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Stakeholders' views on volunteering in mental health – an international focus group study

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Title: Stakeholders' views on volunteering in mental health – an international focus group study

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Abstract

Objectives: Explore the views of two main stakeholders: mental health professionals and volunteers, on the provision of volunteering in mental health care.

Design: A multicounty, multi-lingual and multi-cultural qualitative focus group study (n=24) with n=119 participants.

Participants: Volunteers and mental health professionals in three European countries (Belgium, Portugal and the United Kingdom).

Results: Mental Health professionals and volunteers see benefits in offering volunteering to their patients. In this study, six overarching themes arose: i) there is a framework in which volunteering is organised, ii) the role of the volunteer is multifaceted, iii) every volunteering relationship has a different character, iv) to volunteer is to face challenges, v) technology as potential in volunteering and vi) volunteering impacts us all. The variability of their views suggests a need for flexibility and innovation in the design and models of the programmes offered.

Conclusions: Volunteering is not one single entity and is strongly connected to the sociocultural context. Despite the contextual differences between these three European countries, this study found extensive international commonalities in attitudes towards volunteering in mental health.

Strengths and limitations of this study

- This has been the first multi-perspective study to explore the views of mental health care professionals and volunteers regarding the provision of volunteering in mental health care across European countries in different regions with varied sociocultural contexts.
- This international study was conducted by a multi-country collaboration multidisciplinary team, with a background in psychiatry and psychology, and with and without experience in volunteering in mental health.
- The methodology used was consistent across countries in terms of recruitment and acknowledgement of participation, and all the data was analysed in the original languages.

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1. Introduction

Within different countries, volunteering may exist to varying degrees. It may have diverse purposes and structures, aiming to provide different types of relationships from friendships to more professional therapeutic interactions [1]. Across the world there are different paradigms underlying volunteering [2, 3]. The non-profit paradigm is the dominant view in the UK and other Western high income societies, whilst the civil society paradigm is the common lens through which volunteering is seen in southern Low and middle income countries (LMICs) [2]. Previous research has sought to comprehend the common core principles in the general public's understanding of volunteering across countries [4-6]. Research conducted in eight countries on the public perception of volunteering showed that there was a general consensus concerning the definition of what constitutes a volunteer [7]. The three main defining principles that form the essence of volunteering are: absence of remuneration, free will and benefit to others [5, 8].

In mental health, two stakeholders who are key in the provision of volunteering support are the mental health professionals and the volunteers themselves. The former can encourage participation or even prescribe these initiatives to their patients, whereas the latter constitute the 'active ingredients' of volunteering, offering their free time to support and maintain contact with patients. Volunteers' roles seem to vary and their individual characteristics may be linked to cultural, religious and political frameworks. Therefore, differences within communities and countries may affect volunteer-patient relationships and impact how volunteering is perceived and provided. Usually, these volunteer-patient interactions take place in person, but some communities and countries may face barriers to establishing face-to-face encounters. The majority of the research conducted has either evaluated public perceptions of volunteering or described the actual characteristics of volunteers; there is a dearth of information regarding mental health professionals' and volunteers' views, which are valuable.

In Europe, even though countries have been closely connected through the European Union (EU), the landscape of volunteering in mental health varies across nations [9]. In the UK there are more than three million volunteers [10, 11], representing a vital resource for communities [12] with several volunteering programmes offered mostly by the third sector [13]. In Belgium, the opportunities available seem to have close links with health care structures [14, 15], whereas in Portugal volunteering in mental health barely

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exists [16, 17]. The existing differences may reflect wider societal diversity, culture and values. The UK, an island lying off the western coast, is influenced by Anglican values and London is shaped by a multicultural ambience; Portugal, located in Southern Europe, holds Catholic and Mediterranean cultural roots; whereas Belgium, positioned in central Europe is the heart of many European institutions, its nationals are multi-lingual, with most of the population speaking both French and Dutch. These socio-geographical diverse countries were chosen for this international focus group study because of their dissimilar traditions of volunteering in mental health.

The objectives of this study were to explore the views of mental health professionals and volunteers from three contrasting European countries on: the purpose, benefits and challenges of volunteering in mental health; the character of these one-to-one relationships and the formats in which these contacts should be made.

2.1. Methods

2.1.1.Study design

This was an international cross-cultural, multi-lingual, i.e. English, French and Portuguese focus group study conducted in two stages, i.e. a pilot phase and the main study. Firstly, the views of international mental health researchers and psychiatrists from several European countries were sought in order to understand and to scope out the diversity of viewpoints and to allow refinements in the topic guide. Once the pilot stage was complete, this methodology was applied in three European countries. This facilitated a comparison of potential similarities and differences across the two stakeholder groups and three sites, i.e. London, Brussels and Porto.

2.1.2.Research team

The research team for the main study consisted of the candidate and three other researchers described in detail in Table 1. Each of the researchers in the team co-facilitated the focus groups alongside the lead author and subsequently, supported with data analysis. This second researcher (ST in London, MC in Brussels and FM in Porto) also contributed detailed knowledge of the local culture which supported collection and interpretation of

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data. This ensured context specificity and sensitivity, important for the overall validity of the findings.

The lead author had established a relationship prior to study commencement with all the members of the research team. All of them were aware of the context of this study, and all were trained in the conduct of focus groups and qualitative analysis.

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Table 1. *Research team and characteristics*

	Researcher 1	Researcher 2	Researcher 3	Researcher 4
Site(s)	Pilot, London, Brussels, Porto	London	Brussels	Porto
Gender, professional role and credentials	Female, Psychiatrist, MSc Mental Health Policies and Services, Cognitive behavioural therapy training, Social psychiatry researcher.	Female, BSc, MSc, Social psychiatry researcher.	Female, BSc, MSc, Social psychiatry researcher.	Male, Psychiatry trainee, Interpersonal psychotherapy training.
Role in the research	Facilitator, Lead analyst.	Co-facilitator, Support data analysis.	Co-facilitator, Support data analysis.	Co-facilitator, Support data analysis.
Potential influence on interview conduct or analysis	Lead on project, Established relationships with participants, Familiarity with literature on volunteering in mental health and digital mental health.	Familiarity with literature on volunteering in mental health.	Familiarity with resource-oriented treatments and existing mental health service practice and literature.	Familiarity with existing mental health service practice and literature.
Experience with the local context	Born in Portugal and lived in Porto 25 years, lived in Italy 1 year, lived in Poland 1 year, lived in the UK 5 years. Involved in international work through leading professional organisations and conducting international research studies.	Born in UK and lived in London for 2 years.	Born in Belgium and lived in Brussels 18 years.	Born in Portugal and lived in Porto 30 years.
Experience in volunteering (and in mental health)	Yes (Yes)	Yes (Yes)	Yes (Yes)	Yes (No)

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2.1.3.Recruitment

Figure 1 summarises recruitment for this study.

Figure 1. Study scheme diagram

[Insert Figure 1]

2.1.3.1. Pilot stage

1.1.1.1.1. Recruitment of international mental health researchers and psychiatrists from across Europe

International mental health researchers working at the Unit for Social and Community Psychiatry (USCP), a World Health Organisation (WHO) Collaborating Centre for Mental Health Services Development were invited to take part.

Psychiatrists from various European countries that attended the 24th European Congress of Psychiatry in Madrid, Spain were offered the opportunity to take part.

1.1.1.2. Main study

1.1.1.2.1. Recruitment of mental health professionals in 3 European countries

Mental health professionals were recruited from 3 European countries. In London, an e-mail with information about the study was sent to mental health staff working at the East London NHS Foundation Trust (ELFT) which is a Mental Health Trust; in Brussels, the invitation was sent to clinicians via local contacts from the Université Catholique de Louvain (UCL); in Porto this information was sent to the mental health staff working at Hospital de Magalhães Lemos, a psychiatric hospital.

1.1.1.2.2. Recruitment of volunteers

Volunteers were recruited from a variety of organisations, including health care organisations, non-governmental organisations (NGOs), volunteering and community

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associations. In addition, planned snowball sampling was used whilst inviting potential participants to share the invitation with their contacts.

An e-mail with information about the study was sent to volunteering organisations in the UK, Portugal, and Belgium. These volunteering organisations then disseminated information about the study through their networks, via e-mail, websites, or social media.

1.1.1.3. Eligibility criteria

1.1.1.3.1.1. Inclusion criteria of mental health professionals

- 18 years or over
- Mental health professionals, i.e. having a qualification in one or more of the following mental health professions: psychiatry, psychology, nursing, occupational therapy or social work
- Capacity to provide informed consent

1.1.1.3.1.2. Inclusion criteria of volunteers

- 18 years or over
- Experience in volunteering
- Capacity to provide informed consent

1.1.1.4. Participant identification and consent

Potential participants received an invitation letter and information sheet about the study by e-mail. Via e-mail, phone, or in person, the lead author discussed with the potential participants the study details, checked the inclusion criteria were met, and discussed practical information about location and times, to be confirmed in writing. A free online meeting-arranging software (Doodle.com) was used asking participants to indicate their availability so that times and dates could be arranged. All participants then received practical information about the upcoming scheduled focus group.

On the day of the focus group, informed consent was obtained from participants. They were also asked to complete a brief questionnaire regarding their socio-demographic details, i.e. gender, age, professional background, experience of volunteering, and if

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applicable, experience of volunteering in mental health. None of the participants received financial reimbursement.

1.1.1.5. Sampling considerations

The choice of the three countries and the recruitment of mental health professionals and volunteers was purposive and based on the aforementioned eligibility criteria. Separate focus groups for mental health professionals and volunteers were hosted in order to ensure equal voices and sufficient homogeneity of the group composition. This aimed to encourage participants to feel able to be honest and to express their views freely, and to avoid group dynamics being affected by perceived staff hierarchies and power imbalance which could inhibit an open discussion. These groups were deemed separate conceptually, given their divergent backgrounds and the possibility of conflicting views. This facilitated pursuit of a shared purpose and customisation of each group's topic guide. In this study, occupational homogeneity within each focus group was envisioned by organising the focus groups for mental health professionals and volunteers separately. However, there was heterogeneity within each group; within the mental health professionals' groups, participants had different professional roles, and within the volunteer groups, not everyone had experience in volunteering in mental health. Within each country, a convenience sampling strategy was adopted.

In this study, it was envisioned to conduct a minimum of two and a maximum of four focus groups per country to provide enough coverage of the topics and to ensure that all areas could be explored in detail. Focus groups were planned with between four to eight participants. This was deemed a manageable number of people to enable a group discussion and to capture a range of views from individuals from different backgrounds, whilst providing sufficient data to gain an understanding of the experiences and views of mental health professionals and volunteers on volunteering in mental health.

1.1.2. Procedures

1.1.2.1. Instruments

The study documents, i.e. protocol, topic guide, information sheet, consent form, participants' socio-demographic characteristics questionnaire were developed in English,

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and then translated into Portuguese and French, languages in which the lead author is fluent. The versions of the instruments in the three languages were checked by another native speaker in the three sites (ST for English, MC for French and FM for Portuguese).

1.1.2.2. Structure of the focus groups and their facilitation

All focus groups followed the structure described in the topic guide and lasted between 60 and 90 minutes. Focus groups were conducted in one of the national languages of the hosting city, i.e. English, French or Portuguese. Each co-facilitator was fluent in the local language and also made notes on the discussion including the impact of the group dynamics, exchange of views and its general content. The lead author and the co-facilitator (ST in London, MC in Brussels and FM in Porto) debriefed at the end of session, compared notes and discussed key topics.

1.1.2.3. Setting

1.1.2.3.1. Venue and schedule

The focus groups were scheduled for varied times, including evenings, to maximise attendance and to allow people with different schedules and availabilities to take part if interested. Choosing a location was an important aspect of planning the focus groups, aiming to have a safe and quiet space, ease of access and comfort. All selected locations were serviced by good transport links and nearby parking spaces available.

1.1.3. Data recording, transcription and analysis

The focus groups were audio recorded and then transcribed verbatim in the original languages by a professional transcription company. Participant-identifiable data were removed. Thematic analysis [18] was conducted in the original language of each session using NVivo qualitative analysis software, version 11 (QSR International Pty Ltd., 2015). In addition to the lead author, the second researcher at each site who was fluent in the original language, coded transcripts line-by-line and contributed to the development of the themes.

A recursive, i.e. non-linear approach was used comprising the following stages [18]: familiarisation; coding; searching themes; reviewing themes; defining and naming themes

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and write up. It was ensured that the extracts used supported the analytical claims. A mixture of inductive and deductive approaches was adopted. The thematic analysis was primarily inductive given that the research team started this exploratory study with no pre-determined theory, structure or framework on which to base data analysis. However, as the study evolved, the lead author had an overarching view of the data across the different sites, and some members of the research team became progressively more familiar with the research literature on volunteering. This process enabled an additional deductive approach to the data in the later stages of analysis.

The research team analysed the transcripts for themes that reflected the content of the text and subsequently, related themes were clustered together. This process was repeated several times, ensuring that no theme was over or under-represented. Any disagreements were discussed iteratively until a decision was reached. Eventually, each group of themes was given an appropriate label, reflecting its content. Each group label was referred to as 'main theme' and its components were denoted as 'sub-themes'.

Once the lead author and the second researcher (ST in London, MC in Brussels and FM in Porto) had performed the first data analysis on all focus groups, the lead author repeated the process of searching for themes, which involved recoding. This process was done separately for every country and for each stakeholder group. The clusters of codes and themes were then presented to the wider research team. This process enabled the coherence of themes to be confirmed and provided an opportunity to explore the opinions of all members of the research team. The lead author then grouped the initially independent analysis and reported the findings by sites, i.e. Brussels, London and Porto. The themes that are presented in the tables are a synthesis of the six analyses that were conducted, i.e. two per country and each stakeholder that were involved in the main phase of this study. The analysis of the initial focus groups conducted in the pilot phase with international mental health researchers and psychiatrists informed the topic guides and procedures of the main study only and therefore are not reported further in this article. This article includes a selection of participants' quotes in English translated by the lead author; the detailed analysis with participants' quotes in tables in the original languages (Portuguese and French) is available in Appendix 1. This article follows the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines to structure the study reporting [19]. The authors acknowledge the potential impact of their own characteristics in the reflexivity of the research process (Table 1).

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1.1.4. Robustness assessment of the synthesis

To ensure external validity, the preliminary findings were presented to an audience of clinicians at the EPA Congress and to volunteers at the Befriending Networks Congress. This 'member checking' [20] aimed to ensure that a range of viewpoints from clinicians and volunteers were taken into consideration, minimising bias in the interpretation of results. No specific suggestions for changes were made at these events.

1.1.5. Patient and public involvement

Volunteer associations and mental health professional associations were involved in the recruitment and the dissemination of this focus groups study. Patients were not involved in the recruitment of this focus group study.

3. Results

Twenty-four focus groups were conducted between January 2016 and September 2017, with a total of 119 participants consisting of 35 international mental health researchers and psychiatrists in the pilot stage, and 32 volunteers and 52 mental health professionals across the three European cities for the main study. None of the participants withdrew consent.

In the pilot stage, there were four focus groups with international mental health researchers, totalling 25 participants, and two focus groups composed of 10 international psychiatrists, conducted in English. In the main study, four focus groups with mental health professionals were conducted in each city: Brussels, London and Porto, with a total of 20, 16 and 16 participants, respectively. An additional two focus groups with volunteers at the same sites were assembled with a total of 9, 11 and 12 participants, respectively.

To facilitate meaningful data comparison across countries, the overarching themes and sub-themes are presented in tables. Overarching themes are presented across countries and sub-themes are presented for each country. The full list of sub-themes is complemented by an illustrative quote from a participant (Appendix 1).

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3.1.3. Socio-demographics of participants

The overall sample (n = 119) was mostly composed of women (n = 78, 65.5%), with an age range of 21 to 68 years (mean = 38.0, median = 36.0). The majority had experience of volunteering (n = 91, 76.5%), of which more than half had experience of volunteering in mental health (n = 47, 51.6%). The tables provide more detailed information about the socio-demographics of the mental health professionals (Table 2) and volunteers (Table 3) from the 3 European countries.

Table 1. *Socio-demographics of mental health professionals*

Mental Health Professionals	London (n, %)		Brussels (n, %)		Porto (n, %)	
Age						
Mean (SD)	42.8 (10.1)		41.0 (11.0)		33.4 (10.7)	
Median (range)	43.5 (28-63)		44.5 (24-57)		28.0 (26-58)	
Gender						
Female	12	75	8	40	11	68.8
Male	4	25	12	60	5	31.3
Professional Background						
Psychiatrist	5	31.3	3	15.0	1	6.3
Psychiatrist in training	0	0	2	10.0	11	68.8
Psychologist	2	12.5	5	25.0	1	6.3
Nurse	5	31.3	2	10.0	1	6.3
Social Worker	3	18.8	3	15.0	1	6.3
Occupational Therapist	1	6.3	5	25.0	1	6.3
Experience in Volunteering						
Yes	9	56.3	13	65.0	10	62.5
No	7	43.8	7	35.0	6	37.5
Experience in Volunteering in Mental Health						
Yes	3	33.3	8	40.0	3	30.0
No	6	66.7	5	25.0	7	70.0

Table 2. S*ocio-demographics of volunteers*

Volunteers	London (n,%)	Brussels (n,%)	Porto (n,%)
Age			
Mean (SD)	49.2 (19.0)	48.0 (11.0)	38.4 (14.5)
Median (range)	60.0 (23-68)	50.5 (25-61)	38.0 (21-66)

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Gender						
Female	6	54.5	5	55.6	9	75.0
Male	5	45.5	4	44.4	3	25.0
Professional Background						
Healthcare professionals						
Dentist	0	0	0	0	3	25.0
Medical Doctor	0	0	0	0	1	8.3
Nurse	0	0	0	0	1	8.3
Occupational Therapist	0	0	1	11.1	0	0
Psychologist	1	9.1	1	11.1	0	0
Social Worker	0	0	1	11.1	0	0
Managers and senior officials						
Educational Manager	1	9.1	0	0	0	0
Teaching and educational professionals						
Teacher	0	0	0	0	1	8.3
Lecturer	0	0	1	11.1	0	0
Special Needs Education Teacher	0	0	0	0	1	8.3
Research professionals						
Researcher	3	27.3	0	0	0	0
Security professionals						
Security	0	0	0	0	1	8.3
Secretarial professionals						
Receptionist	0	0	0	0	1	8.3
Information technology professionals						
IT Technician	0	0	1	11.1	0	0
Media professionals						
Journalist	1	9.1	0	0	0	0
Sales, marketing and related professionals						
Vendor	2	18.2	0	0	0	0
Marketing professional	0	0	1	11.1	0	0
Cleaning professionals						
Street cleaner	0	0	0	0	1	8.3
Road transport/drivers						
Driver Instructor	0	0	1	11.1	0	0
Civil servants	1	9.1	1	11.1	0	0
Students	0	0	1	11.1	0	0
Retired	2	18.2	0	0	2	16.7
Experience in Volunteering in Mental Health						
Yes	6	54.5	7	77.8	2	16.7
No	5	45.5	2	22.2	10	83.3

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Data identified revealed six main themes that were commonly found across all countries and stakeholders (Table 4). The terminology used was a point of contention in many groups, prompting discussion on the actual definition of the concept of 'volunteering', and eliciting different reactions.

Table 3. Main themes

Main Themes
There is a framework in which volunteering is organised
The role of the volunteer is multifaceted
Every volunteering relationship has a different character
To volunteer is to face challenges
Technology has potential in volunteering
Volunteering impacts us all

In these main themes, different sub-themes have emerged from the data in different countries. These are presented below and summarised in each of the tables.

3.1.3.1. There is a framework in which volunteering is organised

Whilst acknowledging that there is potential for volunteering programmes, a lot of the discussion and concerns covered practicalities and what was deemed feasible or good practice (Table 5).

Table 4. *Theme: 'There is a framework in which volunteering is organised' and its sub-themes*

LONDON	PORTO	BRUSSELS
Volunteers should be selected and assessed	**Volunteers selected, but based on which criteria** (Seleção de voluntários, mas baseada em que critérios)	**Volunteers may be unsuitable** (Les bénévoles pourraient être inadéquats)
All kinds of people can be a volunteer	**It is a paradox to select volunteers** (É um paradoxo selecionar voluntários)	**There is *a priori* selection** (Il y a une sélection *a priori)*
Organisations are responsible for volunteers	**A check-up should be done on volunteers** (Deve-se fazer um check-up dos voluntários)	**Must be a triangular relationship** (La relation doit être triangulaire)

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Volunteers' motivations are key	**Volunteers can also be keen to gain something** (Os voluntários também podem ter interesse em ganhar algo)	**Volunteers may wish to help** (Les bénévoles pourraient vouloir aider)
The strong volunteering culture in the UK	**Volunteering with rules and a structure** (Voluntariado com regras e uma estrutura)	**Organisational framework with specific values** (Une organisation avec des valeurs particulières)
To train or not to train	**Training may or may not be important, depending on how much** (Formação pode ou não ser importante, dependendo da quantidade)	**Advantages and disadvantages of training** (Avantages et désavantages de la formation)
Matching and the right to be re-matched	**Matching on their characteristics** (Emparelhar de acordo com suas características)	**Appropriate matching** (Match approprié)

In London there was concern about risk assessment, with some emphasising that volunteers should be carefully selected and assessed, whilst others felt that in principle all kinds of people can be a volunteer. Furthermore, the motivations of volunteers were deemed essential to be made explicit. In terms of the organisation, many highlighted that the organisations are the ones with a duty of care and responsibility towards the volunteers. Several participants pointed out that in the UK there is a strong volunteering culture, whilst reflecting on whether volunteers should or should not be trained. There was much discussion about what constitutes a good match, with some holding a view that matching should be based on shared interests and that volunteers should have the right to be re-matched.

"But I think in the UK there is a culture of volunteering, like it's quite strong – people rely on that quite a lot."

(London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)

In Porto there was much questioning about the exact criteria that should be used to select volunteers, with others mentioning that it is a paradox to select volunteers. Views also covered the rules and structure for volunteering, with some suggesting that a regular risk assessment to check on volunteers should be done before and throughout. Beyond the

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notion that volunteers want to help others, some proposed that volunteers' motivations could also be to gain something. There was also a discussion about whether training may or may not be important depending on the degree of training, as it may vary from simply receiving information to undergoing more thorough training, ultimately leading to the acquisition of skills. In relation to matching, it was suggested that this was based on the characteristics of patients and volunteers.

"When a person says - to volunteer is not to expect anything in return - it's a bit of a lie, because a person always ends up having something in return, isn't it? Even if it's just to feel good, like… I helped this person and I feel good, so … I already won."

