire new skills, broaden their horizons and access the support services they might need to pursue personal development opportunities. They provide advice on welfare benefits, employment and housing for Bangladeshi and other Black and minority ethnic (BME) people.

Healthwatch Islington is a local community organisation working to improve health and care services. We have delivered community research with Islington Bangladesh Association and a range of minority-led partners highlighting the need for culturally sensitive mental health services delivered in trusted community venues in mother-tongue where appropriate. We have worked with Nafsiyat and IBA at London Borough of Islington's All Age Mental Health Partnership Board Challenging Inequality workstream where we have championed more inclusive approaches to health and well-being service delivery and co-produced an equalities toolkit that will soon be used by the borough within commissioning processes.

This report summarises the experiences shared by staff and clients.

Methodology

Healthwatch Islington spoke to eight clients and 3 staff between February and June 2022 using semi-structured interviews. This is a qualitative approach asking clients to outline, in their own words, how the service and the process of accessing support feels from their perspective.

The aim was to gather insight into how the service has been working, what has been particularly effective, and any areas for further development. Participants were self-selecting. All participants received background information to ensure they were able to give informed consent to take part. Clients were interviewed in person or over the phone depending on their preference and availability. Islington Bangladesh Association notified and coordinated the participants and offered a space at their centre for face-to-face interviews. The member of staff who delivered this piece of work is a White British woman, born in England. A professional interpreter was provided. Clients were specifically asked about the implications of seeing a therapist in their mother tongue, from a shared ethnic and religious background.

Responses have been anonymised and are summarised within the report. Respondents were made aware that for any safeguarding concerns confidentiality may need to be broken. No safeguarding concerns arose.

Prior to this evaluation, Healthwatch Islington gave Nafsiyat some thoughts and advice on the well-being tool to use for evaluation. That quantitative evaluation will be reported separately.

The model and the needs it meets

This partnership model ensures that those taking up therapeutic support can have access to advocacy, wellbeing activities, and supported access to further help where appropriate. Several counsellors are available to support clients through this referral pathway. The counsellors are qualified in a number of



therapeutic modalities and intercultural therapy. The partnership with Islington Bangladesh Association was identified as a means of supporting clients from Bangladeshi backgrounds who may need access to support but be unaware of what is on offer and the benefits of counselling. Clients can also approach Nafsiyat directly or be referred by other organisations.

Islington Bangladesh Association employed a Project Coordinator from a Bangladeshi background who builds relationships with the clients, knows about their particular situations and priorities and can link them in with a whole host of support, similar to an NHS Social Prescriber, but in a venue familiar to the client.

The Project Coordinator had previously been a volunteer within the organisation and was known and trusted by clients. The Co-ordinator worked Mondays and Tuesdays and would visit existing activities; exercise classes, digital workshops, lunch club and coffee mornings (including virtual coffee mornings). Advice Workers were supported to recognise when a client might benefit from counselling and be able to refer them to the Project Co-ordinator for a one-to-one conversation in-person or over the phone. The Project Co-ordinator was a previous volunteer and service user. Most interviewees talked about knowing the Project Co-ordinator already from activities she visited in her post or previously. As such they trusted her when she told them that ‘talking to someone independent can help’.

Any IBA colleague could refer clients in this way. Clients put forward for Nafsiyat support have generally been known to IBA for many years, usually between 2 and 10. One respondent knew of IBA because their parents had also used their services when first arriving in the UK. Developing trust with the clients over months and, in many cases, years meant that IBA staff were able to identify who might benefit from therapeutic support. Many of the clients at IBA have never accessed mental health support and find it difficult to access statutory services because of language and cultural barriers.