(Porto Volunteer Focus Group 1, Participant 1)

In Brussels there were different views with some considering that volunteers should be selected and others deeming that there is already an 'a priori' selection, in that those individuals who take the initiative to volunteer already represent a self-selection for taking such role. Some described the potential motivations of volunteers as being to help others, to save others or to participate in a collective citizenship. Some have raised the issue that the organisational framework should have specific values and that the relationship was triangular, involving the volunteer, the volunteering organisation and the patient, focusing on the importance of an appropriate matching. The discussion around training was also present, describing its advantages and disadvantages, with views expressed both in favour and against training for volunteers.

"Obviously it is a bond between two individuals but that this type of link can be fruitful only if it's always three. The three being symbolic, but notably is the presence of an institution."

(Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)

In all sites there was much discussion about the importance of selecting volunteers and how to select them, and whether or not volunteers should be trained.

3.1.3.2. The role of the volunteer is multifaceted

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There was a wide range of perceptions of the role of the volunteer, with multiple responsibilities attributed to it and a lack of consensus, which is reflected in the labelling of this theme (Table 6).

The role of the volunteer was seen overall as providing support to the patient, but the ways to achieve this were quite diverse from a more passive role, i.e. 'be with' and 'give hope', to a more active role, i.e. 'do social activities' and 'practice social skills'. There was particular focus on the expectations relating to communication with the patient, i.e. 'give patients realistic feedback' and 'educate the patient', and also highlighting that this entailed a person-centred approach, i.e. 'addressing patients' needs' and a social element, such as to 'provide company' and 'support the patient'.

In addition to the direct role of the volunteer towards the patient, an expectation of a more institutional responsibility towards others, where the volunteers 'collaborate with services' was listed in all three sites. Although several different roles were described across the three sites, some mentioned that even if the volunteer did not have a pre-defined objective, their role could still have a therapeutic effect.

Table 5. *Theme: 'The role of the volunteer is multifaceted' and its sub-themes*

LONDON	PORTO	BRUSSELS
Be with	**Provide company and support the patient** (Fazer companhia e apoiar o doente)	**Accompany patients** (Accompagner les patients)
Do social activities with	**Do social activities with** (Fazer actividades lúdicas)	**Do social activities with** (Faire des activités sociales)
Practice social skills	**Provide competencies** (Capacitar o doente com competências)	**Helping patients** (Aider les patients)
Give hope to	**Support patients to rediscover life** (Ajudar os doentes a reencontrar sentido de vida)	**Give hope and return to who they were before the illness** (Donner de l' espoir et retrouvez qui ils étaient avant la maladie)
Address patients' needs	**To keep an eye on the patient** (Vigiar o doente)	**Respond to a need and offer what services do not** (Répondre à un besoin et offrir quelque chose que le système n'offre pas)
Not to judge patients	**A transition figure** (Uma figura de transição)	**Not labelling patients** (Ne pas étiqueter les patients)
Share experiences	**Provide new experiences** (Proporcionar novas experiências)	**Relational exchanges** (Échanges relationnelles)

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Give patients realistic feedback	**Educate the patients** (Educar o doente)	**Instil ideas into the patients** (Insuffler des idées aux patients)
Collaborate with services	**To complement, liaise or be part of services** (Como complemento, elo ou integrado nos serviços)	**Collaborate with or be part of services** (Collaborer avec ou faire partie des services)

In London, many of the sub-themes covered a variety of practical activities that the volunteers could help patients with, e.g. helping them to practise social skills, communicating with the patients and giving them realistic feedback, but also less 'tangible' aims, such as to give hope to patients or not to judge patients. Some argued for a more individualised approach, identifying their role as variable depending on the patients' needs.

"It would be useful to have a … [volunteer] who is able to give some realistic feedback… If you just have someone who is like completely accepting in a way that other people, in the general population aren't you're not actually getting any realistic feedback."

(London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)

In Porto, views ranged from prioritising a more social element, such as 'provide company and support the patient' to 'do social activities' and facilitate them to acquire competencies, or just giving 'new and unique experiences', even if for a brief interaction. It was felt that even if participants did not learn anything long-term, the experience would still be beneficial and worthwile for the patient. There was also a sense of the volunteer as a 'healthy role model', a standard that the patient could look up to, and a temporary 'transition figure' for the patient, who has an impact that remains beyond the end of the relationship. Thus, the patient could put into practice the skills they acquired in their real world, encouraging them to 'rediscover the meaning of life'. These positive and hopeful views of encouraging the acquisition of further skills and autonomy were in contrast to the perception of the volunteer as the one that should monitor and 'keep an eye' on the patient.

"The surveillance would end up being a consequence of the company. As long as the patient feels that he is accompanied, that can protect him."

(Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)

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In Brussels, the sub-themes varied from practical support, i.e. 'accompany the patients', 'do social activities' and 'help the patients', or somehow 'instil ideas in the patients' to not having a specific pre-defined objective and giving hope to the patients. Other views seemed to show an expectation that the volunteers would be different and somehow better than the rest of society, e.g. less judgemental, less stigmatising. They would therefore be 'offering something that the services don't have'. Of note in Brussels, several quotes were quite reflexive, on occasion seeming to represent idealised views of the role of the volunteer, and there were fewer concerns expressed about potential harms of volunteering when compared with the focus groups from the other sites.

"We give hope. This is very important hope, especially for mental health after the person can return thanks to this hope in a longer programme where they will be helped by other professionals and other volunteers for example."

(Brussels Volunteers Focus Group 2, Participant 8)

In all sites, there were views that the role of the volunteer should be instrumental, providing practical support in conducting social activities and, in addition, collaborating with services.

In Porto and Brussels there were some views about the role of the volunteer as a means to control the patients, either 'keeping an eye' on them in Porto, or 'instilling ideas into patients' in Brussels. In London this was not expressed in such a way, but rather giving 'patients realistic feedback', as opposed to overprotecting them or mistreating them.

3.1.3.3. Every relationship has a different character

There were various views about the character of the relationship, ranging from two extremes; a more formal relationship 'with a contract', to a more informal 'friendship', which has led to labelling this theme as 'Every relationship has a different character' (Table 7). In the focus groups different participants held distinct views about the character of the relationship and equally, each participant believed that every relationship would be different.

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Table 6. *Theme: 'Every relationship has a different character' and its sub-themes*

	LONDON	PORTO	BRUSSELS
FORMAT	**A contracted friendship**	**A friendship by decree** (Amizade por decreto)	**To be a friend or not** (Être ami ou pas)
	A mentorship	**A helping relationship** (Uma relação de ajuda)	**A bond** (Un lien)
	It is reciprocal	**A reciprocal exchange** (Uma partilha recíproca)	**A reciprocal relationship** (Une relation réciproque)
	It is patient-centred	**In limbo between a friend and a professional** (No limbo entre um amigo e um técnico)	**A relationship between two people** (Une relation entre deux personnes)
	Not one size fits all	**A relationship hard to predict** (Uma relação difícil de prever)	**The volunteer occupies a larger space in patients' lives** (Le bénévole occupe un espace plus grand dans la vie des patients)
	It is time-limited	**It may or may not have a maximum time** (Pode ou não ter um tempo máximo)	**A finite relationship** (Une relation définie)
BOUNDARIES	**Explicit boundaries**	**It is a contract** (É um contracto)	**The relationship exists because of the mental illness** (La relation existe à cause de la maladie mentale)
	Fluid boundaries	**Became a friendship** (Tornou-se uma amizade)	**With distance or proximity** (Avec distance ou proximité)
	May be compelled to break boundaries	**The trust is broken if the confidentiality is breached** (A confiança quebra-se com a quebra de confidencialidade)	**There is a randomness for the relationship to work** (Il y a un élément aléatoire pour que la relation fonctionne bien)

In London, some of the sub-themes expand on the format of the relationship, as either a contracted friendship or mentorship, with some pointing to its reciprocity and others to the fact that it is not an 'equal relationship' as it is patient-centred and one size would not fit everyone. Some have highlighted that these types of relationships are time-limited and the difference lies in the explicitness of the boundaries. When these were tighter, people may be compelled to break them.

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"…like person-centred. So it depends on who you're supporting and what their needs may be."

(London Volunteer Focus Group 1, Participant 3)

In Porto, views varied about the character of the relationship, from a friendship by decree, a reciprocal relationship or a helping relationship, and it may be in limbo between a friend and a professional. It was considered that this relationship may be difficult to predict, it may or may not evolve, and it may or may not have a maximum time period. Some have described it as a relationship with boundaries, with some calling it 'a contract', and others raised the concern that trust is broken if the confidentiality is breached.

"The volunteer… is a kind of intermediary between friend and professional… who is neither a professional nor a friend… is there in limbo."

(Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)

In Brussels, views varied as to whether such a relationship was or was not a friendship, with some describing it as a reciprocal relationship and others believing there was some connection or 'bond'. Some felt it was important to emphasise the dynamics of the relationship, whereby the relationship exists because of the mental illness. It was felt that the space that the volunteer occupies in the lives of the patients is disproportionately large compared to the space that the patients may occupy in volunteers' lives. Some described its boundaries as a finite relationship and some have also spoken about demanding a duration and engagement from the volunteers. Others described that the relationship may have more or less distance or proximity, pointing out that there may need to be a randomness for the relationship to work, given that it involves two individuals that may or may not get along. Furthermore, it is a relationship commonly with a predetermined end.

"The … space that the volunteer holds in the patient's life is disproportionately large compared to the space that the patient holds in the life of the volunteer."

(Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)

Across sites, there was a view that it is not a naturally formed relationship, although it may be a reciprocal, two-way relationship with both sides benefiting. Much discussion occurred about the nature of the relationship being more or less artificial or more or less

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of a friendship, reflecting that the presence of many rules may make it challenging to create a friendship.

3.1.3.4. To volunteer is to face challenges

Several challenges, both barriers and risks, were related to the provision of volunteering, many of which were somewhat specific to the local context (Table 8). The barriers described were at the organisational or individual level, preventing, either conceptually or practically, the establishment of volunteering or people taking steps to volunteer. The possibility of potential risks to those involved was raised, i.e. relating to the patient, the volunteer, the organisation or the society. These concerns covered relationships that were not in the right format, too intense, or toxic.

Table 7. Theme: 'To volunteer is to face challenges' and its sub-themes

	LONDON	PORTO	BRUSSELS
BARRIERS	**Stigma is a big issue**	**Lack of education and stigma of mental illness** (Falta de educação e estigma da doença mental)	**Mental health stigma** (Stigmatisation envers la santé mentale)
	Odd or artificial idea to provide friends to people	**Being a novelty** (Ser uma novidade)	**Bad image of volunteering** (Mauvaise image du bénévolat)
	Bureaucracy and time to get a Disclosure and Barring Service check	**Lack of resources** (Falta de recursos)	**Lack of recognition** (Manque de reconnaissance)
	Problem with distances and transports	**Long distances** (Distâncias longas)	**Complexity of dealing with the different languages in the country** (Complexité de la gestion des différentes langues du pays)
	Difficult to deal with differences of culture, religion and language	**Dealing with behaviour of patients** (Lidar com o comportamento dos doentes)	**Dealing with someone with psychosis** (Interagir avec une personne souffrant de psychose)
RISKS	**Selecting untrustworthy volunteers**	**Involving others besides the volunteers** (Envolver outras pessoas além dos voluntários)	**Volunteers do their own volunteering** (Les bénévoles font leur propre bénévolat)

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	Burden for the volunteers	**Over-involvement of the volunteer and the patient** (Sobreenvolvimento do voluntário e do doente)	**Being heavy for the volunteer** (Lourd pour le bénévole)
	Risk of over-professionalising volunteers	**Do a professional job, but not paid** (Fazer um trabalho profissional, mas não pago)	**Risk of being unpaid work** (Risque d'être un travail non rémunéré)
	Providing a person to a patient that is not interested	**Exposing patients to risky behaviours** (Expor os doentes a comportamentos de risco)	**Volunteers not listening to the patients** (Les bénévoles n'écoutent pas les patients)
	Volunteers that undermine clinicians' work	**Relationship is 'toxic' to the patient** (Relação seja 'tóxica' para o doente)	**Manipulate the patient** (Manipuler le patient)
	To end the relationship	**Being dependent on the volunteer** (Dependência no voluntário)	**Risk of breaking the relationship** (Risque de rupture)

In London, much of the discussion was about the selection of volunteers; it is considered difficult and time consuming with regards to bureaucracy and the Disclosure and Barring Service (DBS) checks. Once selected, other challenges were identified, such as the risk of selecting untrustworthy volunteers and the potential for volunteers to undermine clinicians' work. Other challenges that emerged in the discussions concerned practicalities, either as a result of dealing with physical distances or differences of culture, religion and language. Some felt it could seem awkward to provide friends to patients. Other risks were centred around the format and the delivery of the relationship with overly high expectations of volunteers, not having the right relationship format or professionalising volunteers. Other concerns raised were more emotional, such as dealing with the end of such a relationship.

"A slightly odd idea, to…artificially create, or provide friends to people; …that's not how it works; and either you advise someone to go to speak to someone or meet with someone. You don't create friends for people..."

(London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)

In Porto, many raised the lack of education and stigma of mental illness as a barrier for volunteering, which also extended to volunteers owing to their proximity to the

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patients. The fact that it was perceived as a novelty, the lack of resources and long distances were other barriers noticed. There was discussion and concerns about practicalities such as difficulties in dealing with patient behaviour, problems of the actual relationship, e.g. being 'toxic' to the patients, having patients and volunteers overinvolved with each other, or exposing patients to risky behaviours. There were also concerns about volunteers carrying out an unpaid professional job, or patients becoming dependent on volunteers.

"People who… would be available twenty-four hours … I don't know how healthy that was for the volunteer. It would stop… it would not be volunteering anymore, it would be a way of living…"
(Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)

In Brussels, the structural barriers described were the stigma of mental health, the negative image of volunteering, the lack of political and financial recognition of volunteering, and the fact that there are different languages officially spoken in the city, i.e. French and Dutch, and the complexity that this brings. The potential risks mentioned were volunteers wanting to do their own version of volunteering and not following the organisation's rules, the risk of over-professionalising volunteers who ended up being an unpaid worker, and patients being a burden to the volunteers, who may not know what to do if patients became ill. There were concerns around the format of the relationship with volunteers not listening to the patients, manipulating the patient and the risk of ending and breaking the relationship.

"Unfortunately, volunteering does not have a very good image."
(Brussels Volunteers Focus Group 1, Participant 1)

In London and Porto there was the concern that distances may be difficult and act as a barrier for people to meet in person. In London and Brussels discussions raised challenges about dealing with different cultures and languages. In all sites, participants described the stigma of mental health as a challenge for volunteering.

3.1.3.5. Technology has potential in volunteering

The potential role of technology in volunteering in mental health was described in different ways, indicating both its advantages and disadvantages (Table 9).

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Table 8. *Theme: 'Technology has potential in volunteering' and its sub-themes*

	LONDON	PORTO	BRUSSELS
ADVANTAGES	**Enables human contact**	**Tool for patients to acquire skills** (Ferramenta para os doentes adquirirem competências)	**Brings people together** (Rapprocher les personnes)
	Is an add on to the relationship	**It complements the physical relationship** (Complementa a relação física)	**Complementary to the face-to-face relationship** (Complémentaire à la relation face à face)
	Links people in different cities	**Connects people** (Aproxima as pessoas)	**Overcomes distances** (Coupe les distances)
	A few contacts per week	**Fewer contacts required** (Necessária menor frequência de contactos)	**A brief telephone contact may suffice** (Un petit contact téléphonique peut suffire)
	Gives more control in what you want to share	**Enables one to monitor the communication** (Permite monitorizar a comunicação)	**Takes away the spontaneity** (La perte de la spontanéité)
	Good for patients that have face-to-face anxiety	**Encourages the patient through sharing information** (Incentiva o doente ao partilhar informação)	**Good for those who have anxiety in the face-to-face** (Bon pour ceux qui ont une anxiété dans le face à face)
DISADVANTAGES	**Different types of communication may have a decreasing human contact**	**Face-to-face communication is preferable** (Comunicação frente-a-frente é preferível)	**Each person occupies a different role on the phone** (Chaque personne occupe une place différente au téléphone)
	Takes away human interaction	**Risk of replacing the physical relationship** (Risco de substituir a relação física)	**Unnecessary for the relationship** (Pas nécéssaire pour la relation)
	Put at risk what is essential, the relationship	**Risk of having an app only for patients and volunteers** (Risco de se ter uma "app" só para doentes e voluntários)	**Not being transparent with the institution** (Ne pas être transparent avec l'institution)
	Patients becoming paranoid	**More difficult to establish boundaries** (Mais difícil estabelecer limites)	**Technology can be invasive** (La technologie peux être envahissante)

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In London, technology was seen as a tool that can help people, with some viewing it as an enabler of human contact and linking people in different cities, whereas others deemed it takes away human interaction. Similarly, some thought of technology as an add-on to the relationship whilst others felt it risks what is essential, i.e. the relationship. It has been suggested that technology may provide people more control in what is said, enabling additional time to think and respond, which may be good for people that have anxiety around face-to-face contact. Of note, one of the participants highlighted that the different types of communication would allow different forms of human contact, which offer different amounts of access to the other person. In addition, there were concerns that technology could enhance the risk of patients becoming more paranoid.

"If you're telling people who might have paranoia that they are gonna be monitored, you're gonna affect that relationship and it's going to affect how people communicate with each other or how often, and I don't think that's a good idea, to monitor that."

(London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)

In Porto, views varied as to whether technology was a complement or a replacement to the physical relationship, with some considering face-to-face communication preferable. Some saw technology as a tool for patients to acquire digital skills, others mentioned that less frequent contact would be required. It has been suggested that technology may be helpful by sharing encouraging information to patients, such as a song or a picture, and that it may enable monitoring of communication between patients and volunteers. The difficulties to establish boundaries through technology were raised, e.g. patients calling volunteers during non-social hours, although some provided suggestions on how to limit this. There was a strong view against having an app only for patients and volunteers.

"I'm concerned of finding separate ways for this [communication]… when maybe the interest would be teaching the patient to use common tools, and not perpetuating the idea that I am a volunteer and he is a patient, and our relationship is different from the others, and we even have a different app to talk… I would prefer that the patients use the tools that other people do… because that [a separate app] perpetuates the idea that I'm sick and the others are normal."

(Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)

In Brussels, views varied from technology bringing people together, being complementary to the face-to-face interactions, where a brief telephone contact may feel sufficient and that over the phone, each person occupies a different role, one being the

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caller, the other the listener. It has been reasoned that an advantage of technology is that there is better control over what is said and it may be good for those who have face-to-face anxiety. Others thought that technology may replace the face-to-face relationship, that it may risk losing transparency with the institution, or could be invasive.

"Putting technology at the service of the human being it allows more. I work all over the planet with Skype, it allows… but what is crazy… it cuts the distances."
(Brussels Volunteer Focus Group 2, Participant 6)

In all sites, participants shared both advantages and disadvantages of the use of technology, although overall optimism prevailed over scepticism. In both London and Brussels participants emphasised the potential advantage of technology for those who have anxiety in face-to-face interactions.

3.1.3.6. Volunteering impacts us all

Several ways in which volunteering can have impact were discussed (Table 10). These included the consequences on patients, volunteers, mental health professionals, as well as the impact on wider society.

Table 9. *Theme: 'Volunteering impacts us all' and its sub-themes*

	LONDON	PORTO	BRUSSELS
PATIENTS	**Promote patients' recovery**	**Patient always benefits even if they do not notice** (O doente beneficia sempre mesmo que não se aperceba)	**Therapeutic effect for patients** (Effet thérapeutique pour les patients)
	Reduce patients' social isolation	**Social integration of patients** (Integração social dos doentes)	**Realise that they are more than a disease** (Se rendre compte qu'ils sont plus qu'une maladie)
VOLUNTEERS	**Make volunteers feel useful**	**Volunteers satisfied helping others** (Voluntários terem satisfação em ajudar os outros)	**Make volunteers feel useful** (Faire en sorte que les bénévoles se sentent utiles)
	Increase volunteers' knowledge about mental health	**Occupy the volunteers and gain experience** (Ocupar os voluntários e ganharem experiência)	**Volunteers gain professional experience** (Bénévoles gagnent une expérience professionnelle)

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	Levelling for the volunteers	**Volunteers contact with a different reality** (Voluntários contactarem com uma realidade diferente)	**Volunteers learn from the patients** (Bénévoles apprennent avec les patients)
CLINICIANS	**Can increase or decrease the mental health professionals' workload**	**Reduce the workload of health professionals** (Reduzir a carga de trabalho dos profissionais de saúde)	**Reduce workload of mental health professionals** (Réduire la charge de travail des professionnels de santé mentale)
OTHERS	**Can be a way of different people working together**	**Release tension in relationships with family members** (Libertar a tensão na relação com os familiares)	**Support an inclusive society** (Soutenir une société inclusive)
	Reduce stigma	**Break the stigma in society** (Quebrar o estigma na sociedade)	**Reduce stigma** (Réduire la stigmatisation)

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In London, volunteering was perceived as having a positive impact on patients' recovery, improving their quality of life and reducing their social isolation. Volunteering was also deemed to have consequences for volun teers, making them feel useful, increasing their knowledge about mental health and being a levelling experience for them. As for the impact on the mental health professionals' workload, some thought it could decrease if patients improved clinically. The possibility was raised that workload could increase if clinicians had the added task of monitoring the relationship. Some thought because of the latter, it may not have any overall effect on clinician's workload. There were views about the impact this may have in services with different people working together, and at the wider society level, reducing stigma.

"The benefits are quite crucial I think, for me … Improving quality of life in terms of socialisation and getting involved in activities – or even if it just means being able to go out in the community and have fresh air, because there are some clients with mental illness that to go out alone, they are quite frightened to go out and worried that something might happen to them – you know, just to get out and get fresh air is, is advantage for them."

(London Mental Health Professionals Focus Group 2, Participant 5, Nurse)

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In Porto, participants thought volunteering could be helpful in the social integration and social acquisitions of patients, with some stating that patients always benefit, even when they do not notice it. In regard to benefits for volunteers, some pointed out that it would provide them with contact with a different reality, others highlighted that it would occupy volunteers and provide them with a new experience, and mentioned the satisfaction they may gain by helping others. The potential impact of volunteers in releasing the tension from patients' family members and in reducing the workload of health professionals was also mentioned.

"A volunteer who has [this] experience, not only in mental health but in any other contact, we win, the person who gives… because giving is much more rewarding than receiving ..."
(Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)

In Brussels, views were shared about different ways through which volunteering would have a therapeutic effect for patients, e.g. through patients realising that they are more than a disease. Some of the participants mentioned that volunteers would feel useful, may gain a professional experience, and learn from patients. Many considered that volunteering may reduce the workload of mental health professionals and support the wider society making it inclusive.

"For me volunteering is also a personal need to contribute usefully to find a place in society to transmit knowledge that we have … it is really to exercise the … useful role in the society"
(Brussels Volunteers Focus Group 2, Participant 7)

In all sites participants shared that they felt that volunteering impacted not only the patients, but also the volunteers, mental health professionals, carers and the wider society. Views regarding the potential impact of reducing stigma that might come about through volunteering were present in all the discussions.

4. Discussion

4.1.3. Main findings

Whilst these focus groups were conducted in three European countries chosen for their differences, overall, there were striking commonalities across the findings. Although two types of groups composed of mental health professionals and volunteers were organised, there were overlaps as some participants in the mental health professionals'

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groups had experience in volunteering, and some participants in the volunteers' groups had a professional background in mental health. Overall, there was more homogeneity amongst the mental health professionals, whereas the focus groups with volunteers were more heterogeneous. The differences in the local context of these three countries was reflected in the vocalisation of distinct challenges. The provision of volunteering in mental health in the UK is widespread, in Belgium it has links with health care services and in Portugal it barely exists. This familiarity in the UK with volunteering translated into participants reporting more concerns relating to practicalities, in Porto issues raised were related to local barriers and dealing with the unknown, and in Brussels, participants were calling for more infrastructural support i.e. in policies and funds. Overall, participants largely reported that volunteering in mental health may be a helpful resource for people with mental illness and did not express much resistance against it, although it was considered that volunteers should be in contact with mental health services. On occasion there was a dissonance reflecting an underlying tension of paternalism in considering responsibility of the volunteer or the organisation vs. autonomy as core values of people with mental illness. In theory, participants approved of the use of volunteering in mental health. In practice, several questions were raised about how to overcome barriers and mitigate perceived risks, encouraging volunteering to become more inclusive. Stigma was both a barrier as well as a potential outcome for society, with all sites perceiving that volunteering could lead to reducing stigma. The various attitudes towards the connotation of the term 'volunteering' in the three languages may have influenced the later discussion of the actual behaviours that were labelled as acts of 'volunteering'. One of the main findings of this study was that volunteering is not one single entity and that is strongly connected to the sociocultural context, albeit with commonalities across countries.

4.1.4. Strengths and limitations

This study has been the first to explore the views of mental health care professionals and volunteers regarding the provision of volunteering in mental health across European countries in different regions with varied sociocultural contexts. The benefits of this multi-perspective approach, i.e. focusing on three different countries and two groups of stakeholders, are well described, especially in the field of intimate relationships [21]. It offers a richer understanding of stakeholders' opinions and an improved portrayal of the complexity of relationship dynamics.

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The methodology used was consistent across sites in terms of recruitment and acknowledgement of participation. In contrast, other international focus groups conducted in eight European countries which explored what good health and good care process means to people with multimorbidities, adopted more flexibility in their methodological approach across the sites. Participants were reimbursed for their travel costs in some countries, whereas in others a gratuity was provided either as a token of appreciation or to aid recruitment. In some cases, participants were emailed after the meeting to thank them for their participation; in one country participants were sent notes [22].

A large sample of mental health professionals and volunteers was recruited, enabling the capture of a rich picture of the stakeholders' views from different backgrounds. The focus groups' composition was largely reflective of the health care and volunteering services organisation in each country. In all three nations, mixed focus groups were composed of different mental health professionals. They were integrated as a group as they share understandings and experiences concerning mental health care provision. Their role was to explore the diversity of views as professionals working in mental health, rather than to establish any kind of 'representativeness'.

Conducting this study as a multi-country collaboration was helpful as the research team members could interact and learn from each other. The research team was multi-disciplinary, with a background in psychiatry and psychology, and some without experience in volunteering in mental health. This diversity enabled the interpretation to be informed by different perspectives. The fact that in all sites a second researcher, who co-facilitated the focus groups discussion, coded all the data is a major strength and provides robustness to the analysis. The pilot stage exploring the feasibility of organising such focus groups is another strength of this study. This allowed assessment of the potential challenges in the recruitment and interview phase, analysis and study materials as well as providing an appreciation of the facilitator's workload.

Despite its originality, this study also has some limitations.

Whilst the selection of countries was purposive, i.e. focusing on different countries in Europe from distinct socio-cultural regions, the selection of sites within countries was opportunistic. This selective nature may therefore not make it appropriate to transfer these findings to the whole of Europe especially since all the included countries are high income countries (HIC) according to the World Bank Classification.

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A potential limitation is the reporting bias as the data collection was gathered from multiple participants at the same time as discussing the topics [23]. Given the interactive nature of the group, participants asked each other questions, which caused participants to elaborate further on their views in response to agreement or disagreement from other group members. As focus groups entail a process of collective sense making, social desirability bias may have been introduced. The participants were members of the social group in interaction, and it is this interaction that produces the primary data. Afterwards, this social process of collective sense-making is open to the researchers' scrutiny [24]. These results therefore describe their expressed preferences in a group format conversation rather than in an individual interview and so the impact of the group on the views themselves and how they were reported cannot be excluded. In particular, in the mental health professionals' focus groups where the participants had different professional backgrounds, owing to the traditionally dominant role of psychiatrists within mental health services, their views may have been particularly influential. Of note was that in contrast to the other sites, the focus groups with mental health professionals in Portugal were predominantly composed of psychiatrists in training. Hence their overall age was lower and there was less variety in the professional background of participants.

Whilst focus groups were conducted in three European cities, some of the participants recruited, especially volunteers, were based in other parts of that country. However, this information was not acquired, which could have been particularly relevant in Belgium to explore potential differences between views in the Flemish and Walloon regions.

In each of the focus groups, not all topics were covered to the same extent. This may be because each group found different matters interesting and were more inclined to share their viewpoints or there may have been topics where a greater variety of views emerged, thus extending the time taken to discuss any disagreements. This could be a limitation of the overall study since there may be less data on some envisioned matters than others. Throughout the focus groups, the lead author, in her capacity of facilitator, attempted to focus the topic discussions of each group to similar material, taking into consideration the topics covered by previous groups. This was to ensure that all areas were aired and that a balance of topics was obtained between the four focus groups in each country.

The large amount of data gathered provided opportunities for a broad analysis across countries, but there was limited capacity for detailed examination of the differences

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between mental health professionals and volunteers. In the current analysis the focus was on drawing out salient analytical points that were illuminated by the breadth of the data [25].

Finally, although participants were given a brief description of volunteering in mental health before the beginning of the focus groups, it is unclear whether having a more comprehensive understanding or previous personal experience either on volunteering programmes or as a patient in mental health influenced their expressed views, although no information regarding the latter was requested for this study.

4.1.5. Comparison with the literature

The findings of these focus groups allude to six main overarching themes.

The first theme highlights that there is a framework on which volunteering is organised. It addresses several matters that a volunteering organisation may focus on, from the selection and motivations of volunteers to other aspects of dealing with those volunteers recruited to an organisation, e.g. training of volunteers and the format of the relationships established. Much of the current literature is focused on volunteers' experiences, motivations and organisational descriptions of the programmes [26-28]. Volunteering programmes are dependent on staff management and the volunteers; they therefore require financial and human resources. Important variations were noted regarding how this framework was described, in some cases pointing to a lack of recognition and resources, whereas in others, showing preoccupation with dealing with the unknown.

The second theme highlights a wide range of perceptions of the volunteer role, labelled as multifaceted. It suggests that there is a broad flexibility in the understanding of what a volunteer should do, which in turn may mean that a large number of people may be suitable to be a volunteer. The perspectives on this ranged from a more passive role, of being with the patient and offering hope, to a more active role, such as doing social activities and practising social skills. This emphasis of 'being there' or 'doing for' is similar to that which has been described in other research, e.g. in a qualitative study in mental health with volunteers and patients from 12 UK volunteering mental health programmes [29]. These findings support that the manner in which volunteer roles are adopted may impact differently on the patient. In all sites, many participants discussed that volunteers should collaborate with services. A qualitative study conducted in Finland about the perceptions

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of volunteers by health care staff showed that attitudes were positive to conditional; these approaches varied from holistic to task-centred or patient-centred [30]. Equally, a former study conducted in the USA explored the impact of using volunteers to improve patient satisfaction in hospitals and cost-effectiveness. They reported that volunteers appeared to enhance patient satisfaction and reduced costs [31].

The third theme describes that every relationship has a different character, categorising relationships in several types of formats. Essentially, they fall into two extremes, i.e. a more formal relationship that has a contract and is closer to a professional one, and a more informal interaction similar to or indeed a friendship. A former review of the term befriending has already described the spectrum of such relationships [1].

The fourth theme highlights the challenges faced by a volunteer, i.e. the barriers and risks. It describes different obstacles that prevent people from volunteering together with the perceived risks to those who volunteer. Previous research describing the barriers to the use of web-based communication in voluntary associations has pointed to the size and complexity of associations and to the obstacle of an age-based digital divide, e.g. to have a profile on a social network site [32]. A rapid review of barriers to volunteering for potentially disadvantaged groups and implications for health inequalities suggested that although different demographic groups may experience specific barriers to volunteering, there were areas of commonality. These included personal resources, i.e. skills, qualifications, time, financial cost, health or physical functioning, transportation or social connections, and institutional factors, such as volunteer management, access to opportunities, lack of appropriate support and a stigmatising or exclusionary context [33]. A further study described specific impediments for older people becoming volunteers [34], e.g. their own health, perceiving volunteering as an unworthy cause or as an unknown prospect.

The fifth theme, exploring the potential advantages and disadvantages of technology use in volunteering, overlaps with former insights into patient-clinician communication through technology. It highlighted similar enthusiasms and scepticisms. Potential benefits and problems of the human-machine interface were previously described, as well as the appropriateness of a specific technology in a specific situation [35]. Amongst these ongoing debates, some argued that the potential advantages outweigh the disadvantages [36]. Overall, these findings show an interest in utilising digital platforms as a resource for volunteering, which aligns with the views offered in previous literature [37, 38]. A

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qualitative analysis of social and digital inclusion, experienced by digital champion volunteers in Newcastle, reported four categories of motivations leading to successful volunteering, i.e. the individual, people, employment and environmental factors [39].

The last theme illustrates that volunteering impacts us all, and describes the potential impacts of volunteering on patients, volunteers, mental health professionals, families and the wider society. The broader impact of volunteering beyond the aimed effect in patients has been earlier described in a systematic review that postulates that it is a public health intervention [40].

4.1.6. Implications of the findings

These findings represent the views of mental health professionals and volunteers and may be used to inform the development and organisation of current and future volunteering programmes.

Since this study was based in HICs in Europe, it is unknown whether these findings would also apply to LMICs; this should be investigated further. Additionally, it is uncertain how specific these results are to this sample and to these cities. Future studies should explore whether these findings differ for participants in the rest of the countries and abroad.

The variability of opinions suggests that volunteering programmes should be offered in different formats and with enough flexibility to incorporate individual preferences. An important point was the strong belief that there is potential with technology. This can help with the development of a new intervention to facilitate digital forms of volunteering.

5. Conclusions

Mental health professionals and volunteers see benefits in offering volunteering in mental health to their patients. The variability of their views suggests a need for flexibility and innovation in the design and models of programmes offered to patients and volunteers. It is possible, however, that a single intervention based on the common principles could suit different European countries without requiring significant customisation for each country.

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Contributorship statement MPC designed the study, led the recruitment of participants, coordinated the study, managed the study team, facilitated the focus groups, led the analysis of the data and drafted the manuscript. MC, FM and ST co-facilitated the focus groups and supported with the data analysis. All authors approved the final version of the manuscript.

Competing interests None

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Data sharing statement The anonymised data from the transcripts can be made available to external researchers upon reasonable request from the corresponding author (mariana.pintodacosta@qmul.ac.uk) based on a data sharing agreement.

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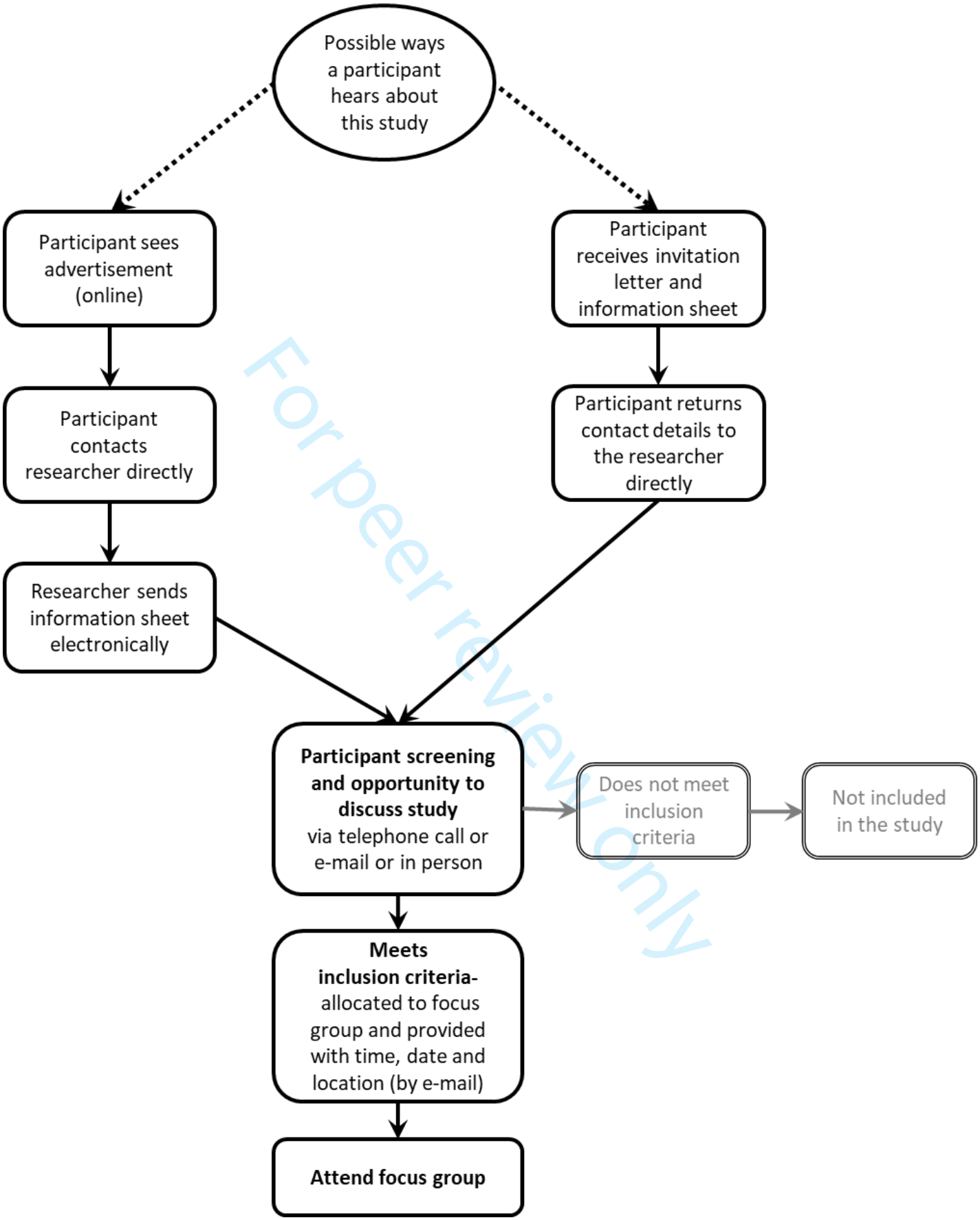

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Theme 1. There is a framework in which volunteering is organised
1.1. Volunteers should be selected and assessed/ Volunteers selected, but based on which criteria/ Volunteers may be unsuitable
"There should be some sort of…a selection criteria or assessment because obviously we are looking after human beings who are very, very vulnerable." (London Mental Health Professionals Focus Group 2, Participant 10, Nurse)
"Depende da seleção que se faz dos voluntários, não é? … Se é uma entrada, no fundo, livre para toda a gente, pessoas que não tenham a mínima formação e até capacidades intelectuais para entender e capacidades emocionais...É completamente diferente de, se calhar, selecionar… tinha que se definir critérios, é muito complicado..." (Porto Mental Health Professionals Focus Group 4, Participant 16, Psychiatrist in training)
"J'ai déjà refusé une personne comme ça parce que je sentais que la fragilité était vraiment trop grande, pas qu'elle n'était pas capable de le faire." (Brussels Mental Health Professionals Focus Group 4, Participant 21, Psychologist)
1.2. All kinds of people can be a volunteer/ It is a paradox to select volunteers/ There is a priori selection
"It could be anybody, it could be someone who's like a retired bank manager or … who's got some time on their hands, who wishes to volunteer… they could be coming from any background and bringing all that different aspect of the world really." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"O panorama ideal já sei que é utópico e que nunca existe, mas ... seria precisamente que os voluntários só por si por definição já por serem voluntários, porque no fundo há uma seleção natural. A priori. Quer dizer, selecionar voluntários, avaliar voluntários e recrutar voluntários, isto por si já é um contrassenso." (Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)
"Il y a quand même une sélection naturelle, tout le monde n'a pas les mêmes compétences, et c'est heureux, et on n'a pas les mêmes tout le temps, et c'est pas grave, on sait s'organiser." (Brussels Volunteers Focus Group 1, Participant 4)
1.3. Organisations are responsible for volunteers/ A check-up should be done on volunteers/ Must be a triangular relationship
"Sending out people that volunteered only then to befriend someone with mental illness – they have responsibility to safeguard that person – basic knowledge, basic training about mental illness in general." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Também acho que não vão selecionar [com] uma doença... uma coisa ativa, não é, uma hepatite B ativa em que até o próprio suor se pode pegar, e num abraço poderia haver esse problema." (Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)
"Tout faire pour éviter effectivement le lien de un à un. Parce que je pense que ça il y a vraiment du risque, pour tout le monde d'ailleurs, et c'est un peu une formule de toute la limite que ça mais l'idée que l'on a qui se soutient c'est bien évidement c'est un lien entre deux individus mais que ce type de lien ne peut être fécond que si ça se passe toujours à trois. Le trois étant symbolique, mais étant notamment la présence d'une institution."(Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
1.4. The strong volunteering culture in the UK/ Volunteering with rules and a structure/ Organisational framework with specific values
"*But I think in the UK there is a culture of volunteering, like it's quite strong – people rely on that quite a lot so I think it's just something that is a bit more there*." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Tem que haver realmente uma estrutura por trás para fazer realmente essa formação, essa seleção." (Porto Mental Health Professionals Focus Group 2, Participant 5, Occupational Therapist)
"*Moi je dirais plutôt qu'il doit être un soutien pour le patient. Qu'importe le service, qui se soit le service social, le service de santé ou le service quel qui soit. Maintenant il y a sans doute une différence entre le travail à l'interieur de l'hôpital et celui à domicile ou chex l'autre. Je pense que le pair-aidant ou le benevol doit toujours rester dans un cadre précis. On peut changer de casquettes en casquettes, on peut se trouver dans le service social et dans le service medical a la fois, mais on doit toujours etre dans un cadre precis*." (Brussels Volunteers Focus Group 1, Participant 3)
1.5. To train or not to train/ Training may or may not be important, depending on how much/ Advantages and disadvantages of training
"It's important to give some training for some risk assessment. But then, where do we get the balance, not to make it too formal. Um, with my little experience when people get formal training so when they see a patient behaviour and this, 'Oh this is a personality disorder, this is bipolar, this is…' it's like giving them a diagnosis from the little training they've had. So yeah, it's important to give them training, in terms of risk assessment, but it's also equally useful to have that layman's perspective of things as well."(London Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Acho que alguma formação de determinados campos era importante, a saúde mental acho que, que não podemos ir assim só, de coração, também, é bom, mas convém ter alguma formação, daquelas especificas." (Porto Volunteers Focus Group 2, Participant 5) *"Acho que poderia haver o risco se calhar se em alguns aspetos não se entendesse bem algumas coisas da formação, se não se entendesse bem...por exemplo, alguma patologia. E aí a pessoa fica com uma ideia errada dessa patologia. E pode, se calhar, estar a, a reagir com uma pessoa que, à partida, não necessitaria de, de um trato diferente, e estar a ter esse trato diferente porque confundiu se, se houver confusões na formação...podia ser pior."* (Porto Volunteers Focus Group 1, Participant 1)
"D'abord si je décide moi d'être bénévole dans deux semaines dans le domaine de la santé mentale, j'ai besoin d'apprendre certaines choses." (Brussels Volunteers Focus Group 2, Participant 8) *"Ou est ce que justement il faut éviter de médicalisée les volontaires que c'est bien d'avoir des personnes qui vont rencontrer ces personnes là sans avoir toutes toutes ces choses en tête."* (Brussels Volunteers Focus Group 2, Participant 7)
1.6. Matching and the right to be re-matched/ Matching on the characteristics/ Appropriate matching