Most clients initially approach Islington Bangladesh Association with requests for immediate support related to housing or finances. Once their most pressing needs are met, IBA link the clients in with activities such as gardening, cooking, art or physical and social activities, dependent on the clients’ interests and capacity. Over time a strong bond of trust is developed. Clients start to open up to IBA staff about other needs including those that people find more difficult to talk about at first such as family problems, domestic violence, divorce and/or bereavement alongside poverty, housing problems, poor treatment at work and discrimination. In these cases, the Project Co-ordinator can broach the concept of “talking confidentially to an independent person to help you understand your feelings and feel better”. IBA and the Nafsiyat therapists are able to outline the potential benefits of counselling and support clients to be ready to take up this kind of support. As such participants in the interviews reported being well aware of what to expect from their sessions.

The clients put forward for psychotherapeutic support are primarily adult women (over 18) who are managing home and family life and may find it difficult to find time to prioritise their own health and well-being needs alongside caring, home-making, limited networks/ social isolation and low levels of confidence. Most will be unaware of the benefits of counselling.

IBA prioritise the clients based on what the organisation knows of the client's circumstances and their readiness to accept counselling support.

The clients are not really open to therapy, there's stigma and there's shame about their family issues and they don't understand what counselling is and what it can do. They say "it's just talking, how is that going to help". So, there's a lot of work in terms of preparing them, psychoeducational support, helping them understand what counselling is; that it's talking but in a safe and confidential space and that it's more independent because the therapist is not related to you, that they are distant from the family and of courses that it's confidential. People need a lot of reassurance that it's confidential.

Staff

Before I was confused about what it was and what it involves and that's why it's so important that the sister [Project Co-ordinator] recommended it. And there are old things I want to forget so I didn't want to try talking about them but now I understand.

Client 4

The Covid pandemic impacted on the model of delivery but Nafsiyat were set up to deliver remote support in recognition that for some clients this is the only way that they can access support.

Because of the pandemic we had to do sessions on-line. So IBA made space available so the clients could come in to the centre to learn the basics and get set up and helped them access the link to talk to me. This was if they didn't have the tech at home, or they didn't have a confidential quiet space where they couldn't be overheard. But we also wanted to give people a choice, so if they had equipment and a quiet/private space at home they could also attend that way. Some didn't want to go out to IBA for their appointment because of mobility issues, or fear of getting lost.

Islington Bangladesh Association had been delivering digital inclusion support sessions since 2015 in response to client needs. As such they were equipped to support clients preferring a video call (to the telephone) to get on-line at home or in a confidential space at the IBA offices for their sessions.

Nafsiyat recognised the need in the South Islington and South Camden Bengali communities for mental health support as they were involved in the statutory provision, which received many referrals without any outreach or marketing. They could see there was a lot of demand within the community and that by offering support outside of the NHS they could offer a longer programme of support to those clients needing it. Nafsiyat approached a number of potential partners from which the partnership with IBA developed.

Working with IBA increases access into Nafsiyat's services for the Bangladeshi community. Nafsiyat is a community organisation but clients are generally referred by their GP or can self-refer. Nafsiyat specialise in support that recognises the complexity of people's experiences including language, migration, experiences within a 'host' country and the conflicted loyalties between the place you live and your

country of origin in addition to the external realities of employment, housing and relationship issues. These issues impact people's physical realities and yet may not be discussed anywhere else. However, some IBA clients might not have come to Nafsiyat in the usual way as they may not approach their GP about their mental health or about psychological therapy. Working with a community partner allows for triaging and for psycho education within IBA prior to clients accessing Nafsiyat. Working with a partner helps to de-stigmatise the access to Nafsiyat.

The client experience

8 clients took part in the interviews. Respondents reported a positive experience, being supported to understand how counselling might be beneficial, how it's different to talking to friends or family, and then a positive experience of interacting with the therapist, learning more about themselves and their feelings and increasing in confidence.

Knowing that it's normal what's happening and could happen to anyone and I feel more relaxed. I feel normal, positive, confident. It's not the end of the world, whatever I need to gain I am gaining it. About my life I could tell her everything, what happened to me, I made notes about how I felt, I can now open myself more and be more open about my feelings and feel calmer and manage my feelings. It's helping me keep away from some of the worst stress.

Respondent 2 [could remove numbers for extra anonymity]

There was great consistency across responses with all respondents having found the support beneficial, that they felt better from talking. Many stated that they had looked forward to sessions, having a place to share and reflect on their experiences and worries with the therapist. One respondent felt that their problems still remain, and so whilst talking was a positive thing that had helped them feel better at the time, it hadn't helped with the cause of their anxiety and so they were still seeking further practical support

Accessing the service

Respondents reported that the service was easy to access and one noted that waiting times were shorter than those on the NHS (which they had looked in to once the idea of counselling had been raised through IBA). Respondents valued the direct referral, and being supported to complete referral forms. Most reported 'feeling excited' or 'looking forward to' starting their counselling experience because of the preparatory work with IBA. Respondents stated that being supported by a Project Worker who understood their experiences and had tried therapeutic support themselves was very helpful. This made them trust that counselling could be a good thing and feel more convinced to try it. Some also heard from other clients at IBA about the impact of counselling on their well-being which was also persuasive.

I'd not tried it [counselling] before. But I tried other things to help my mental health like exercise. I didn't know about it before. But I've learned some much from [Project Worker] and then I've tried new things here.

Client 6

[the Project Co-ordinator told me about it, and that it worked for her, and that it could be good for everyone. Before that I thought I didn't need it, that I was strong enough. I couldn't go to the doctor and tell them what I was going through, I didn't think that was the place for it. I had tried therapy once before, but this was different, this helped me open up more... Previously I only stuck it out for a couple of sessions. It was very specific and mainly about my physical Long Term Condition... rather than what was important to me.

Respondent 2

Explanations about what counselling involves were re-iterated by the therapist. Expectations regarding attendance and what to do if you couldn't attend had been made clear. Respondents appreciated being supported to access video calling if they wanted to see the therapist. One respondent would have preferred to be seen face-to-face but appreciated that given the pandemic, virtual had worked very well as a substitute. Two felt that phone-based support was better for them as it enabled them to speak more openly than they felt in-person or video calling would have done.

Intercultural experiences

Respondents talked about feeling they could talk to the therapist about anything because of a shared culture and faith.

All respondents wanted to emphasise that the faith of the counsellor didn't matter (and several noted that being able to speak in their mother tongue was much more important to them than having a shared faith) but that knowing the counsellor understood their faith and didn't judge their beliefs enabled them to "open up more of myself".

"The language is the thing that connects us more than the faith".

Respondent 6

However, being able to speak 'freely' in their mother tongue was considered a huge benefit, and the most important factor in choosing to access support in this way.

I can't speak proper English. I can understand a lot but then sometimes I can't.

Respondent 7

It's important to be in Bengali. It's my first language so I can tell her everything openly. If I used an interpreter or in English, well I couldn't say much in English and through an interpreter I might not feel like I'm talking with an open mind.

Respondent 4

The gender of the counsellor was also generally considered to be important: “We can speak in a different way as two women”.

Gender is important. In hospital it might be different if urgent but if we have the choice like for this it’s better. Sometimes it’s OK if it’s a man, but we are withdrawn if there’s a man, I couldn’t talk so personally and deeply.

Respondent 5

All but one respondent reported finding it beneficial to be able to speak to someone of the same gender, again reporting being able to open up more to talk about very personal feelings and feeling better understood due to having a shared experience of societal and cultural expectations.

Flexibility

A further benefit cited by respondents, and helping them to attend regularly, was the flexibility of the offer. Clients are expected to give notice if they cannot attend an appointment, but if a client who also has caring responsibilities, or on-going physical health problems needs to re-arrange for hospital appointments or similar, then this can be done quickly and easily via the Project Co-ordinator. An agreement is drawn up between clients and the therapist and clients are expected to attend regularly. However, the service aims to be flexible when needed. For one respondent who struggled to remember their appointments a reminder system was mutually agreed and set up, so they could be sent a text reminder the day before the session. For those who needed additional flexibility during Ramadan this was also accommodated.