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"I have a right to choose whether or not I want to work with her. Because I have my own… I'm a human-being, I have my own issues as well. So that might trigger certain things for me." (London Volunteers Focus Group 1, Participant 5)
"Eu acho que tem que haver um match entre o voluntário e o doente mental. Acho que, se calhar, há doentes que vão beneficiar de um voluntário mais assertivo e que saiba dizer não e … que o ajude a cumprir regras. Se calhar, há outros doentes que precisam de uma pessoa, se calhar, mais carinhosa, mais… calma, mais tranquila, que lhes dê um bocadinho mais de espaço. Portanto, eu acho que, além de ter formação sobre as patologias, se calhar era bom ter um encaixe nos perfis…" (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"Il faudrait peut-êtrea allors à ce moment là que des personnes du service hospitalier dirigent le bénévole vers certains patients qui ne sont pas des cas un peu plus lourd et donc qui demande une forme d'attention plus particulière et nécessitant peut-etre plus de connaissances." (Brussels Volunteers Focus Group 1, Participant 3)
Theme 2. The role of the volunteer is multifaceted
2.1. Be with/ Provide company and support the patient/ Accompany patients
"You have to be there for that person, you have to be there to have that chat, sit beside the person." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Penso que é mais a companhia e muitas vezes essas pessoas não se apercebem das situações em que estão, ou se apercebem pode-se sentir sozinhos e diferentes dos outros, e acho que fazer companhia a essas pessoas também as ajuda a sentirem-se melhores." (Porto Volunteers Focus Group 1, Participant 4)
"Si c'est juste faire un tour dans un parc, aller chercher une cigarette, faire une ou deux courses, c'est vraiment pouvoir accompagner pour que le patient ne soit pas livré à lui-même, par rapport à la société." (Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
2.2. Do social activities with
"And you spend time with that person doing something. You have a cup of tea or you laugh together or you watch a movie and you share experiences." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)
"A partir do momento em que um doente mental tem este amigo, este amigo vai levá-lo para atividades lúdicas, para atividades de lazer. Ou seja, vai abrir outras portas de socialização. Por exemplo, o amigo leva-o ao futebol e no futebol vai acabar por, naturalmente, aos poucos ir criando novos contactos e abrir novas janelas de socialização. As coisas começam a correr sozinhas." (Porto Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist in training)
"Créer cette relation d'aide plutôt à l'extérieur autour d'une tasse de café, "eh bien tiens voilà", après c'est déjà juste faire sortir la personne c'est déjà assez énorme. Donc c'est vrai qu'avant de faire cela il faut donc déjà créer un minimum de relation avant parce que ce n'est pas parce qu'on arrive et qu'on dit : "allez on va boire un café !" ça ne marche pas." (Brussels Mental Health Professionals Focus Group 4, Participant 2, Occupational Therapist)
2.3. Practice social skills/ Provide competencies/ Helping patients
"I think it's important to take the meds but I think it's important to have people to talk to and to be sociable and not to lose those skills." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"Será que não é necessário, não é melhor dar ou procurar dar aos doentes, as ferramentas para que possam eles próprios criarem relações de amizade, ou buscarem-nas? "(Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)
"Mais quand il y a aide directe à la personne il y a d'abord cet objectif là qui est d'aider et de soutenir la personne. Et d'un point de vue plus personnel pour le bénévole, il y a une question d'occupation d'abord." (Brussels Volunteers Focus Group 1, Participant 1)
2.4. Give hope to/ Support patients to rediscover life/ Give hope and return to who they were before the illness
"We need also someone to talk to, to give them some hope, to instil some hope in them." (London Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Nós vemos muitas pessoas, na nossa prática diária, que perderam o sentido da vida, que ficaram reformados, e que não têm objetivo nenhum… e isso nós olhamos e pensamos, esta pessoa sempre viveu, em função de alguém, eram os filhos, era marido, que estava acamado e depois morreu, e precisamente lembro-me desta história, de alguém, que depois deprime porque já não tem um incentivo… E eu encontro n pessoas que só iriam beneficiar." (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in Training)
"Quand c'est ponctuel avec un peu de chance nous donnons l'espoir. C'est très important l'espoir, specialement pour la santé mentale après la personne peut rentrer grâce à cet espoir dans un programme plus long ou elle va etre aide d'autres professionnels et d'autres bénévoles par exemple." (Brussels Volunteers Focus Group 2, Participant 8, Volunteer)
2.5. Address patients' needs/ To keep an eye on the patient/ Respond to a need and offer what services don't
"Look at their kind of individual needs and what makes them kind of them and unique as opposed to things always being focused around their diagnosis and what happens there." (London Mental Health Professionals Focus Group 1, Participant 4, Social Worker)
"A vigilância ia acabar por ser uma consequência da companhia. Enquanto aquele doente sentir que está acompanhado pode protegê-lo." (Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)

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"Je trouve ça répond à un besoin, on le voit d'ailleurs. Il expliquait que les patients psychiatriques doivent deviennent des fidèles. Ce qu'il y a clairement un besoins que le système n'offre pas". (Brussels Mental Health Professionals Focus Group 1, Participant 3, Nurse)
2.6. Not to judge patients/ A transition figure/ Not labelling patients
"With the volunteer there's this less stigma attached and they feel less judged by someone who they could probably just be friends with." (London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"Se o voluntário interpretasse o seu papel como uma figura de transição, e se ele tivesse um objetivo de criar outras relações para o doente, ele podia sair do cenário, quando visse que já não era necessário e que o doente por ele próprio já é capaz de criar relações…"(Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
2.7. Share experiences/ Provide new experiences/ Relational exchanges
"They could talk for a whole hour and I would just sit there nodding and listening, 'cos that's a therapeutic thing for them, but this is a visit between a layman – myself – completely amateur guy and an old lady, who just happens to be a bit, you know… has problems, mentally ill, but to me it's a visit; we talk about things…it's not a therapy session. (London Volunteers Focus Group 1, Participant 1)
"Eu acho que são pessoas que, fruto da sua doença mental estão privadas de muitas experiências... e não acho que seja forçosamente mau, dar-lhe uma experiência que eles nunca mais vão… voltar a ter…" (Porto Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist in training)
"*À chaque fois une rencontre, un partage, une rencontre particulière sur un mode particulier, mais c'est vrai qu'être en lien, rencontrer vraiment une personne là où elle est avec ses difficultés, ça apporte à ça aussi à part le partage et la relation qui peut se nouer et les échanges relationnelles*." (Brussels Mental Health Professionals Focus Group 2, Participant 13, Psychiatrist in training)
2.8. Give patients realistic feedback/ Educate the patients/ Instil ideas into the patients
"It would be useful to have a … [volunteer] who is able to give some realistic feedback… If you just have someone who is like completely accepting in a way that other people, in the general population aren't you're not actually getting any realistic feedback." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)
"O nosso principal papel acaba por ser um bocadinho educacional, tentar ensinar, e se calhar mais do que uma vez, porque o facto é que nós por vezes deparamo-nos com pessoas que não entendem à primeira, não entendem à segunda, ou não entendem à terceira, e nós temos que ter a capacidade para saber dar a volta à situação, para perceber as limitações da pessoa, de forma a ajudá-la a ter algum cuidado extra para consigo."(Porto Volunteers Focus Group 2, Participant 5)
"Donc il y a souvent cette volonté d'apporter quelque chose à la personne et de vouloir injecter dans la dynamique de la personne des idées ou des choses qui vont lui permettre d'aller mieux par rapport à sa souffrance." (Brussels Mental Health Professionals Focus Group 3, Participant 13, Psychiatrist in training)
2.9. Collaborate with services/ To complement, link or be part of services/ Collaborate with or be part of services
"There has to be some sort of link if you like – I don't know but I'm hoping – between the volunteering agency and if you like mental health services or their identified care coordinators as the case may be, who can then…if there is need, liaise with the volunteering agency to kind of have some sort of update on how the service user is doing or getting along with the person volunteering. " (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Podemos também ter uma pessoa que possa sinalizar, por exemplo, quando há algum problema. Até sinalizar aos profissionais se houver algum sinal de descompensação. Haver algum elo que possa promover que os serviços de saúde saibam sempre que aconteça alguma coisa com o doente. Não funcionando como serviço de saúde, mas como este elo de ligação." (Porto Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist in training)
"C'est pour ça que le cadre est important en ce que je pense dans le bénévolat, dans certains cas, le bénévole peut être à la fois partenaire de l'équipe de soins, donc ils peuvent travailler avec les autres professionnels." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
Theme 3. Every relationship has a different character
3.1. A Contracted friendship/ A friendship by decree/ To be a friend or not
"So it's like, it's a contracted friendship . I'm here to kind of, to have a social relationship with you – but it's contracted almost, so it's not a natural-forming relationship." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"É uma pessoa que surge agora na vida do doente por uma decisão de cima para baixo, por decreto, não é? Há bocadinho falaste na referenciação do doente a um voluntário, a dizer assim 'olha agora vais acompanhar este doente' portanto é por decreto, é uma relação que se estabelece artificialmente." (Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)
"Mais si le bénévolat se déclinent sous d'autre forme, comme un accompagnement réel ou quoi, y a aussi cette distance peut-être physique qui n'existe pas et qui pourrait aussi poser question et comment remettre ce cadre-là, comment dire que je suis là pour t'accompagner mais je ne suis pas ton ami." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
3.2. A Mentorship/ A helping relationship/ A bound
"A kind of…sort of mentorship aspect. So I suppose where the other person is… in a way role-modelling, has something maybe to offer that the other person doesn't have experience of, or kind of some advice or guidance aspect. Without obviously being a professional situation." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)

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"Vai ser uma relação assimétrica. Mesmo na amizade. Há sempre um que foi visto como aquele que tem patologia mental e o outro que não tem patologia mental. E um está para ajudar… É uma relação de ajuda." (Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)
"Et en même temps, il est content le bénévole aussi parce que ça c'est un bon moment qu'on passe avec une personne, meme se elle n'est pas bien, la voir sourire c'est important si on y arrive jusqu'à être là il y a peu de chaleur humaine et ça je pense que oui." (Brussels Volunteers Focus Group 2, Participant 8)
3.3. It is reciprocal/ A reciprocal exchange/ A reciprocal relationship
"The relationship is a reciprocal relationship, so we do have to take both sides into."(London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"A gente como vocês que vai ajudar uma pessoa idosa que vai fazer voluntariado, também essas pessoas idosas também transmitem coisas antigas, vão aprender e eles vão aprender reciprocamente também ficam mais ricos de parte a parte." (Porto Volunteers Focus Group 1, Participant 3)
"Une relation avec une autre personne et de cette relation nait aussi pour moi un partage qui est très riche, donc c'est contribuer c'est donner de l'aide, le benevolat pour moi c'est recevoir beaucoup, le bénévolat c'est souvent des cadeaux en faite, nous recevons de l'autre." (Brussels Volunteers Focus Group 2, Participant 8)
3.4. It is patient-centred/ In limbo between a friend and a professional/ A relationship between two people
"Like person-centred. So it depends on who you're supporting and what their needs may be." (London Volunteers Focus Group 1, Participant 3)
"Estamos a ver o voluntário na perspetiva, de que é uma espécie de um intermédio entre amigo e técnico… portanto nem é técnico, nem é amigo… está ali num limbo." (Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)
"C'est pas la même chose d'être en lien avec Mr Vanpiperzeel que avec le Dr Schtroumpf, je pense qu'en terme de représentation ça fait une grande différence, et en même temps l'enjeu c'est que, nous on est assez intangible a l'affaire, c'est de dire, mais oui ce sont deux personnes." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
3.5. Not one size fits all/ A relationship hard to predict / The volunteer occupies a larger space in patients' lives
"Look at their kind of individual needs and what makes them kind of them and unique as opposed to things always being focused around their diagnosis." (London Mental Health Professionals Focus Group 1, Participant 4, Social Worker)
"Criar uma amizade não é uma coisa matemática que se possa prever à partida." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"L'expérience ce que moi j'ai, de ce que les patients racontent ce que à partir du moment la place relative ce que le bénévole tiens dans la vie du patient est disproportionnée par rapport à la place que le patient tiens dans la vie du bénévole." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
3.6. It is time-limited/ It may or may not have a maximum time/ A finite relationship
"Some of them just came off a bit sooner than they expected. So we just sort of set them up and they were getting used to working alongside the team and running some groups and then they'd suddenly be gone again. And that was always a bit disappointing really – not just for us but for patients." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"O máximo ... não faz sentido, porque a ideia de uma amizade é, precisamente, prolongar-se no tempo e não ter um fim destinado." (Porto Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Et s'il y avait un critère en dehors de ses éléments là à demander à des bénévoles c'est la durée. C'est la durée de l'engagement je trouve, beaucoup plus que des qualités intrinsèques." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
3.7. Explicit boundaries/ It is a contract/ The relationship exists because of the mental illness
"We're saying it's a boundaried relationship, but actually …any relationships have boundaries but they're not often explicit …which actually is something that some of our…some people we work with struggle with. So it's just about the explicitness of boundaries isn't it? and the extent. So they are there in all relationships, even in our, in friendships." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)
"Um contrato, pronto… Um compromisso que o voluntário tem sob a alçada desta coisa chamada voluntariado, que tem um conjunto de regras e que é durante aquele tempo, porque durante aquele tempo… As pessoas, depois até podem continuar a relação e continuar a amizade mas aí, se calhar, já não faz sentido sob a alçada destas regras." (Porto Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Donc la difficulté c'est donc de trouver l'objet qui va faire la rencontre. Parce que si c'est l'objet qui fait la rencontre, c'est la maladie mentale, soit-on est malade mentale, soit-on est proches d'un malade mentale." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
3.8. Fluid boundaries/ Became a friendship/ With distance or proximity
"The boundaries are always fluid… I mean they change according to the individual we are working with and I've worked like with elderly people in the past as well where I knew they were gonna say "Are you married dear?" and it's fine to say "yes or no I am" because you know you might not see them again;…it's just a very normal social question, but if someone… asks me that in my work I would…rarely." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)

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"Tenho amigos que eram sem abrigo que, dormiam na rua mesmo, quando se tornaram meus amigos 5 anos, e são meus amigos ainda, e que eu acompanhei em [voluntariado]." (Porto Volunteers Focus Group 2, Participant 5)
"Il y a un grand nombre de gens qui n'arrivent pas à mettre la distance, et qu'il y a un grand nombre des gens qui n'arrivent pas à mettre de la proximité." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
3.9. May be compelled to break boundaries/ The trust is broken if the confidentiality is breached/ There is a randomness for the relationship to work
"How you find yourself in very tricky situations. You can end up lending people money because they don't have money for food, or you know sort of like, you are easily drawn to break boundaries or to break confidentiality." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)
"Depois há o problema, pode nem ser tanto da confidencialidade, mas pode ser da confiança, isto é um voluntário que um dia saiba alguma informação que a vá transmitir ou à família ou ao médico pode perder completamente a confiança do doente e lá vai o trabalho todo por água abaixo." (Porto Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Donc il y a parfois des proximités, il y a parfois il y a des amitiés, enfin il y a quelque chose, je parlais tout à leur de la dimension spirituelle." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
Theme 4. To volunteer is to face challenges
4.1. Stigma is a big issue / Lack of education and stigma of mental illness/ Mental health stigma
"I think the big campaigns…the big media hype that we see around mental health is always so very negative. So I think, you know I think that stigma is really a big issue." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Eu acho que passa também muito pela sociedade em geral, não só... pelos responsáveis que estarão neste caso acima das instituições responsáveis, mas pela própria educação, para a saúde mental, que é uma coisa que não existe ou escasseia no nosso país, nós começamos a ver a educação para o cancro do pulmão, e a educação para o cancro, papilomas, etc., maço de tabaco coloridos com imagens de cancros ... começa-se a fazer algum trabalho nesse sentido, na área da saúde mental não se vê nada, e o estigma existe mas está no seio da sociedade, não está só nos voluntários, à partida não estará senão não seriam voluntários, mas não está só na parte institucional ... devia governar estas coisas de uma forma melhor, mas acho que a própria sociedade, as próprias crianças deviam ser incutidas desde pequeninas a, no sentido de as responsabilizar também para ver o doente mental como uma pessoa perfeitamente, normal." (Porto Volunteers Focus Group 2, Participant 6)
"Aller dans des structures classiques se font souvent rejeter parce que elles ont cette étiquette-là et c'est le même problème avec les problèmes de santé mentale." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
4.2. Odd or artificial idea to provide friends to people/ Being a novelty/ Bad image of volunteering
"It was a slightly odd idea, to kind of like artificially create, or provide friends to people; that's not how it works; and either you advise someone to go to speak to someone or meet with someone; you don't create friends to people. So I think the befriend…the word to me is slightly misleading." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Um desafio que me vai pôr a pensar nos próximos dias de como é que elas se podem contatar, ou o que é que se pode inventar, se podemos sugerir ir a algum ponto e terem lá, quem não tem telemóvel, termos lá chamadas pagas para eles nos ligarem, não sei, é um desafio sem dúvida as novas tecnologias." (Porto Volunteers Focus Group 2, Participant 1)
"Malheureusement le bénévolat n'a pas une très bonne image." (Brussels Volunteers Focus Group 1, Participant 1)
4.3. Bureaucracy and time to get a DBS check/ Lack of resources/ Lack of recognition
"DBS aren't always this slow, but they can be stupendously slow. And also for some people who don't have the right information that DBS check can be a problem." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"Ou a pessoa está no lugar errado, ou então vai ter que passar por uma formação quase a zero, acho que este que é o principal desafio, até do Estado português e não sei quê, fazer uma reciclagem a todas as pessoas que estão neste frente de linha."(Porto Volunteers Focus Group 2, Participant 1)
"Pour moi les bénévoles, ils ont effectivement besoin de reconnaissance. En Belgique c'est peu, c'est peu reconnu, ou peu valorisé, et par contre un défi pour moi important qu'un bénévole doit relever c'est avoir gardé une juste distance peut-être." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
4.4. Problem with distances and transports/ Long distances/ Complexity of dealing with the different languages in the country
"Distance and transport in general. And actually the London problem I guess." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"E é de longe." (Porto Mental Health Professionals Focus Group 3, Participant 11, Social Worker)
"La langue. C'est en tout cas a Bruxelles un des défis majeur c'est la fragmentation liée justement a tout ce qui, les différences compétences, donc au niveau des politiques, en voilà parce qu'on a différentes régions, différente communes etc., donc c'est toujours beaucoup compliqué d'être des acteurs dans le territoire autour d'une table, pour décider de mettre en place quelque chose, parce que voilà il y en a beaucoup des acteurs et dépendent de différents pouvoir. C'est compliqué." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)

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4.5. Difficult to deal with differences of culture, religion, and languages/ Dealing with behaviour of patients/ Dealing with someone with psychosis
"It difficult to kind of befriend someone who holds a different view about culture and religion and faith; you know they might not engage with that person in the way they would engage with someone of the same culture, belief and religion – you know? This is East London, language barrier is a big issue as well." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Acredito que alguns aspetos da doença de alguns doentes mentais graves, também vão impossibilitar ou, pelo menos, dificultar esta relação." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"C'est quelque chose d'un peu particulier la psychiatrie parce qu'il y a des gestions de crises compliquées etc etc."(Brussels Volunteers Focus Group 2, Participant 8)
4.6. Selecting untrustworthy volunteers/ Involving others besides the volunteers/ Volunteers do their own volunteering
"To be honest the challenges will be to get the right people to do that volunteering because it is this … the society which we have, we've got some dodgy characters and we don't know if they go down …the volunteers …very intimidating to that person, going to the person's house. People have got devious needs to like get money from the older people isn't it…. So I think to get the right people that's gonna be the challenge in a way. Challenge to get the right trustworthy people." (London Mental Health Professionals Focus Group 2, Participant 8, Nurse)
"Imaginemos que o voluntário… com muito boa vontade introduz outra pessoa, um amigo dele próprio nesta relação de voluntário doente. Preocupa-me mais esta… introdução, porque não existe nenhum controlo. Nós estamos a falar muito da seleção do voluntário, mas … Isto é uma coisa que não temos controlo e, de facto, parece-me um perigo muito maior introduzir uma terceira relação que não tem relação com o projeto do que, propriamente, a relação de onde é que se vão encontrar. A pessoa que tu já escolheste como voluntário e o doente. Parece-me mais… importante. Porque, por exemplo, imaginemos que o doente ia ter a casa do voluntário. Na casa do voluntário existe a família do voluntário, que não se sabe se será um ambiente propício ou, sequer, se terão abertura para estar com aquele doente. Preocupa-me mais isto, a interação com terceiros do que, propriamente, o local onde estes dois interagem." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"Ils savent qu'il y a une structure hospitalière, ou là que la situation est plus évidente et on voit que les écoutants bénévoles sont beaucoup au-delà de la question de leur tentation à eux, d'être dans une relation à deux, de faire leur bénévolat à leur façons, à leur mode. Ça c'est une difficulté." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
4.7. Burden for the volunteers/ Over-involvement of the volunteer and the patients/ Being heavy for the volunteer
"If someone's sort of saying…"it's gonna have such a significant impact on my life, you're the only person in my life"… if that were someone who I knew in the street – if that was a friend I had made who is kind of putting those sorts of demands on me I might start to wish to withdraw from that relationship, because it's over-bearing and over-burdening. So I think that there's something about…when you're involved in a befriending project kind of those sorts of boundaries about…if you want to pull out or withdraw from the relationship as well." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Haveria algumas pessoas que, se calhar, iam estar vinte e quatro horas disponíveis e não sei até que ponto isso era saudável para o voluntário. Deixava de… Já nem era voluntariado, era um modo de vida…" (Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)
"Pour moi c'est à ce cadre et ce qui se passe là reste là. Parce que ce n'est plus possible. Je ne peux pas tout transporter tout le temps toutes ces relations avec moi, c'est trop lourd mais je pense qu'il faut … reconnaître humblement que ce n'est pas possible d'être l'ami de tout le monde." (Brussels Volunteers Focus Group 2, Participant 8)
4.8. Risk of over-professionalizing volunteers/ Do a professional job but not paid/ Risk of being unpaid work
"To over-professionalise… not to become a professional because of course we don't want and we don't expect [that]."(London Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist)
"Eu acho que é um risco, um risco em qualquer voluntariado e a partir do momento em que nós oferecemos uma resposta de forma voluntária, corremos o risco de deixar de haver a pressão sobre essa resposta, sendo uma proposta boa e útil, seja dado de uma forma não voluntária. É como aquela coisa de meter professores voluntários e depois os professores que são professores, e que não são contratados por isso. Não podemos perder a noção, daquilo que é importante oferecer aos doentes, e que não devia estar a ser feito em regime de… voluntariado…" (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
"Et alors l'autre chose c'est quand même aussi travailler avec des bénévoles qui font le travail que nous faisons, c'est comment est-ce qu'on travail entre collègues alors. Mes collègues infirmiers, assistant sociaux, éducateurs, psychologues, psychiatres. Si l'activité devient bénévole, d'une certaine manière bah je supprime mon travail. Donc je soutiens l'idée que je suis dans une société qui dit que mon travail n'a pas de valeur puisqu'il doit être fait gratuitement."(Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
4.9. Providing a person to a patient that is not interested/ Exposing patients to risky behaviours/ Volunteers not listening to the patients
"They have the peer support worker, have a befriender, you know you are sending people to these schemes, and … not everyone wants to have a befriender, not everyone wants to have a peer support worker. The fact that there are schemes outside there, it's a kind of move towards that…a person has to agree to that; it's not because I feel you would benefit from that." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)