Duration of support

Several respondents would have liked sessions to continue because they were finding it so beneficial. Additional support is offered to those who need it. Clients are signposted to further opportunities should these be needed. Respondents looked forward to a time each week where they could share their experiences confidentially in a supportive, non-judgmental environment. Seeing the benefits made them keen to continue, though they understood why sessions had to come to an end. For those keen to keep practicing what they’d been learning, Healthwatch asked whether they would be interested in a follow-on group activity, supported by a practitioner. There was a mixed reaction to this, some felt this would be worth trying, others really liked the support being one-to-one. Several respondents across the eight mentioned that it was positive to be able to continue with activities throughout and after their counselling experience to support their wider well-being, though two had not needed this and one could not make time for additional activities around the time they took up the counselling support.

Statutory support – comparisons

From previous research carried out by IBA and Healthwatch Islington *Mental health support services for migrant communities in Islington*, April 2020 we know that awareness of statutory support can be very low. In addition, not all residents know what counselling involves or that they could benefit from it. With

low awareness, and complex referral forms for statutory support residents without English as a first language report finding self-referral to services hard. Meanwhile, clients may not feel confident to share information with their GP that would get them a referral via that route. Some respondents may have accessed statutory-funded services had they been more aware, but not all would have trusted that approach. One client who had tried NHS support felt that it hadn't been as effective as this more supported approach.

It was noted that some of the therapists working for Nafsiyat will also work for other providers including the NHS.

It was noted that most of the therapists also have experience of working for the NHS. Staff noted that despite being the same counsellors, there is a difference in the model and the support around the client. One staff member noted that 'after seeing me they can go back to the VCS organisation and take up gardening or tea parties and reduce their isolation'. Organisational structures can impinge or enable our ability to support the clients we work with and there was a sense that it was easier for therapists to tap into external, practical support for clients outside of the NHS model.

Conclusions

Respondents valued the intercultural approach and the support given to prepare them for counselling. Hearing from people they trusted (whether staff or other service users) helped instil confidence in counselling as a well-being tool. Often the clients had been known to the partner organisation for a longtime and so Advice Workers and the Project Co-ordinator knew a lot about the client's personal circumstances that other healthcare professionals might not have been aware of. These ongoing relationships also really fostered a sense of trust and enabled clients to open up even further about their needs, and to trust the Project Co-ordinator when they suggested talking to someone independent.

Being supported by a therapist with an intercultural approach, who understood their experiences as a person of colour with a shared language and an understanding of their beliefs helped the clients to open up and get the most out of the therapeutic experience. Clients talked about feeling heard, and feeling better by being able to open up, despite some initial hesitancy. They were clear about what counselling could and couldn't resolve. Several talked about looking forward to their sessions. All highlighted the importance of being able to speak freely, and that the gender, language and faith of the therapist helped them open up. We did not specifically ask whether the race of the therapist made a difference. Working in partnership increased access to the services as some of the clients who took part might not have accessed therapy at all if not through this route. For the one client who had been offered NHS provided counselling, this had been more short-term, relating to their physical health condition. They hadn't been offered support with someone who spoke their language but had found mother-tongue counselling hugely beneficial compared to their English-language experience.

I feel better because I've shared my thoughts with the counsellor. You can't talk about your real inside self with any other people, but I can trust her. In this period I had a very difficult time.

Client 7

Key benefits of this approach

- Being supported to understand and be ready for counselling: clients don't always know what counselling is, or how it can help.
- Flexibility: although there is a contract regarding attendance, the service adapts to the needs of clients where possible.
- Language needs met: Clients are more able to express themselves in their mother tongue.
- A therapist that understands their background and their experiences: Clients feel more able to open up to someone who they feel shares or fully understands their cultural and social experiences.
- The option to access on-going activities that build confidence after the counselling: although not all clients take this up, some liked having a place to go to continue 'feeling good' after the sessions end.