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"Tal como vejo muitas situações em que levar para um sítio de risco de consumo de drogas pode correr mal, tal como se sair à noite e ficasse a dormir montes de horas também pode correr mal." (London Mental Health Professionals Focus Group 4, Participant 16, Psychiatrist in training)
"Je crois que ça ne marche pas encore en fait on n'essaie pas d'être à l'écoute." (Brussels Volunteers Focus Group 2, Participant 7)
4.10. Volunteers that undermine clinicians' work/ Relationship is 'toxic' to the patient/ Manipulate the patient
"then somebody else, another volunteer who'd had her own experiences, negative experiences of … NHS services and she was sort of intervening in an unhelpful way of "You shouldn't listen to what they are saying or you shouldn't be… so it felt unhelpful and getting in the way of relationships and questioning treatment… so it was undoing a lot of hard work that had been done and made the person feel unsettled and anxious and started questioning herself again. So that wasn't helpful." (London Mental Health Professionals Focus Group 4, Participant 15, Social Worker)
"Depois a questão de… ser amigo, e com… alguém que seja, que tenha uma perturbação mental ou uma psicopatologia, até que ponto poderão criar… quase que como que… processos psicoterapêuticos tóxicos ou… pseudo-psicoterapêuticos, exagerando na expressão, até que ponto isso poderá ser prejudicial… para o doente." (Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)
"Manipuler c'est influencer mais avec une très mauvaise intention de faire mal quoi. Donc c'est retourner la personne et tout ça peu… aller commant on dit ca …c'est un peu du chantage. Voilà un genre de chantage affectif, c'est très dur le chantage affectif et je dirais que quand la personne, en tout cas je sais que moi que quand je suis très souffrante de faire attention de ne pas rentrer dans ce chantage affectif."(Brussels Volunteers Focus Group 2, Participant 8)
4.11. To end the relationship/ Being dependent on the volunteer/ Risk of breaking the relationship
"people who have suffered extreme loss, to then get cut short again and lose someone else and you become friends with someone that you lose then as well, it just…it feels almost like you could be really traumatised." (London Volunteers Focus Group 1, Participant 2)
"A mim não me faz impressão a amizade. Porque tem que ser uma coisa bilateral e estaria tudo bem. Faz-me impressão é depois, se calhar, o doente depois criar uma relação de dependência relativamente ao voluntário. E aí acho que deixa de ser benéfico, não é?" (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"on a envie d'avoir cette relation d'une personne à l'autre mais quelque part on est toujours coincé parce qu'il y a quand même des connaissances, des limites à donner, le danger de rupture." (Brussels Mental Health Professionals Focus Group 2, Participant 8, Social worker)
Theme 5. Technology has potential in volunteering
5.1. Enables human contact / Tool for patients to acquire skills/ Brings people together
"*The befriender would call an elderly person at his certain time every day or every other day – just to kind of check in "how are you doing, how's your day been?" because that person is so lonely. And the value that that person had to having that human contact everyday*." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Um paciente, até porque não consegue fazer aquilo mas com aquela estimulação vai desenvolver outras competências, nesse aspeto até concordo que sim, que a tecnologia é realmente um meio de apoio e que deve ser usado sempre dessa forma, sempre com o controle."(Porto Volunteers Focus Group 2, Participant 4)
"Je crois que même en dehors de tout élément technologique, à partir du moment qu'il y a quelqu'un qui adresse quelque chose à quelqu'un d'autres, qui répond d'une quelconque manière, on est directement dans la rencontre dans le lien, et on ne sait plus s'épargner ça. Ce que tu ne sais plus en plus revenir en arrière puisque ont marqué quelque part, l'appelant et le répondent. Donc voilà je pense que la technologie, oui mais on s'est pas s'empêché d'être en lien non plus avec l'autre. Et c'est ça qui est thérapeutique." (Brussels Mental Health Professionals Focus Group 3, Participant 11, Psychologist)
5.2. It is an add on to the relationship/ It complements the physical relationship/ Complementary to the face-to-face relationship
"*The befriender would call and elderly person at his certain time every day or every other day – just to kind of check in "how are you doing, how's your day been?" because that person is so lonely. And the value that that person had to having that human contact everyday. And he talked about it being a 'life-line' and then they had a…kind of then they met, sort of like every fortnight, she would visit him every fortnight*." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Acho que as relações têm que ser humanas acima de tudo, interação sempre, presencial, pessoal…" (Porto Volunteers Focus Group 2, Participant 5)
"*Moi je trouve que cette question-là, pour moi, j'en vois une autre, c'est que d'une part, c'est que pour moi, je n'ai pas de problème, c'est oui à la technologie, pour peu que ne fasse pas faire l'économie de la rencontre*." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
5.3. Link people in different cities/ Connects people/ Overcomes distances
"If you used the online tool then you could have a volunteer in Manchester and another in Brighton. And so it widens it and so if you want to make it like really flexible and easy." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Há pessoas que vivem isoladas, por exemplo, nas aldeias e assim, dias e dias sem ver outra pessoa, portanto, sentem-se isoladas e ... se for por informática, telefone e assim...vêm a pessoa. É totalmente diferente, eu acho." (Porto Volunteers Focus Group 2, Participant 3)

"Mais vraiment mise au service de l'humain ça permet, comme avec Skype d'ailleurs je travaille sur toute la planète avec Skype, ça permet, mais c'est dingue quoi, ça coupe les distances." (Brussels Volunteers Focus Group 2, Participant 6)
5.4. A few contacts per week/ Less frequency of contacts required/ A brief telephone contact may suffice
"People who are really isolated and don't even want face-to-face, it could be saying 'well you know … maybe you can just exchange a few text messages per week and if that's something you think would be helpful to you and you'd be keen to receive why not', or email exchanges." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Tu não necessitas de estar a contactar diariamente com o voluntário para ter uma relação de amizade com ele." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"Mais ce qu'on voit ce que il y en a des gens qui sont vraiment dans du débordement, des gens qui appellent complètement flippé ou qui débordent qui flambent pour dire qu'a un certain moment ça flambe. Parfois trois minutes c'est complétement suffisant." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
5.5. Gives more control in what you want to share/ Enables to monitor the communication/ Takes away the spontaneity
"People don't sort of know who you are so you can ask questions that you might feel uncomfortable asking otherwise and getting opinions of lots of different people back." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Suponho que teria de ser… Haveria uma equipa, não é? Que vai coordenando. Por exemplo, o voluntariado ter acesso a tudo, se calhar, não. O doente até pode estar sempre mal, dar pontos negativos àquelas atividades…" (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"Alors on voit même les sites de rencontre mais finalement on se rencontre sur base de critère : 'Je recherche une femme avec des yeux bleus qui a entre 35 et 45 ans.' Personnellement moi je trouve dans la rencontre, la technologie peut amener plus de négatif dans la perte de la spontanéité et de la richesse plutôt que du positif. " (Brussels Mental Health Professionals Focus Group 3, Participant 13, Psychiatrist in training)
5.6. Good for patients that have face-to-face anxiety/ Encourage the patient through sharing information/ Good for those who have anxiety in the face-to-face
"To plant the seed, sort of like of the social contact and maybe having technology is less frightening than having like you know space… Like online dating; so maybe people communicate and you know, emails, and then eventually in the sixth month, maybe if the patient… is familiar with the face of the volunteer maybe finally the patient will agree to sort of meet in person and go out for a cup of coffee or tea or whatever. So in my mind then maybe that can initially reduce the anxiety but the ultimate aim might be to meet in person." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)
"O voluntário todos os dias mandar uma música que gostasse… uma música ou um link giro…" (Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)
"Donc il y a quelque chose qui… le téléphone... peut être positif, et à la fois ça peut être négatif. Parce que, négatif dans le sens qu'il n'y a pas toute l'expérimentation du lien à l'autre en fait. Il n'y a pas toutes les facettes du lien, donc à avoir avec quelqu'un. Par contre ça encourage certaines personnes qui peut être ne prendrait jamais rendez-vous avec un psy. Dont le face à face est très angoissant." (Brussels Mental Health Professionals Focus Group 3, Participant 11, Psychologist)
5.7. Different types of communication may have an increasing human contact/ Face-to-face communication is preferable/ Each person occupies a different place on the phone
"It's like four levels isn't it? You have the written communication with text or email; then you have the phone conversation [over] audio; then you have the face video-conference; and then you have the face-to-face meeting, isn't it? So … you add on more information and exchange of communication when you move up from level one to level four." (London Mental Health Professionals Focus Group 3, Participant 11, Psychiatrist)
"Mas, sinceramente, eu acho que isso é importante, mas como uma coisa à parte para situações mais agudas, porque apesar de tudo, o mais importante é ter interação humana, frente a frente com a pessoa. Nós estamos a perder muitas capacidades e até capacidades sociais com muitas pessoas por não interagir frente a frente com as pessoas. Acho que perdemos um bocado se formos só por aí…" (Porto Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist in training)
"Mais, il y a à tenir qu'on n'occupe pas les mêmes places dans cette rencontre. L'un est écoutant, et l'autre appelant. Et ce n'est pas une question que l'un est plus que l'autre, plus malade ou moins malade et tout ça. Mais on n'occupe pas les mêmes places, et ça c'est à maintenir cette affaire." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
5.8. Takes away human interaction/ Risk of replacing the physical relationship/ Unnecessary for the relationship
"The volunteering aspect is coming in to bring the human touch, if you like, and if we bring in too many technology, it takes away that human face interaction and discussion. So it's useful to have … text messages to remind appointments etcetera, but then if we take…if we move from that basic use of technology to more emails, then it becomes like in the office sometimes instead of talking to your colleague you send him an email." (London Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Mas, sinceramente, eu acho que isso é importante, mas como uma coisa à parte para situações mais agudas, porque apesar de tudo, o mais importante é ter interação humana, frente a frente com a pessoa. Nós estamos a perder muitas capacidades e até capacidades sociais com muitas pessoas por não interagir frente a frente com as pessoas. Acho que perdemos um bocado se formos só por aí…." (Porto Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist in training)

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"Mais ça cela peu peut être balayé, c'est un peu le fait que le bénévole en santé mentale est d'abord là pour créer, entretenir une relation humaine, une relation qui peut durer dans le temps mais qui est surtout dans le moment présent. Et donc on n'a pas besoin de ces technologies."(Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
5.9. Put at risk what is essential, the relationship/ Risk of having an 'app' only for patients and volunteers/ Not being transparent with the institution
"If you are using advanced technology, we may forget about the befriending scheme – because that is not what the purpose is." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Tenho algum receio, de estar a arranjar caminhos próprios, para aqui… quando, se calhar o interesse, seria ensinar o doente a usar os caminhos comuns, e perpetuar um bocado a ideia de… eu sou voluntário e ele é um doente, e a nossa relação, é diferente das outras, e nós até temos uma aplicação diferente das outras para falar, percebo as vantagens, mas se calhar preferia que os doentes, usassem as vias que as outras pessoas… porque isto perpetua a ideia de que eu sou doente e os outros são normais." (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
"Donc si c'est quelqu'un qui travaille entre guillemets qui fait du bénévole chez nous et qui entretient une relation, je ne sais pas moi, Facebook, SMS ou autre avec le patient donc c'est de...la non-transparence avec l'institution qui fait confiance pour quelque chose. Qu'est-ce-que cela va provoquer dans la remise en question…" (Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
5.10. Patients becoming paranoid / More difficult to establish boundaries / Technology can be invasive
"I think the knowledge of being monitored isn't also going to suit the kind of people that you're planning to work with either, because if you're telling people who might have paranoia that they are gonna be monitored, you're gonna affect that relationship and it's going to affect how people communicate with each other or how often, and I don't think that's a good idea, to monitor that." (London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"Não me vai ligar agora às duas da manhã porque não consegue dormir, não é? Isso não tem sentido nenhum." (Porto Mental Health Professionals Focus Group 3, Participant 9)
"À un moment cela peut effectivement avoir un effet de renforcement au niveau de la relation, mais cela peut être très empoisonnant à d'autres moments et envahissant." (Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
Theme 6. Volunteering impacts us all
6.1. Promote patients' recovery/ Patient always benefits even if they don't notice/ Therapeutic effect for patients
"Do other activities that would promote their recovery – so I think it's a very good and important scheme to have." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"E a pessoa que está a ser ajudada, se estivermos a fazer, se estivermos a ajudar vai, pode sentir ou pode não sentir, mas vai acabar por ser ajudada, eu acho que independentemente dele saber disso ou ter ou não consciência, acho que tem sempre benefícios." (Porto Volunteers Focus Group 1, Participant 1)
"Pour moi les bénévoles en tout cas c'est que j'encadre, je connais n'ont absolument pas d'objectif thérapeutique, alors qu'un professionnel a un objectif thérapeutique mais je pense néanmoins qu'il y a un effet thérapeutique qui est d'escomptée de celui-là. Donc je pense que la différence entre l'effet thérapeutique et l'objectif thérapeutique est essentiel mais tenu." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
6.2. Reduce patients' social isolation/ Social integration of patients/ Realize that they are more than a disease
"The benefits are quite crucial I think, for me … Improving quality of life in terms of socialisation and getting involved in activities – or even if it just means being able to go out in the community and have fresh air, because there are some clients with mental illness that to go out alone, they are quite frightened to go out and worried that something might happen to them – you know, just to get out and get fresh air is, is advantage for them."(London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Há imensos tipos de doenças, da falta de saúde mental, mas que se calhar algumas delas o que precisam é que alguém as ajude a ter uma vida em sociedade, e se calhar vão precisar que alguém vá conversar com elas umas horas e a faça sentir que tem uma amiga, uma irmã, um irmão, um primo." (Porto Volunteers Focus Group 2 , Participant 5)
"Quand ils se rendent compte aussi qu'ils ne sont pas qu'une maladie. Ils sont toutes autre chose à côté. Il y a un champ de communication qui entre quelqu'un qui n'effectivement qui n'a pas un problématique de santé mentale. Mais ils se rendent compte, ils se rendent compte que autre part que la maladie." (Brussels Mental Health Professionals Focus Group 2, Participant 5, Social worker)
6.3. Make volunteers feel useful/ Volunteers satisfied helping others/ Make volunteers to feel useful
"It was a very rewarding experience because I felt very useful for someone. And then I met lovely people." (London Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist)
"Um voluntário, eu acho que…quem tenha experiência, não só na saúde mental em qualquer outro contato, ganhamos, ganha mais a pessoa que dá… porque dar, é muito mais gratificante, do que receber…" (Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)
"Mais sur le fait que le patient va sans doute aussi amener certains éléments qui seront utiles aux bénévoles, mais c'est au cas par cas." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
6.4. Increase volunteers' knowledge in mental health/ Occupy the volunteers and gain experience / Volunteers gain professional experience

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"I find on the mental health side, I'm no longer scared of mental health… I've got a greater understanding, a greater empathy for somebody that suffers mental ill-health." (London Volunteers Focus Group 2, Participant 5)
"As pessoas que de facto, levam isto a sério, e os verdadeiros voluntários que levam isto a sério, são pessoas que se não estivessem a fazer, podiam estar desempregadas, podiam estar na violência… podiam cometer determinados crimes." (Porto Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist in training)
"Mais ce qui paye le bénévole, c'est que l'autre lui donne de la compétence, parce qu'il a besoin de le rencontrer pour être compétent et donc il se forme." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
6.5. Levelling for the volunteers/ Volunteers contact with a different reality/ Volunteers learn from the patients
"It would be useful for a lot of people to come and do a few hours …on a ward, you know play chess with the service users, spend some time, have a chat, read the paper. It's very levelling I think." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"Em termos de experiências para o voluntário acho que pode ser muito bom, porque às vezes como são populações um bocadinho…. excluídas… aonde não chegam se calhar propriamente e tomamos contato com uma realidade muito diferente, ou seja para os voluntários estão a tomar contacto, com uma realidade, que desconhecem esse aspeto, são tão novas experiências para os doentes, mas também são novas experiências para os voluntários." (Porto Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist in training)
"Après moi ça ne m'a jamais empêché d'être dans une bonne relation avec ces gens de pas connaître ces cases psychiatriques. Même d'une certaine manière, j'ai appris à connaître ces cases psychiatriques en posant des questions directement aux gens, et je ne les aies pas apprises théoriquement." (Brussels Volunteers Focus Group 1, Participant 3)
6.6. Can increase or decrease the mental health professionals' workload/ Reduce the workload of mental health professionals/ Reduce workload of mental health professionals
"It has the potential to both make your work-load bigger and also make your work-load smaller, depending on how it goes really." (London Mental Health Professionals Focus Group 4, Participant 15, Social Worker)
"Como nós falamos há bocado, na questão de haver ou não diferença para o psiquiatra, eu acho que deve haver e que de certa forma tem de haver, um menor trabalho dos técnicos que estão envolvidos no cuidar do doente …" (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
"Je peux imaginer c'est que si vous donnez aux bénévoles un travail que vous auriez du faire où vous aurez moins de travail si vous engagez un bénévole pour faire un travail qui va se rajouter à quelque chose qui manquait donc vous n'aurez pas plus de travail." (Brussels Mental Health Professionals Focus Group 2, Participant 5, Social Worker)
6.7. Can be a way of different people working together/ Release tension in relationships with family members/ Support an inclusive society
"People don't sort of know who you are so you can ask questions that you might feel uncomfortable asking otherwise and getting opinions of lots of different people back." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Está em casa... e de resto não faz mais nada. Só contacta com a mãe, depois claro que a mãe, quando não lhe dá o dinheiro, ele fica um bocadinho… agressivo... e acho que este doente precisa de muito apoio... uma coisa social... sair de casa, estar com outras pessoas. Também para libertar um pouco a mãe e diminuir a tensão desta relação." (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"Pour moi le bénévolat c'est aussi un besoin personnel de contribuer utilement de trouver une place dans la société de transmettre un savoir qu'on a et qu'on peut, peut être plus transmettre professionnellement c'est vraiment pour exercer le fait du rôle utile dans la scoiete, qui soit ponctuelle on qui fait parti d'un programme."(Brussels Volunteers Focus Group 2, Participant 7)
6.8. Reduce stigma/ Break the stigma in society/ Reduce the stigma
"I think with the volunteer there's this less stigma attached and they feel less judged by someone who they could probably just be friends with. So I think maybe that's how it might help." (London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"Porque, porque os doentes mentais são vistos como, há pouco estava a dizer ... como se fossem quase uns bichos, animais, não é nada disso, são pessoas como nós, portanto, eu acho que é um bocadinho quebrar, quebrar esse mito. Ajudá-los, levá-los à rua, passear." (Porto Volunteers Focus Group 1, Participant 2)
"Reste toujours quelque chose qui est étrange pour beaucoup de gens, et qui est inaccessible quand on a a faire avec une personne en maladie mentale grave, il y a une distance qui se crée, et l'ouverture de la parole est très difficile. Je crois que c'est très important d'avoir ces volontariats mais d'amener les gens dans la société pour normalisée ou en tout cas plus étiqueté, d'une façon…qui réduit la personne." (Brussels Mental Health Professionals Focus Group 2, Participant 8, Social Worker)

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Title: Stakeholders' views on volunteering in mental health – an international focus group study

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Abstract

Objectives: Explore the views of two main stakeholders: mental health professionals and volunteers from three European countries, on the provision of volunteering in mental health care.

Design: A multicounty, multi-lingual and multi-cultural qualitative focus group study (n=24) with n=119 participants.

Participants: Volunteers and mental health professionals in three European countries (Belgium, Portugal and the United Kingdom).

Results: Mental Health professionals and volunteers see benefits in offering volunteering to their patients. In this study, six overarching themes arose: i) there is a framework in which volunteering is organised, ii) the role of the volunteer is multifaceted, iii) every volunteering relationship has a different character, iv) to volunteer is to face challenges, v) technology as potential in volunteering and vi) volunteering impacts us all. The variability of their views suggests a need for flexibility and innovation in the design and models of the programmes offered.

Conclusions: Volunteering is not one single entity and is strongly connected to the sociocultural context. Despite the contextual differences between these three European countries, this study found extensive international commonalities in attitudes towards volunteering in mental health.

Strengths and limitations of this study

- This has been the first multi-perspective study to explore the views of mental health care professionals and volunteers regarding the provision of volunteering in mental health care across European countries in different regions with varied sociocultural contexts.
- This international study was conducted by a multi-country collaboration multidisciplinary team, with a background in psychiatry and psychology, and with and without experience in volunteering in mental health.
- The methodology used was consistent across countries in terms of recruitment and acknowledgement of participation, and all the data was analysed in the original languages.

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Introduction

Within different countries, volunteering may exist to varying degrees. It may have diverse purposes and structures, aiming to provide different types of relationships from friendships to more professional therapeutic interactions [1]. Across the world there are different paradigms underlying volunteering [2, 3]. The non-profit paradigm is the dominant view in the United Kingdom (UK) and other Western high income societies, whilst the civil society paradigm is the common lens through which volunteering is seen in southern Low and middle income countries (LMICs) [2]. Previous research has sought to comprehend the common core principles in the general public's understanding of volunteering across countries [4-6]. Research conducted in eight countries on the public perception of volunteering showed that there was a general consensus concerning the definition of what constitutes a volunteer [7]. The three main defining principles that form the essence of volunteering are: absence of remuneration, free will and benefit to others [5, 8].

In mental health, two stakeholders who are key in the provision of volunteering support are the mental health professionals and the volunteers themselves. The former can encourage participation or even prescribe these initiatives to their patients, whereas the latter constitute the 'active ingredients' of volunteering, offering their free time to support and maintain contact with patients. Volunteers' roles seem to vary and their individual characteristics may be linked to cultural, religious and social context. Therefore, differences within communities and countries may affect volunteer-patient relationships and impact how volunteering is perceived and provided. Usually, these volunteer-patient interactions take place in person, but some communities and countries may face barriers to establishing face-to-face encounters. The majority of the research conducted has either evaluated public perceptions of volunteering or described the actual characteristics of volunteers; there is a dearth of information regarding mental health professionals' and volunteers' views, which are valuable.

In Europe, even though countries have been closely connected through the European Union (EU), the landscape of volunteering in mental health varies across nations [9]. In the UK there are more than three million volunteers [10, 11], representing a vital

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resource for communities [12] with several volunteering programmes offered mostly by the third sector [13]. In Belgium, the opportunities available seem to have close links with health care structures [14, 15], whereas in Portugal volunteering in mental health barely exists [16, 17]. The existing differences may reflect wider societal diversity, and mental health services structure. The UK, an island lying off the North western coast, is influenced by Anglican values and London is shaped by a multicultural ambience; Belgium, positioned in Central Europe is the heart of many European institutions, its nationals are multi-lingual, with most of the population speaking both French and Dutch; whereas Portugal, located in Southern Europe, holds Catholic and Mediterranean cultural roots. These socio-geographical diverse countries spanning the North, Central and South Europe were chosen for this international focus group study because of their dissimilar traditions of volunteering in mental health.

The objectives of this study were to explore the views of mental health professionals and volunteers from three European countries on: the purpose, benefits and challenges of volunteering in mental health; the character of these one-to-one relationships and the formats in which these contacts should be made.

Methods

Study design

This was an international cross-cultural, multi-lingual focus group study As described elsewhere, this qualitative study was conducted in two stages, i.e. a pilot phase and the main study [18].

Research team

The research team for the main study consisted of the lead author and three other researchers described in detail in Table 1. Each of the researchers in the team co-facilitated the focus groups alongside the lead author and subsequently, supported with data analysis. This second researcher (ST in London, MC in Brussels and FM in Porto) also contributed to help understand the context specificity of data and provided support in the interpretation of data.

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The lead author had established a relationship prior to study commencement with all the members of the research team. All of them were aware of the context of this study, and all were trained in the conduct of focus groups and qualitative analysis.

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Table 1. *Research team and characteristics*

	Researcher 1	Researcher 2	Researcher 3	Researcher 4
Site(s)	Pilot, London, Brussels, Porto	London	Brussels	Porto
Gender, professional role and credentials	Female, Psychiatrist, MSc Mental Health Policies and Services, Cognitive behavioural therapy training, Social psychiatry researcher.	Female, BSc, MSc, Social psychiatry researcher.	Female, BSc, MSc, Social psychiatry researcher.	Male, Psychiatry trainee, Interpersonal psychotherapy training.
Role in the research	Facilitator, Lead analyst.	Co-facilitator, Support data analysis.	Co-facilitator, Support data analysis.	Co-facilitator, Support data analysis.
Experience with the local context	Born in Portugal and lived in Porto 25 years, lived in Italy 1 year, lived in Poland 1 year, lived in the UK 5 years. Involved in international work through leading professional organisations and conducting international research studies.	Born in UK and lived in London for 2 years.	Born in Belgium and lived in Brussels 18 years.	Born in Portugal and lived in Porto 30 years.
Experience in volunteering (and in mental health)	Yes (Yes)	Yes (Yes)	Yes (Yes)	Yes (No)

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Recruitment

Figure 1 summarises recruitment for this study.

Figure 1. Study scheme diagram

[Insert Figure 1]

For the pilot stage, international mental health researchers and psychiatrists were recruited. Researchers working at the Unit for Social and Community Psychiatry (USCP), a World Health Organisation (WHO) Collaborating Centre for Mental Health Services Development were invited to take part. Additionally, psychiatrists from various European countries that attended the 24th European Congress of Psychiatry in Madrid, Spain were offered the opportunity to take part.

For the main study, mental health professionals and volunteers were recruited from 3 European countries. In London, an e-mail with information about the study was sent to mental health staff working at the East London NHS Foundation Trust (ELFT) which is a Mental Health Trust; in Brussels, the invitation was sent to clinicians via local contacts from the Université Catholique de Louvain (UCL); in Porto this information was sent to the mental health staff working at Hospital de Magalhães Lemos, a psychiatric hospital. Volunteers were recruited from a variety of organisations, including health care organisations, non-governmental organisations (NGOs), volunteering and community associations. In addition, planned snowball sampling was used whilst inviting potential participants to share the invitation with their contacts. An e-mail with information about the study was sent to volunteering organisations in the UK, Portugal, and Belgium. These volunteering organisations then disseminated information about the study through their networks, via e-mail, websites, or social media.

Eligibility criteria

People with a qualification in one or more of the following mental health professions: psychiatry, psychology, nursing, occupational therapy or social work, and working in a mental health service were deemed eligible to take part in the mental health

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professionals focus groups. People with 18 years or over, experience in volunteering and capacity to provide informed consent were deemed eligible for the volunteers focus groups.

Participant identification and consent

Potential participants received an invitation letter and information sheet about the study by e-mail. Via e-mail, phone, or in person, the lead author discussed with the potential participants the study details, checked the inclusion criteria were met, and discussed practical information about location and times, to be confirmed in writing. On the day of the focus group, informed consent was obtained from participants. They were also asked to complete a brief questionnaire regarding their socio-demographic details.

Sampling considerations

Separate focus groups for mental health professionals and volunteers were hosted in order to ensure equal voices and sufficient homogeneity of the group composition. This aimed to encourage participants to feel able to be honest and to express their views freely, and to avoid group dynamics being affected by perceived staff hierarchies and power imbalance which could inhibit an open discussion.

In this study, it was envisioned to conduct a minimum of two and a maximum of four focus groups per country to provide enough coverage of the topics and to ensure that all areas could be explored in detail. Focus groups were planned with between four to eight participants. This was deemed a manageable number of people to enable a group discussion and to capture a range of views from individuals from different backgrounds, whilst providing sufficient data to gain an understanding of the experiences and views of mental health professionals and volunteers on volunteering in mental health.

Procedures

Firstly, the views of international mental health researchers and psychiatrists from several European countries were sought in order to understand and to scope out the diversity of viewpoints and to allow refinements in the topic guide. Once the pilot stage was complete, this methodology was applied in three European countries. This facilitated a

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comparison of potential similarities and differences across the two stakeholder groups and three sites, i.e. London, Brussels and Porto.

Instruments

The study documents, i.e. protocol, topic guide, information sheet, consent form, participants' socio-demographic characteristics questionnaire were developed in English, and then translated into Portuguese and French, languages in which the lead author is fluent. The versions of the instruments in the three languages were checked by another native speaker in the three sites (ST for English, MC for French and FM for Portuguese).

Structure of the focus groups and their facilitation

All focus groups followed the topic guide and lasted between 60 and 90 minutes. Focus groups were conducted in one of the national languages of the hosting city, i.e. English, French or Portuguese. The lead author and the co-facilitator (ST in London, MC in Brussels and FM in Porto) debriefed at the end of session, and discussed key topics.

Setting

The focus groups were scheduled for varied times, including evenings, to maximise attendance and to allow people with different schedules and availabilities to take part if interested. Choosing a location was an important aspect of planning the focus groups, aiming to have a safe and quiet space, ease of access and comfort. All selected locations were serviced by good transport links and nearby parking spaces available.

Data recording, transcription and analysis

The focus groups were audio recorded and then transcribed verbatim in the original languages by a professional transcription company. Participant-identifiable data were removed. Thematic analysis [19] was conducted in the original language of each session using NVivo qualitative analysis software, version 11 (QSR International Pty Ltd., 2015). In addition to the lead author, the second researcher at each site who was fluent in the original language, coded transcripts line-by-line and contributed to the development of the themes.

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A recursive, i.e. non-linear approach was used comprising the following stages [19]: familiarisation; coding; searching themes; reviewing themes; defining and naming themes and write up. It was ensured that the extracts used supported the analytical claims. The thematic analysis was primarily inductive given that the research team started this exploratory study with no pre-determined theory, structure or framework on which to base data analysis.

The research team analysed the transcripts for themes that reflected the content of the text and subsequently, related themes were clustered together. This process was repeated several times, ensuring that no theme was over or under-represented. Any disagreements were discussed iteratively until a decision was reached. Eventually, each group of themes was given an appropriate label, reflecting its content. Each group label was referred to as 'main theme' and its components were denoted as 'sub-themes'.

Once the lead author and the second researcher (ST in London, MC in Brussels and FM in Porto) had performed the first data analysis on all focus groups, the lead author repeated the process of searching for themes, which involved recoding. This process was done separately for every country and for each stakeholder group. The clusters of codes and themes were then presented to the wider research team. This process enabled the coherence of themes to be confirmed and provided an opportunity to explore the opinions of all members of the research team. The lead author then grouped the initially independent analysis and reported the findings by sites, i.e. Brussels, London and Porto. The themes that are presented in the tables are a synthesis of the six analyses that were conducted, i.e. two per country and each stakeholder that were involved in the main phase of this study. The analysis of the initial focus groups conducted in the pilot phase with international mental health researchers and psychiatrists informed the topic guides and procedures of the main study only and therefore are not reported further in this article. This article includes a selection of participants' quotes in English translated by the lead author; the detailed analysis with participants' quotes in tables in the original languages (Portuguese and French) is available in Appendix 1. This article follows the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines to structure the study reporting [20]. The authors acknowledge the potential impact of their own characteristics in the reflexivity of the research process (Table 1).

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Robustness assessment of the synthesis

To ensure external validity, the preliminary findings were presented to an audience of clinicians at the EPA Congress and to volunteers at the Befriending Networks Congress. This 'member checking' [21] aimed to ensure that a range of viewpoints from clinicians and volunteers were taken into consideration, minimising bias in the interpretation of results. No specific suggestions for changes were made at these events.

Patient and public involvement

Volunteer associations and mental health professional associations were involved in the recruitment and the dissemination of this focus groups study. Patients were not involved in the recruitment of this focus group study.

Results

Twenty-four focus groups were conducted between January 2016 and September 2017, with a total of 119 participants consisting of 35 international mental health researchers and psychiatrists in the pilot stage, and 32 volunteers and 52 mental health professionals across the three European cities for the main study. None of the participants withdrew consent.

In the pilot stage, there were four focus groups with international mental health researchers, totalling 25 participants, and two focus groups composed of 10 international psychiatrists, conducted in English. In the main study, four focus groups with mental health professionals were conducted in each city: Brussels, London and Porto, with a total of 20, 16 and 16 participants, respectively. An additional two focus groups with volunteers at the same sites were assembled with a total of 9, 11 and 12 participants, respectively.

To facilitate meaningful data comparison across countries, the overarching themes and sub-themes are presented in tables. Overarching themes are presented across countries and sub-themes are presented for each country. The full list of sub-themes complemented by an illustrative quote from a participant is provided in Appendix 1.

Socio-demographics of participants

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The overall sample (n = 119) was mostly composed of women (n = 78, 65.5%), with an age range of 21 to 68 years (mean = 38.0, median = 36.0). The majority had experience of volunteering (n = 91, 76.5%), of which more than half had experience of volunteering in mental health (n = 47, 51.6%). The tables provide more detailed information about the socio-demographics of the mental health professionals (Table 2) and volunteers (Table 3) from the 3 European countries.

Table 1. *Socio-demographics of mental health professionals*

Mental Health Professionals	London (n, %)		Brussels (n, %)		Porto (n, %)	
Age						
Mean (SD)	42.8 (10.1)		41.0 (11.0)		33.4 (10.7)	
Median (range)	43.5 (28-63)		44.5 (24-57)		28.0 (26-58)	
Gender						
Female	12	75	8	40	11	68.8
Male	4	25	12	60	5	31.3
Professional Background						
Psychiatrist	5	31.3	3	15.0	1	6.3
Psychiatrist in training	0	0	2	10.0	11	68.8
Psychologist	2	12.5	5	25.0	1	6.3
Nurse	5	31.3	2	10.0	1	6.3
Social Worker	3	18.8	3	15.0	1	6.3
Occupational Therapist	1	6.3	5	25.0	1	6.3
Experience in Volunteering						
Yes	9	56.3	13	65.0	10	62.5
No	7	43.8	7	35.0	6	37.5
Experience in Volunteering in Mental Health						
Yes	3	33.3	8	40.0	3	30.0
No	6	66.7	5	25.0	7	70.0

Table 2. Socio-demographics of volunteers

Volunteers	London (n,%)		Brussels (n,%)		Porto (n,%)	
Age						
Mean (SD)	49.2 (19.0)		48.0 (11.0)		38.4 (14.5)	
Median (range)	60.0 (23-68)		50.5 (25-61)		38.0 (21-66)	
Gender						
Female	6	54.5	5	55.6	9	75.0
Male	5	45.5	4	44.4	3	25.0

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Professional Background						
Healthcare professionals						
Dentist	0	0	0	0	3	25.0
Medical Doctor	0	0	0	0	1	8.3
Nurse	0	0	0	0	1	8.3
Occupational Therapist	0	0	1	11.1	0	0
Psychologist	1	9.1	1	11.1	0	0
Social Worker	0	0	1	11.1	0	0
Managers and senior officials						
Educational Manager	1	9.1	0	0	0	0
Teaching and educational professionals						
Teacher	0	0	0	0	1	8.3
Lecturer	0	0	1	11.1	0	0
Special Needs Education Teacher	0	0	0	0	1	8.3
Research professionals						
Researcher	3	27.3	0	0	0	0
Security professionals						
Security	0	0	0	0	1	8.3
Secretarial professionals						
Receptionist	0	0	0	0	1	8.3
Information technology professionals						
IT Technician	0	0	1	11.1	0	0
Media professionals						
Journalist	1	9.1	0	0	0	0
Sales, marketing and related professionals						
Vendor	2	18.2	0	0	0	0
Marketing professional	0	0	1	11.1	0	0
Cleaning professionals						
Street cleaner	0	0	0	0	1	8.3
Road transport/drivers						
Driver Instructor	0	0	1	11.1	0	0
Civil servants	1	9.1	1	11.1	0	0
Students	0	0	1	11.1	0	0
Retired	2	18.2	0	0	2	16.7
Experience in Volunteering in Mental Health						
Yes	6	54.5	7	77.8	2	16.7
No	5	45.5	2	22.2	10	83.3

Data identified revealed six main themes that were commonly found across all countries and stakeholders (Table 4). The terminology used was a point of contention in

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many groups, prompting discussion on the actual definition of the concept of 'volunteering', and eliciting different reactions.

Table 3. Main themes

Main Themes
There is a framework in which volunteering is organised
The role of the volunteer is multifaceted
Every volunteering relationship has a different character
To volunteer is to face challenges
Technology has potential in volunteering
Volunteering impacts us all

In these main themes, different sub-themes have emerged from the data in different countries. These are presented below and summarised in each of the tables.

There is a framework in which volunteering is organised

Whilst acknowledging that there is potential for volunteering programmes, a lot of the discussion and concerns covered practicalities and what was deemed feasible or good practice (Table 5). This covered the different aspects of volunteering, from recruiting volunteers to supporting those that volunteer, including the motivations that drive someone to volunteer, how should organisations select volunteers, and their responsibilities towards them once selected, including training volunteers and how to match volunteers, to the wider context in which volunteer is provided.

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Table 4. *Theme: 'There is a framework in which volunteering is organised' and its sub-themes*

	LONDON	PORTO	BRUSSELS
SELECTION AND MOTIVATIONS OF VOLUNTEERS	**Volunteers' motivations are key**	**Volunteers can also be keen to gain something** (Os voluntários também podem ter interesse em ganhar algo)	**Volunteers may wish to help** (Les bénévoles pourraient vouloir aider)
	Volunteers should be selected and assessed	**Volunteers selected, but based on which criteria** (Seleção de voluntários, mas baseada em que critérios)	**Volunteers may be unsuitable** (Les bénévoles pourraient être inadéquats)
	All kinds of people can be a volunteer	**It is a paradox to select volunteers** (É um paradoxo selecionar voluntários)	**There is *a priori* selection** (Il y a une sélection *a priori)*
RESPONSIBILITIES TOWARDS VOLUNTEERS	**Organisations are responsible for volunteers**	**A check-up should be done on volunteers** (Deve-se fazer um check-up dos voluntários)	**Must be a triangular relationship** (La relation doit être triangulaire)
	To train or not to train	**Training may or may not be important, depending on how much** (Formação pode ou não ser importante, dependendo da quantidade)	**Advantages and disadvantages of training** (Avantages et désavantages de la formation)
	Matching and the right to be re-matched	**Matching on their characteristics** (Emparelhar de acordo com suas características)	**Appropriate matching** (Match approprié)
	The strong volunteering culture in the UK	**Volunteering with rules and a structure** (Voluntariado com regras e uma estrutura)	**Organisational framework with specific values** (Une organisation avec des valeurs particulières)

In the focus groups conducted in London there was concern about risk assessment, with some emphasising that volunteers should be carefully selected and assessed, whilst others felt that in principle all kinds of people can be a volunteer. Furthermore, the motivations of volunteers were deemed essential to be made explicit. In terms of the organisation, many highlighted that the organisations are the ones with a duty of care and responsibility towards the volunteers. Several participants pointed out that in the UK there is a strong volunteering culture, whilst reflecting on whether volunteers should or should

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not be trained. There was much discussion about what constitutes a good match, with some holding a view that matching should be based on shared interests and that volunteers should have the right to be re-matched.

"But I think in the UK there is a culture of volunteering, like it's quite strong – people rely on that quite a lot."

(London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)

In Porto there was much questioning about the exact criteria that should be used to select volunteers, with others mentioning that it is a paradox to select volunteers. Views also covered the rules and structure for volunteering, with some suggesting that a regular risk assessment to check on volunteers should be done before and throughout. Beyond the notion that volunteers want to help others, some proposed that volunteers' motivations could also be to gain something. There was also a discussion about whether training may or may not be important depending on the degree of training, as it may vary from simply receiving information to undergoing more thorough training, ultimately leading to the acquisition of skills. In relation to matching, it was suggested that this was based on the characteristics of patients and volunteers.

"When a person says - to volunteer is not to expect anything in return - it's a bit of a lie, because a person always ends up having something in return, isn't it? Even if it's just to feel good, like… I helped this person and I feel good, so … I already won."

(Porto Volunteer Focus Group 1, Participant 1)

In Brussels there were different views with some considering that volunteers should be selected and others deeming that there is already an 'a priori' selection, in that those individuals who take the initiative to volunteer already represent a self-selection for taking such role. Some described the potential motivations of volunteers as being to help others, to save others or to participate in a collective citizenship. Some have raised the issue that the organisational framework should have specific values and that the relationship was triangular, involving the volunteer, the volunteering organisation and the patient, focusing on the importance of an appropriate matching. The discussion around training was also present, describing its advantages and disadvantages, with views expressed both in favour and against training for volunteers.

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"Obviously it is a bond between two individuals but that this type of link can be fruitful only if it's always three. The three being symbolic, but notably is the presence of an institution."

(Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)

In all sites there was much discussion about the importance of selecting volunteers and how to select them, and whether or not volunteers should be trained.

The role of the volunteer is multifaceted

There was a wide range of perceptions of the role of the volunteer, with multiple responsibilities attributed to it and a lack of consensus, which is reflected in the labelling of this theme (Table 6).

The role of the volunteer was seen overall as providing support to the patient, but the ways to achieve this were quite diverse from a more passive role, i.e. 'be with' and 'give hope', to a more active role, i.e. 'do social activities' and 'practice social skills'. There was particular focus on the expectations relating to communication with the patient, i.e. 'give patients realistic feedback' and 'educate the patient', and also highlighting that this entailed a person-centred approach, i.e. 'addressing patients' needs' and a social element, such as to 'provide company' and 'support the patient'.

In addition to the direct role of the volunteer towards the patient, an expectation of a more institutional responsibility towards others, where the volunteers 'collaborate with services' was listed in all three sites. Although several different roles were described across the three sites, some mentioned that even if the volunteer did not have a pre-defined objective, their role could still have a therapeutic effect.

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Table 5. *Theme: 'The role of the volunteer is multifaceted' and its sub-themes*

	LONDON	PORTO	BRUSSELS
PASSIVE	**Be with**	**Provide company and support the patient** (Fazer companhia e apoiar o doente)	**Accompany patients** (Accompagner les patients)
	Give hope to	**Support patients to rediscover life** (Ajudar os doentes a reencontrar sentido de vida)	**Give hope and return to who they were before the illness** (Donner de l' espoir et retrouvez qui ils étaient avant la maladie)
	Not to judge patients	**A transition figure** (Uma figura de transição)	**Not labelling patients** (Ne pas étiqueter les patients)
ACTIVE	**Address patients' needs**	**To keep an eye on the patient** (Vigiar o doente)	**Respond to a need and offer what services do not** (Répondre à un besoin et offrir quelque chose que le système n'offre pas)
	Do social activities with	**Do social activities with** (Fazer actividades lúdicas)	**Do social activities with** (Faire des activités sociales)
	Practice social skills	**Provide competencies** (Capacitar o doente com competências)	**Helping patients** (Aider les patients)
	Share experiences	**Provide new experiences** (Proporcionar novas experiências)	**Relational exchanges** (Échanges relationnelles)
	Give patients realistic feedback	**Educate the patients** (Educar o doente)	**Instil ideas into the patients** (Insuffler des idées aux patients)
	Collaborate with services	**To complement, liaise or be part of services** (Como complemento, elo ou integrado nos serviços)	**Collaborate with or be part of services** (Collaborer avec ou faire partie des services)

In London, many of the sub-themes covered a variety of practical activities that the volunteers could help patients with, e.g. helping them to practise social skills, communicating with the patients and giving them realistic feedback, but also less 'tangible' aims, such as to give hope to patients or not to judge patients. Some argued for a more individualised approach, identifying their role as variable depending on the patients' needs.

"It would be useful to have a … [volunteer] who is able to give some realistic feedback… If you just have someone who is like completely accepting in a way that other people, in the general population aren't you're not actually getting any realistic feedback."

(London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)

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In Porto, views ranged from prioritising a more social element, such as 'provide company and support the patient' to 'do social activities' and facilitate them to acquire competencies, or just giving 'new and unique experiences', even if for a brief interaction. It was felt that even if participants did not learn anything long-term, the experience would still be beneficial and worthwile for the patient. There was also a sense of the volunteer as a 'healthy role model', a standard that the patient could look up to, and a temporary 'transition figure' for the patient, who has an impact that remains beyond the end of the relationship. Thus, the patient could put into practice the skills they acquired in their real world, encouraging them to 'rediscover the meaning of life'. These positive and hopeful views of encouraging the acquisition of further skills and autonomy were in contrast to the perception of the volunteer as the one that should monitor and 'keep an eye' on the patient.

"The surveillance would end up being a consequence of the company. As long as the patient feels that he is accompanied, that can protect him."

(Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)

In Brussels, the sub-themes varied from practical support, i.e. 'accompany the patients', 'do social activities' and 'help the patients', or somehow 'instil ideas in the patients' to not having a specific pre-defined objective and giving hope to the patients. Other views seemed to show an expectation that the volunteers would be different and somehow better than the rest of society, e.g. less judgemental, less stigmatising. They would therefore be 'offering something that the services don't have'. Of note in Brussels, several quotes were quite reflexive, on occasion seeming to represent idealised views of the role of the volunteer, and there were fewer concerns expressed about potential harms of volunteering when compared with the focus groups from the other sites.

"We give hope. This is very important hope, especially for mental health after the person can return thanks to this hope in a longer programme where they will be helped by other professionals and other volunteers for example."

(Brussels Volunteers Focus Group 2, Participant 8)

In all sites, there were views that the role of the volunteer should be instrumental, providing practical support in conducting social activities and, in addition, collaborating with services.

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In Porto and Brussels there were some views about the role of the volunteer as a means to control the patients, either 'keeping an eye' on them in Porto, or 'instilling ideas into patients' in Brussels. In London this was not expressed in such a way, but rather giving 'patients realistic feedback', as opposed to overprotecting them or mistreating them.

Every relationship has a different character

There were various views about the character of the relationship, ranging from two extremes; a more formal relationship 'with a contract', to a more informal 'friendship', which has led to labelling this theme as 'Every relationship has a different character' (Table 7). In the focus groups different participants held distinct views about the character of the relationship and equally, each participant believed that every relationship would be different.

Table 6. *Theme: 'Every relationship has a different character' and its sub-themes*

	LONDON	PORTO	BRUSSELS
FORMAT	**A contracted friendship**	**A friendship by decree** (Amizade por decreto)	**To be a friend or not** (Être ami ou pas)
	A mentorship	**A helping relationship** (Uma relação de ajuda)	**A bond** (Un lien)
	It is reciprocal	**A reciprocal exchange** (Uma partilha recíproca)	**A reciprocal relationship** (Une relation réciproque)
	It is patient-centred	**In limbo between a friend and a professional** (No limbo entre um amigo e um técnico)	**A relationship between two people** (Une relation entre deux personnes)
	Not one size fits all	**A relationship hard to predict** (Uma relação difícil de prever)	**The volunteer occupies a larger space in patients' lives** (Le bénévole occupe un espace plus grand dans la vie des patients)
	It is time-limited	**It may or may not have a maximum time** (Pode ou não ter um tempo máximo)	**A finite relationship** (Une relation définie)
B C	**Explicit boundaries**	**It is a contract** (É um contracto)	**The relationship exists because of the mental illness**

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			(La relation existe à cause de la maladie mentale)
	Fluid boundaries	**Became a friendship** (Tornou-se uma amizade)	**With distance or proximity** (Avec distance ou proximité)
	May be compelled to break boundaries	**The trust is broken if the confidentiality is breached** (A confiança quebra-se com a quebra de confidencialidade)	**There is a randomness for the relationship to work** (Il y a un élément aléatoire pour que la relation fonctionne bien)

In London, some of the sub-themes expand on the format of the relationship, as either a contracted friendship or mentorship, with some pointing to its reciprocity and others to the fact that it is not an 'equal relationship' as it is patient-centred and one size would not fit everyone. Some have highlighted that these types of relationships are time-limited and the difference lies in the explicitness of the boundaries. When these were tighter, people may be compelled to break them.

"…like person-centred. So it depends on who you're supporting and what their needs may be."

(London Volunteer Focus Group 1, Participant 3)

In Porto, views varied about the character of the relationship, from a friendship by decree, a reciprocal relationship or a helping relationship, and it may be in limbo between a friend and a professional. It was considered that this relationship may be difficult to predict, it may or may not evolve, and it may or may not have a maximum time period. Some have described it as a relationship with boundaries, with some calling it 'a contract', and others raised the concern that trust is broken if the confidentiality is breached.

"The volunteer… is a kind of intermediary between friend and professional… who is neither a professional nor a friend… is there in limbo."

(Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)

In Brussels, views varied as to whether such a relationship was or was not a friendship, with some describing it as a reciprocal relationship and others believing there was some connection or 'bond'. Some felt it was important to emphasise the dynamics of

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the relationship, whereby the relationship exists because of the mental illness. It was felt that the space that the volunteer occupies in the lives of the patients is disproportionately large compared to the space that the patients may occupy in volunteers' lives. Some described its boundaries as a finite relationship and some have also spoken about demanding a duration and engagement from the volunteers. Others described that the relationship may have more or less distance or proximity, pointing out that there may need to be a randomness for the relationship to work, given that it involves two individuals that may or may not get along. Furthermore, it is a relationship commonly with a predetermined end.

"The … space that the volunteer holds in the patient's life is disproportionately large compared to the space that the patient holds in the life of the volunteer."

(Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)

Across sites, there was a view that it is not a naturally formed relationship, although it may be a reciprocal, two-way relationship with both sides benefiting. Much discussion occurred about the nature of the relationship being more or less artificial or more or less of a friendship, reflecting that the presence of many rules may make it challenging to create a friendship.

To volunteer is to face challenges

Several challenges, both barriers and risks, were related to the provision of volunteering, many of which were somewhat specific to the local context (Table 8). The barriers described were at the organisational or individual level, preventing, either conceptually or practically, the establishment of volunteering or people taking steps to volunteer. The possibility of potential risks to those involved was raised, i.e. relating to the patient, the volunteer, the organisation or the society. These concerns covered relationships that were not in the right format, too intense, or toxic.

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Table 7. Theme: 'To volunteer is to face challenges' and its sub-themes

	LONDON	PORTO	BRUSSELS
BARRIERS	**Stigma is a big issue**	**Lack of education and stigma of mental illness** (Falta de educação e estigma da doença mental)	**Mental health stigma** (Stigmatisation envers la santé mentale)
	Odd or artificial idea to provide friends to people	**Being a novelty** (Ser uma novidade)	**Bad image of volunteering** (Mauvaise image du bénévolat)
	Bureaucracy and time to get a Disclosure and Barring Service check	**Lack of resources** (Falta de recursos)	**Lack of recognition** (Manque de reconnaissance)
	Problem with distances and transports	**Long distances** (Distâncias longas)	**Complexity of dealing with the different languages in the country** (Complexité de la gestion des différentes langues du pays)
	Difficult to deal with differences of culture, religion and language	**Dealing with behaviour of patients** (Lidar com o comportamento dos doentes)	**Dealing with someone with psychosis** (Interagir avec une personne souffrant de psychose)
RISKS	**Selecting untrustworthy volunteers**	**Involving others besides the volunteers** (Envolver outras pessoas além dos voluntários)	**Volunteers do their own volunteering** (Les bénévoles font leur propre bénévolat)
	Burden for the volunteers	**Over-involvement of the volunteer and the patient** (Sobreenvolvimento do voluntário e do doente)	**Being heavy for the volunteer** (Lourd pour le bénévole)
	Risk of over-professionalising volunteers	**Do a professional job, but not paid** (Fazer um trabalho profissional, mas não pago)	**Risk of being unpaid work** (Risque d'être un travail non rémunéré)
	Providing a person to a patient that is not interested	**Exposing patients to risky behaviours** (Expor os doentes a comportamentos de risco)	**Volunteers not listening to the patients** (Les bénévoles n'écoutent pas les patients)
	Volunteers that undermine clinicians' work	**Relationship is 'toxic' to the patient** (Relação seja 'tóxica' para o doente)	**Manipulate the patient** (Manipuler le patient)
	To end the relationship	**Being dependent on the volunteer** (Dependência no voluntário)	**Risk of breaking the relationship** (Risque de rupture)

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In London, much of the discussion was about the selection of volunteers; it is considered difficult and time consuming with regards to bureaucracy and the Disclosure and Barring Service (DBS) checks. Once selected, other challenges were identified, such as the risk of selecting untrustworthy volunteers and the potential for volunteers to undermine clinicians' work. Other challenges that emerged in the discussions concerned practicalities, either as a result of dealing with physical distances or differences of culture, religion and language. Some felt it could seem awkward to provide friends to patients. Other risks were centred around the format and the delivery of the relationship with overly high expectations of volunteers, not having the right relationship format or professionalising volunteers. Other concerns raised were more emotional, such as dealing with the end of such a relationship.

"A slightly odd idea, to…artificially create, or provide friends to people; …that's not how it works; and either you advise someone to go to speak to someone or meet with someone. You don't create friends for people..."

(London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)

In Porto, many raised the lack of education and stigma of mental illness as a barrier for volunteering, which also extended to volunteers owing to their proximity to the patients. The fact that it was perceived as a novelty, the lack of resources and long distances were other barriers noticed. There was discussion and concerns about practicalities such as difficulties in dealing with patient behaviour, problems of the actual relationship, e.g. being 'toxic' to the patients, having patients and volunteers overinvolved with each other, or exposing patients to risky behaviours. There were also concerns about volunteers carrying out an unpaid professional job, or patients becoming dependent on volunteers.

"People who… would be available twenty-four hours … I don't know how healthy that was for the volunteer. It would stop… it would not be volunteering anymore, it would be a way of living…"

(Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)

In Brussels, the structural barriers described were the stigma of mental health, the negative image of volunteering, the lack of political and financial recognition of volunteering, and the fact that there are different languages officially spoken in the city, i.e. French and Dutch, and the complexity that this brings. The potential risks mentioned were volunteers wanting to do their own version of volunteering and not following the

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organisation's rules, the risk of over-professionalising volunteers who ended up being an unpaid worker, and patients being a burden to the volunteers, who may not know what to do if patients became ill. There were concerns around the format of the relationship with volunteers not listening to the patients, manipulating the patient and the risk of ending and breaking the relationship.

"Unfortunately, volunteering does not have a very good image."

(Brussels Volunteers Focus Group 1, Participant 1)

In London and Porto there was the concern that distances may be difficult and act as a barrier for people to meet in person. In London and Brussels discussions raised challenges about dealing with different cultures and languages. In all sites, participants described the stigma of mental health as a challenge for volunteering.

Technology has potential in volunteering

The potential role of technology in volunteering in mental health was described in different ways, indicating both its advantages and disadvantages (Table 9).

Table 8. *Theme: 'Technology has potential in volunteering' and its sub-themes*

	LONDON	PORTO	BRUSSELS
ADVANTAGES	**Enables human contact**	**Tool for patients to acquire skills** (Ferramenta para os doentes adquirirem competências)	**Brings people together** (Rapprocher les personnes)
	Is an add on to the relationship	**It complements the physical relationship** (Complementa a relação física)	**Complementary to the face-to-face relationship** (Complémentaire à la relation face à face)
	Links people in different cities	**Connects people** (Aproxima as pessoas)	**Overcomes distances** (Coupe les distances)
	A few contacts per week	**Fewer contacts required** (Necessária menor frequência de contactos)	**A brief telephone contact may suffice** (Un petit contact téléphonique peut suffire)
	Gives more control in what you want to share	**Enables one to monitor the communication** (Permite monitorizar a comunicação)	**Takes away the spontaneity** (La perte de la spontanéité)

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	Good for patients that have face-to-face anxiety	**Encourages the patient through sharing information** (Incentiva o doente ao partilhar informação)	**Good for those who have anxiety in the face-to-face** (Bon pour ceux qui ont une anxiété dans le face à face)
DISADVANTAGES	**Different types of communication may have a decreasing human contact**	**Face-to-face communication is preferable** (Comunicação frente-a-frente é preferível)	**Each person occupies a different role on the phone** (Chaque personne occupe une place différente au téléphone)
	Takes away human interaction	**Risk of replacing the physical relationship** (Risco de substituir a relação física)	**Unnecessary for the relationship** (Pas nécéssaire pour la relation)
	Put at risk what is essential, the relationship	**Risk of having an app only for patients and volunteers** (Risco de se ter uma "app" só para doentes e voluntários)	**Not being transparent with the institution** (Ne pas être transparent avec l'institution)
	Patients becoming paranoid	**More difficult to establish boundaries** (Mais difícil estabelecer limites)	**Technology can be invasive** (La technologie peux être envahissante)

In London, technology was seen as a tool that can help people, with some viewing it as an enabler of human contact and linking people in different cities, whereas others deemed it takes away human interaction. Similarly, some thought of technology as an add-on to the relationship whilst others felt it risks what is essential, i.e. the relationship. It has been suggested that technology may provide people more control in what is said, enabling additional time to think and respond, which may be good for people that have anxiety around face-to-face contact. Of note, one of the participants highlighted that the different types of communication would allow different forms of human contact, which offer different amounts of access to the other person. In addition, there were concerns that technology could enhance the risk of patients becoming more paranoid.

"If you're telling people who might have paranoia that they are gonna be monitored, you're gonna affect that relationship and it's going to affect how people communicate with each other or how often, and I don't think that's a good idea, to monitor that."

(London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)

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In Porto, views varied as to whether technology was a complement or a replacement to the physical relationship, with some considering face-to-face communication preferable. Some saw technology as a tool for patients to acquire digital skills, others mentioned that less frequent contact would be required. It has been suggested that technology may be helpful by sharing encouraging information to patients, such as a song or a picture, and that it may enable monitoring of communication between patients and volunteers. The difficulties to establish boundaries through technology were raised, e.g. patients calling volunteers during non-social hours, although some provided suggestions on how to limit this. There was a strong view against having an app only for patients and volunteers.

"I'm concerned of finding separate ways for this [communication]… when maybe the interest would be teaching the patient to use common tools, and not perpetuating the idea that I am a volunteer and he is a patient, and our relationship is different from the others, and we even have a different app to talk… I would prefer that the patients use the tools that other people do… because that [a separate app] perpetuates the idea that I'm sick and the others are normal."

(Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)

In Brussels, views varied from technology bringing people together, being complementary to the face-to-face interactions, where a brief telephone contact may feel sufficient and that over the phone, each person occupies a different role, one being the caller, the other the listener. It has been reasoned that an advantage of technology is that there is better control over what is said and it may be good for those who have face-to-face anxiety. Others thought that technology may replace the face-to-face relationship, that it may risk losing transparency with the institution, or could be invasive.

"Putting technology at the service of the human being it allows more. I work all over the planet with Skype, it allows… but what is crazy… it cuts the distances."

(Brussels Volunteer Focus Group 2, Participant 6)

In all sites, participants shared both advantages and disadvantages of the use of technology, although overall optimism prevailed over scepticism. In both London and Brussels participants emphasised the potential advantage of technology for those who have anxiety in face-to-face interactions.

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Volunteering impacts us all

Several ways in which volunteering can have impact were discussed (Table 10). These included the consequences on patients, volunteers, mental health professionals, as well as the impact on wider society.

Table 9. *Theme: 'Volunteering impacts us all' and its sub-themes*

	LONDON	PORTO	BRUSSELS
PATIENTS	**Promote patients' recovery**	**Patient always benefits even if they do not notice** (O doente beneficia sempre mesmo que não se aperceba)	**Therapeutic effect for patients** (Effet thérapeutique pour les patients)
	Reduce patients' social isolation	**Social integration of patients** (Integração social dos doentes)	**Realise that they are more than a disease** (Se rendre compte qu'ils sont plus qu'une maladie)
VOLUNTEERS	**Make volunteers feel useful**	**Volunteers satisfied helping others** (Voluntários terem satisfação em ajudar os outros)	**Make volunteers feel useful** (Faire en sorte que les bénévoles se sentent utiles)
	Increase volunteers' knowledge about mental health	**Occupy the volunteers and gain experience** (Ocupar os voluntários e ganharem experiência)	**Volunteers gain professional experience** (Bénévoles gagnent une expérience professionnelle)
	Levelling for the volunteers	**Volunteers contact with a different reality** (Voluntários contactarem com uma realidade diferente)	**Volunteers learn from the patients** (Bénévoles apprennent avec les patients)
CLINICIANS	**Can increase or decrease the mental health professionals' workload**	**Reduce the workload of health professionals** (Reduzir a carga de trabalho dos profissionais de saúde)	**Reduce workload of mental health professionals** (Réduire la charge de travail des professionnels de santé mentale)
OTHERS	**Can be a way of different people working together**	**Release tension in relationships with family members** (Libertar a tensão na relação com os familiares)	**Support an inclusive society** (Soutenir une société inclusive)
	Reduce stigma	**Break the stigma in society** (Quebrar o estigma na sociedade)	**Reduce stigma** (Réduire la stigmatisation)

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In London, volunteering was perceived as having a positive impact on patients' recovery, improving their quality of life and reducing their social isolation. Volunteering was also deemed to have consequences for volun teers, making them feel useful, increasing their knowledge about mental health and being a levelling experience for them. As for the impact on the mental health professionals' workload, some thought it could decrease if patients improved clinically. The possibility was raised that workload could increase if clinicians had the added task of monitoring the relationship. Some thought because of the latter, it may not have any overall effect on clinician's workload. There were views about the impact this may have in services with different people working together, and at the wider society level, reducing stigma.

"The benefits are quite crucial I think, for me … Improving quality of life in terms of socialisation and getting involved in activities – or even if it just means being able to go out in the community and have fresh air, because there are some clients with mental illness that to go out alone, they are quite frightened to go out and worried that something might happen to them – you know, just to get out and get fresh air is, is advantage for them."

(London Mental Health Professionals Focus Group 2, Participant 5, Nurse)

In Porto, participants thought volunteering could be helpful in the social integration and social acquisitions of patients, with some stating that patients always benefit, even when they do not notice it. In regard to benefits for volunteers, some pointed out that it would provide them with contact with a different reality, others highlighted that it would occupy volunteers and provide them with a new experience, and mentioned the satisfaction they may gain by helping others. The potential impact of volunteers in releasing the tension from patients' family members and in reducing the workload of health professionals was also mentioned.

"A volunteer who has [this] experience, not only in mental health but in any other contact, we win, the person who gives… because giving is much more rewarding than receiving ..."

(Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)

In Brussels, views were shared about different ways through which volunteering would have a therapeutic effect for patients, e.g. through patients realising that they are more than a disease. Some of the participants mentioned that volunteers would feel useful, may gain a professional experience, and learn from patients. Many considered that

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volunteering may reduce the workload of mental health professionals and support the wider society making it inclusive.

"For me volunteering is also a personal need to contribute usefully to find a place in society to transmit knowledge that we have … it is really to exercise the … useful role in the society"
(Brussels Volunteers Focus Group 2, Participant 7)

In all sites participants shared that they felt that volunteering impacted not only the patients, but also the volunteers, mental health professionals, carers and the wider society. Views regarding the potential impact of reducing stigma that might come about through volunteering were present in all the discussions.

Discussion

Main findings

Whilst these focus groups were conducted in three European countries chosen for their differences, overall, there were striking commonalities across the findings. Although two types of groups composed of mental health professionals and volunteers were organised, there were overlaps as some participants in the mental health professionals' groups had experience in volunteering, and some participants in the volunteers' groups had a professional background in mental health.

In this study, occupational homogeneity within each focus group was envisioned by organising the focus groups for mental health professionals and volunteers separately. However, there was heterogeneity within each group; within the mental health professionals' groups, participants had different professional roles, and within the volunteer groups, not everyone had experience in volunteering in mental health.

Overall, there was more homogeneity amongst the mental health professionals, whereas the focus groups with volunteers were more heterogeneous. The differences in the local context of these three countries was reflected in the vocalisation of distinct challenges. The provision of volunteering in mental health in the UK is widespread, in Belgium it has links with health care services and in Portugal it barely exists. This familiarity in the UK with volunteering translated into participants reporting more concerns relating to practicalities, in Porto issues raised were related to local barriers and dealing with the unknown, and in Brussels, participants were calling for more

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infrastructural support i.e. in policies and funds. Overall, participants largely reported that volunteering in mental health may be a helpful resource for people with mental illness and did not express much resistance against it, although it was considered that volunteers should be in contact with mental health services. On occasion there was a dissonance reflecting an underlying tension of paternalism in considering responsibility of the volunteer or the organisation vs. autonomy as core values of people with mental illness. In theory, participants approved of the use of volunteering in mental health. In practice, several questions were raised about how to overcome barriers and mitigate perceived risks, encouraging volunteering to become more inclusive. Stigma was both a barrier as well as a potential outcome for society, with all sites perceiving that volunteering could lead to reducing stigma. The various attitudes towards the connotation of the term 'volunteering' in the three languages may have influenced the later discussion of the actual behaviours that were labelled as acts of 'volunteering'. One of the main findings of this study was that volunteering is not one single entity and that is strongly connected to the sociocultural context, albeit with commonalities across countries.

Strengths and limitations

This study has been the first to explore the views of mental health care professionals and volunteers regarding the provision of volunteering in mental health across European countries in different regions with varied sociocultural contexts. The benefits of this multi-perspective approach, i.e. focusing on three different countries and two groups of stakeholders, are well described, especially in the field of intimate relationships [22]. It offers a richer understanding of stakeholders' opinions and an improved portrayal of the complexity of relationship dynamics.

The methodology used was consistent across sites in terms of recruitment and acknowledgement of participation. In contrast, other international focus groups conducted in eight European countries which explored what good health and good care process means to people with multimorbidities, adopted more flexibility in their methodological approach across the sites. Participants were reimbursed for their travel costs in some countries, whereas in others a gratuity was provided either as a token of appreciation or to aid recruitment. In some cases, participants were emailed after the meeting to thank them for their participation; in one country participants were sent notes [23].

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A large sample of mental health professionals and volunteers was recruited, enabling the capture of a rich picture of the stakeholders' views from different backgrounds. The focus groups' composition was largely reflective of the health care and volunteering services organisation in each country. In all three nations, mixed focus groups were composed of different mental health professionals. They were integrated as a group as they share understandings and experiences concerning mental health care provision. Their role was to explore the diversity of views as professionals working in mental health, rather than to establish any kind of 'representativeness'.

Conducting this study as a multi-country collaboration was helpful as the research team members could interact and learn from each other. The research team was multi-disciplinary, with a background in psychiatry and psychology, and some without experience in volunteering in mental health. This diversity enabled the interpretation to be informed by different perspectives. The fact that in all sites a second researcher, who co-facilitated the focus groups discussion, coded all the data is a major strength and provides robustness to the analysis. The pilot stage exploring the feasibility of organising such focus groups is another strength of this study. This allowed assessment of the potential challenges in the recruitment and interview phase, analysis and study materials as well as providing an appreciation of the facilitator's workload.

Despite its originality, this study also has some limitations.

Whilst focus groups were conducted in three European cities, some of the participants recruited, especially volunteers, were based in other parts of that country. However, this information was not acquired, which could have been particularly relevant in Belgium to explore potential differences between views in the Flemish and Walloon regions.

The large amount of data gathered provided opportunities for a broad analysis across countries, but there was limited capacity for detailed examination of the differences between mental health professionals and volunteers. In the current analysis the focus was on drawing out salient analytical points that were illuminated by the breadth of the data [24].

Finally, although participants were given a brief description of volunteering in mental health before the beginning of the focus groups, it is unclear whether having a more comprehensive understanding or previous personal experience either on volunteering

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programmes or as a patient in mental health influenced their expressed views, although no information regarding the latter was requested for this study.

Comparison with the literature

The findings of these focus groups allude to six main overarching themes.

The first theme highlights that there is a framework on which volunteering is organised. It addresses several matters that a volunteering organisation may focus on, from the selection and motivations of volunteers to other aspects of dealing with those volunteers recruited to an organisation, e.g. training of volunteers and the format of the relationships established. Much of the current literature is focused on volunteers' experiences, motivations and organisational descriptions of the programmes [25-27]. Volunteering programmes are dependent on staff management and the volunteers; they therefore require financial and human resources. Important variations were noted regarding how this framework was described, in some cases pointing to a lack of recognition and resources, whereas in others, showing preoccupation with dealing with the unknown.

The second theme highlights a wide range of perceptions of the volunteer role, labelled as multifaceted. It suggests that there is a broad flexibility in the understanding of what a volunteer should do, which in turn may mean that a large number of people may be suitable to be a volunteer. The perspectives on this ranged from a more passive role, of being with the patient and offering hope, to a more active role, such as doing social activities and practising social skills. This emphasis of 'being there' or 'doing for' is similar to that which has been described in other research, e.g. in a qualitative study in mental health with volunteers and patients from 12 UK volunteering mental health programmes [28]. These findings support that the manner in which volunteer roles are adopted may impact differently on the patient. In all sites, many participants discussed that volunteers should collaborate with services. A qualitative study conducted in Finland about the perceptions of volunteers by health care staff showed that attitudes were positive to conditional; these approaches varied from holistic to task-centred or patient-centred [29]. Equally, a former study conducted in the USA explored the impact of using volunteers to improve patient satisfaction in hospitals and cost-effectiveness. They reported that volunteers appeared to enhance patient satisfaction and reduced costs [30].

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The third theme describes that every relationship has a different character, categorising relationships in several types of formats. Essentially, they fall into two extremes, i.e. a more formal relationship that has a contract and is closer to a professional one, and a more informal interaction similar to or indeed a friendship. A former review of the term befriending has already described the spectrum of such relationships [1].

The fourth theme highlights the challenges faced by a volunteer, i.e. the barriers and risks. It describes different obstacles that prevent people from volunteering together with the perceived risks to those who volunteer. Previous research describing the barriers to the use of web-based communication in voluntary associations has pointed to the size and complexity of associations and to the obstacle of an age-based digital divide, e.g. to have a profile on a social network site [31]. A rapid review of barriers to volunteering for potentially disadvantaged groups and implications for health inequalities suggested that although different demographic groups may experience specific barriers to volunteering, there were areas of commonality. These included personal resources, i.e. skills, qualifications, time, financial cost, health or physical functioning, transportation or social connections, and institutional factors, such as volunteer management, access to opportunities, lack of appropriate support and a stigmatising or exclusionary context [32]. A further study described specific impediments for older people becoming volunteers [33], e.g. their own health, perceiving volunteering as an unworthy cause or as an unknown prospect.

The fifth theme, exploring the potential advantages and disadvantages of technology use in volunteering, overlaps with former insights into patient-clinician communication through technology. It highlighted similar enthusiasms and scepticisms. Potential benefits and problems of the human-machine interface were previously described, as well as the appropriateness of a specific technology in a specific situation [34]. Amongst these ongoing debates, some argued that the potential advantages outweigh the disadvantages [35]. Overall, these findings show an interest in utilising digital platforms as a resource for volunteering, which aligns with the views offered in previous literature [36, 37]. A qualitative analysis of social and digital inclusion, experienced by digital champion volunteers in Newcastle, reported four categories of motivations leading to successful volunteering, i.e. the individual, people, employment and environmental factors [38].

The last theme illustrates that volunteering impacts us all, and describes the potential impacts of volunteering on patients, volunteers, mental health professionals,

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families and the wider society. The broader impact of volunteering beyond the aimed effect in patients has been earlier described in a systematic review that postulates that it is a public health intervention [39].

Implications of the findings

These findings represent the views of mental health professionals and volunteers and may be used to inform the development and organisation of current and future volunteering programmes.

Since this study was based in HICs in Europe, it is unknown whether these findings would also apply to LMICs; this should be investigated further. Additionally, it is uncertain how specific these results are to this sample and to these cities. Future studies should explore whether these findings differ for participants in the rest of the countries and abroad.

The variability of opinions suggests that volunteering programmes should be offered in different formats and with enough flexibility to incorporate individual preferences. An important point was the strong belief that there is potential with technology. This can help with the development of a new intervention to facilitate digital forms of volunteering.

Conclusions

Mental health professionals and volunteers see benefits in offering volunteering in mental health to their patients. The variability of their views suggests a need for flexibility and innovation in the design and models of programmes offered to patients and volunteers. It is possible, however, that a single intervention based on the common principles could suit different European countries without requiring significant customisation for each country.

Contributorship statement MPC designed the study, led the recruitment of participants, coordinated the study, managed the study team, facilitated the focus groups, led the analysis of the data and drafted the manuscript. MC, FM and ST co-facilitated the focus groups and supported with the data analysis. All authors approved the final version of the manuscript.

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Competing interests None

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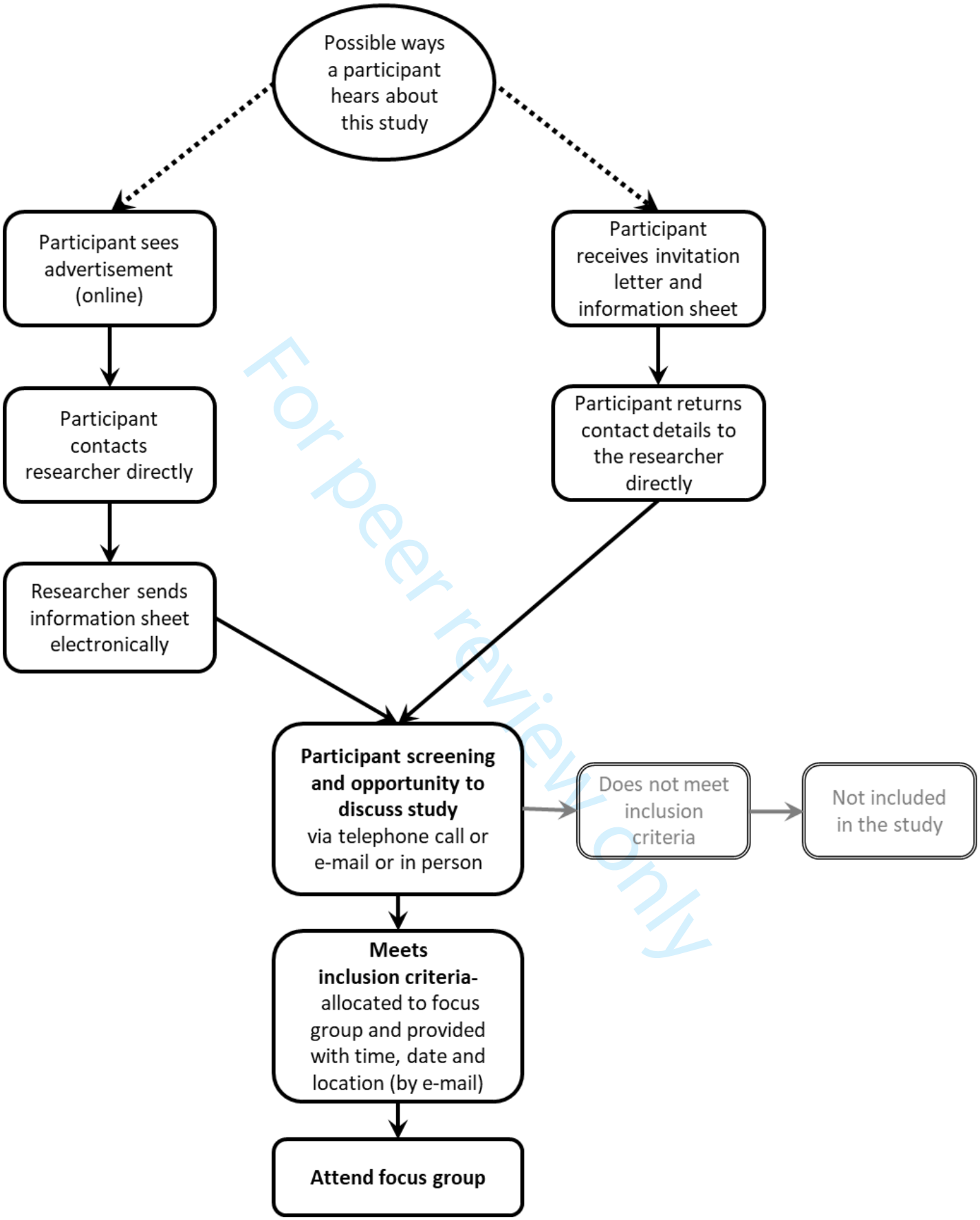

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Theme 1: There is a framework in which volunteering is organised
1.1. Volunteers should be selected and assessed/ Volunteers selected, but based on which criteria/ Volunteers may be unsuitable
"There should be some sort of…a selection criteria or assessment because obviously we are looking after human beings who are very, very vulnerable." (London Mental Health Professionals Focus Group 2, Participant 10, Nurse)
"Depende da seleção que se faz dos voluntários, não é? … Se é uma entrada, no fundo, livre para toda a gente, pessoas que não tenham a mínima formação e até capacidades intelectuais para entender e capacidades emocionais...É completamente diferente de, se calhar, selecionar… tinha que se definir critérios, é muito complicado..." (Porto Mental Health Professionals Focus Group 4, Participant 16, Psychiatrist in training)
"J'ai déjà refusé une personne comme ça parce que je sentais que la fragilité était vraiment trop grande, pas qu'elle n'était pas capable de le faire." (Brussels Mental Health Professionals Focus Group 4, Participant 21, Psychologist)
1.2. All kinds of people can be a volunteer/ It is a paradox to select volunteers/ There is a priori selection
"It could be anybody, it could be someone who's like a retired bank manager or … who's got some time on their hands, who wishes to volunteer… they could be coming from any background and bringing all that different aspect of the world really." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"O panorama ideal já sei que é utópico e que nunca existe, mas ... seria precisamente que os voluntários só por si por definição já por serem voluntários, porque no fundo há uma seleção natural. A priori. Quer dizer, selecionar voluntários, avaliar voluntários e recrutar voluntários, isto por si já é um contrassenso." (Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)
"Il y a quand même une sélection naturelle, tout le monde n'a pas les mêmes compétences, et c'est heureux, et on n'a pas les mêmes tout le temps, et c'est pas grave, on sait s'organiser." (Brussels Volunteers Focus Group 1, Participant 4)
1.3. Organisations are responsible for volunteers/ A check-up should be done on volunteers/ Must be a triangular relationship
"Sending out people that volunteered only then to befriend someone with mental illness – they have responsibility to safeguard that person – basic knowledge, basic training about mental illness in general." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Também acho que não vão selecionar [com] uma doença... uma coisa ativa, não é, uma hepatite B ativa em que até o próprio suor se pode pegar, e num abraço poderia haver esse problema." (Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)
"Tout faire pour éviter effectivement le lien de un à un. Parce que je pense que ça il y a vraiment du risque, pour tout le monde d'ailleurs, et c'est un peu une formule de toute la limite que ça mais l'idée que l'on a qui se soutient c'est bien évidement c'est un lien entre deux individus mais que ce type de lien ne peut être fécond que si ça se passe toujours à trois. Le trois étant symbolique, mais étant notamment la présence d'une institution."(Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
1.4. The strong volunteering culture in the UK/ Volunteering with rules and a structure/ Organisational framework with specific values
"*But I think in the UK there is a culture of volunteering, like it's quite strong – people rely on that quite a lot so I think it's just something that is a bit more there*." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Tem que haver realmente uma estrutura por trás para fazer realmente essa formação, essa seleção." (Porto Mental Health Professionals Focus Group 2, Participant 5, Occupational Therapist)
"*Moi je dirais plutôt qu'il doit être un soutien pour le patient. Qu'importe le service, qui se soit le service social, le service de santé ou le service quel qui soit. Maintenant il y a sans doute une différence entre le travail à l'interieur de l'hôpital et celui à domicile ou chex l'autre. Je pense que le pair-aidant ou le benevol doit toujours rester dans un cadre précis. On peut changer de casquettes en casquettes, on peut se trouver dans le service social et dans le service medical a la fois, mais on doit toujours etre dans un cadre precis*." (Brussels Volunteers Focus Group 1, Participant 3)
1.5. To train or not to train/ Training may or may not be important, depending on how much/ Advantages and disadvantages of training
"It's important to give some training for some risk assessment. But then, where do we get the balance, not to make it too formal. Um, with my little experience when people get formal training so when they see a patient behaviour and this, 'Oh this is a personality disorder, this is bipolar, this is…' it's like giving them a diagnosis from the little training they've had. So yeah, it's important to give them training, in terms of risk assessment, but it's also equally useful to have that layman's perspective of things as well."(London Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Acho que alguma formação de determinados campos era importante, a saúde mental acho que, que não podemos ir assim só, de coração, também, é bom, mas convém ter alguma formação, daquelas especificas." (Porto Volunteers Focus Group 2, Participant 5) *"Acho que poderia haver o risco se calhar se em alguns aspetos não se entendesse bem algumas coisas da formação, se não se entendesse bem...por exemplo, alguma patologia. E aí a pessoa fica com uma ideia errada dessa patologia. E pode, se calhar, estar a, a reagir com uma pessoa que, à partida, não necessitaria de, de um trato diferente, e estar a ter esse trato diferente porque confundiu se, se houver confusões na formação...podia ser pior."* (Porto Volunteers Focus Group 1, Participant 1)
"D'abord si je décide moi d'être bénévole dans deux semaines dans le domaine de la santé mentale, j'ai besoin d'apprendre certaines choses." (Brussels Volunteers Focus Group 2, Participant 8) *"Ou est ce que justement il faut éviter de médicalisée les volontaires que c'est bien d'avoir des personnes qui vont rencontrer ces personnes là sans avoir toutes toutes ces choses en tête."* (Brussels Volunteers Focus Group 2, Participant 7)
1.6. Matching and the right to be re-matched/ Matching on the characteristics/ Appropriate matching

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"I had a right to choose whether or not I want to work with her. Because I have my own…I'm a human-being, I have my own issues as well. So that might trigger certain things for me." (London Volunteers Focus Group 1, Participant 5)
"Eu acho que tem que haver um match entre o voluntário e o doente mental. Acho que, se calhar, há doentes que vão beneficiar de um voluntário mais assertivo e que saiba dizer não e … que o ajude a cumprir regras. Se calhar, há outros doentes que precisam de uma pessoa, se calhar, mais carinhosa, mais… calma, mais tranquila, que lhes dê um bocadinho mais de espaço. Portanto, eu acho que, além de ter formação sobre as patologias, se calhar era bom ter um encaixe nos perfis…" (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"Il faudrait peut-êtrea allors à ce moment là que des personnes du service hospitalier dirigent le bénévole vers certains patients qui ne sont pas des cas un peu plus lourd et donc qui demande une forme d'attention plus particulière et nécessitant peut-etre plus de connaissances." (Brussels Volunteers Focus Group 1, Participant 3)
Theme 2. The role of the volunteer is multifaceted
2.1. Be with/ Provide company and support the patient/ Accompany patients
"You have to be there for that person, you have to be there to have that chat, sit beside the person." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Penso que é mais a companhia e muitas vezes essas pessoas não se apercebem das situações em que estão, ou se apercebem pode-se sentir sozinhos e diferentes dos outros, e acho que fazer companhia a essas pessoas também as ajuda a sentirem-se melhores." (Porto Volunteers Focus Group 1, Participant 4)
"Si c'est juste faire un tour dans un parc, aller chercher une cigarette, faire une ou deux courses, c'est vraiment pouvoir accompagner pour que le patient ne soit pas livré à lui-même, par rapport à la société." (Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
2.2. Do social activities with
"And you spend time with that person doing something. You have a cup of tea or you laugh together or you watch a movie and you share experiences." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)
"A partir do momento em que um doente mental tem este amigo, este amigo vai levá-lo para atividades lúdicas, para atividades de lazer. Ou seja, vai abrir outras portas de socialização. Por exemplo, o amigo leva-o ao futebol e no futebol vai acabar por, naturalmente, aos poucos ir criando novos contactos e abrir novas janelas de socialização. As coisas começam a correr sozinhas." (Porto Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist in training)
"Créer cette relation d'aide plutôt à l'extérieur autour d'une tasse de café, "eh bien tiens voilà", après c'est déjà juste faire sortir la personne c'est déjà assez énorme. Donc c'est vrai qu'avant de faire cela il faut donc déjà créer un minimum de relation avant parce que ce n'est pas parce qu'on arrive et qu'on dit : "allez on va boire un café !" ça ne marche pas." (Brussels Mental Health Professionals Focus Group 4, Participant 2, Occupational Therapist)
2.3. Practice social skills/ Provide competencies/ Helping patients
"I think it's important to take the meds but I think it's important to have people to talk to and to be sociable and not to lose those skills." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"Será que não é necessário, não é melhor dar ou procurar dar aos doentes, as ferramentas para que possam eles próprios criarem relações de amizade, ou buscarem-nas? "(Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)
"Mais quand il y a aide directe à la personne il y a d'abord cet objectif là qui est d'aider et de soutenir la personne. Et d'un point de vue plus personnel pour le bénévole, il y a une question d'occupation d'abord." (Brussels Volunteers Focus Group 1, Participant 1)
2.4. Give hope to/ Support patients to rediscover life/ Give hope and return to who they were before the illness
"We need also someone to talk to, to give them some hope, to instil some hope in them." (London Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Nós vemos muitas pessoas, na nossa prática diária, que perderam o sentido da vida, que ficaram reformados, e que não têm objetivo nenhum… e isso nós olhamos e pensamos, esta pessoa sempre viveu, em função de alguém, eram os filhos, era marido, que estava acamado e depois morreu, e precisamente lembro-me desta história, de alguém, que depois deprime porque já não tem um incentivo… E eu encontro n pessoas que só iriam beneficiar." (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in Training)
"Quand c'est ponctuel avec un peu de chance nous donnons l'espoir. C'est très important l'espoir, specialement pour la santé mentale après la personne peut rentrer grâce à cet espoir dans un programme plus long ou elle va etre aide d'autres professionnels et d'autres bénévoles par exemple." (Brussels Volunteers Focus Group 2, Participant 8, Volunteer)
2.5. Address patients' needs/ To keep an eye on the patient/ Respond to a need and offer what services don't
"Look at their kind of individual needs and what makes them kind of them and unique as opposed to things always being focused around their diagnosis and what happens there." (London Mental Health Professionals Focus Group 1, Participant 4, Social Worker)
"A vigilância ia acabar por ser uma consequência da companhia. Enquanto aquele doente sentir que está acompanhado pode protegê-lo." (Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)

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"Le truc avec ça répond à un besoin, on le voit d'ailleurs. Il expliquait que les patients psychiatriques trouvent deviennent des fidèles. Ce qu'il y a clairement un besoins que le système n'offre pas." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Nurse)
2.6. Not to judge patients/ A transition figure/ Not labelling patients
"With the volunteer there's this less stigma attached and they feel less judged by someone who they could probably just be friends with." (London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"Se o voluntário interpretasse o seu papel como uma figura de transição, e se ele tivesse um objetivo de criar outras relações para o doente, ele podia sair do cenário, quando visse que já não era necessário e que o doente por ele próprio já é capaz de criar relações…"(Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
2.7. Share experiences/ Provide new experiences/ Relational exchanges
"They could talk for a whole hour and I would just sit there nodding and listening, 'cos that's a therapeutic thing for them, but this is a visit between a layman – myself – completely amateur guy and an old lady, who just happens to be a bit, you know… has problems, mentally ill, but to me it's a visit; we talk about things…it's not a therapy session. (London Volunteers Focus Group 1, Participant 1)
"Eu acho que são pessoas que, fruto da sua doença mental estão privadas de muitas experiências... e não acho que seja forçosamente mau, dar-lhe uma experiência que eles nunca mais vão… voltar a ter…" (Porto Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist in training)
"*À chaque fois une rencontre, un partage, une rencontre particulière sur un mode particulier, mais c'est vrai qu'être en lien, rencontrer vraiment une personne là où elle est avec ses difficultés, ça apporte à ça aussi à part le partage et la relation qui peut se nouer et les échanges relationnelles*." (Brussels Mental Health Professionals Focus Group 2, Participant 13, Psychiatrist in training)
2.8. Give patients realistic feedback/ Educate the patients/ Instil ideas into the patients
"It would be useful to have a … [volunteer] who is able to give some realistic feedback… If you just have someone who is like completely accepting in a way that other people, in the general population aren't you're not actually getting any realistic feedback." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)
"O nosso principal papel acaba por ser um bocadinho educacional, tentar ensinar, e se calhar mais do que uma vez, porque o facto é que nós por vezes deparamo-nos com pessoas que não entendem à primeira, não entendem à segunda, ou não entendem à terceira, e nós temos que ter a capacidade para saber dar a volta à situação, para perceber as limitações da pessoa, de forma a ajudá-la a ter algum cuidado extra para consigo."(Porto Volunteers Focus Group 2, Participant 5)
"Donc il y a souvent cette volonté d'apporter quelque chose à la personne et de vouloir injecter dans la dynamique de la personne des idées ou des choses qui vont lui permettre d'aller mieux par rapport à sa souffrance." (Brussels Mental Health Professionals Focus Group 3, Participant 13, Psychiatrist in training)
2.9. Collaborate with services/ To complement, link or be part of services/ Collaborate with or be part of services
"There has to be some sort of link if you like – I don't know but I'm hoping – between the volunteering agency and if you like mental health services or their identified care coordinators as the case may be, who can then…if there is need, liaise with the volunteering agency to kind of have some sort of update on how the service user is doing or getting along with the person volunteering. " (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Podemos também ter uma pessoa que possa sinalizar, por exemplo, quando há algum problema. Até sinalizar aos profissionais se houver algum sinal de descompensação. Haver algum elo que possa promover que os serviços de saúde saibam sempre que aconteça alguma coisa com o doente. Não funcionando como serviço de saúde, mas como este elo de ligação." (Porto Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist in training)
"C'est pour ça que le cadre est important en ce que je pense dans le bénévolat, dans certains cas, le bénévole peut être à la fois partenaire de l'équipe de soins, donc ils peuvent travailler avec les autres professionnels." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
Theme 3. Every relationship has a different character
3.1. A Contracted friendship/ A friendship by decree/ To be a friend or not
"So it's like, it's a contracted friendship . I'm here to kind of, to have a social relationship with you – but it's contracted almost, so it's not a natural-forming relationship." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"É uma pessoa que surge agora na vida do doente por uma decisão de cima para baixo, por decreto, não é? Há bocadinho falaste na referenciação do doente a um voluntário, a dizer assim 'olha agora vais acompanhar este doente' portanto é por decreto, é uma relação que se estabelece artificialmente." (Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)
"Mais si le bénévolat se déclinent sous d'autre forme, comme un accompagnement réel ou quoi, y a aussi cette distance peut-être physique qui n'existe pas et qui pourrait aussi poser question et comment remettre ce cadre-là, comment dire que je suis là pour t'accompagner mais je ne suis pas ton ami." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
3.2. A Mentorship/ A helping relationship/ A bound
"A kind of…sort of mentorship aspect. So I suppose where the other person is… in a way role-modelling, has something maybe to offer that the other person doesn't have experience of, or kind of some advice or guidance aspect. Without obviously being a professional situation." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)

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"Vai ser uma relação assimétrica. Mesmo na amizade. Há sempre um que foi visto como aquele que tem patologia mental e o outro que não tem patologia mental. E um está para ajudar. É uma relação de ajuda." (Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)
"Et en même temps, il est content le bénévole aussi parce que ça c'est un bon moment qu'on passe avec une personne, meme se elle n'est pas bien, la voir sourire c'est important si on y arrive jusqu'à être là il y a peu de chaleur humaine et ça je pense que oui." (Brussels Volunteers Focus Group 2, Participant 8)
3.3. It is reciprocal/ A reciprocal exchange/ A reciprocal relationship
"The relationship is a reciprocal relationship, so we do have to take both sides into."(London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"A gente como vocês que vai ajudar uma pessoa idosa que vai fazer voluntariado, também essas pessoas idosas também transmitem coisas antigas, vão aprender e eles vão aprender reciprocamente também ficam mais ricos de parte a parte." (Porto Volunteers Focus Group 1, Participant 3)
"Une relation avec une autre personne et de cette relation nait aussi pour moi un partage qui est très riche, donc c'est contribuer c'est donner de l'aide, le benevolat pour moi c'est recevoir beaucoup, le bénévolat c'est souvent des cadeaux en faite, nous recevons de l'autre." (Brussels Volunteers Focus Group 2, Participant 8)
3.4. It is patient-centred/ In limbo between a friend and a professional/ A relationship between two people
"Like person-centred. So it depends on who you're supporting and what their needs may be." (London Volunteers Focus Group 1, Participant 3)
"Estamos a ver o voluntário na perspetiva, de que é uma espécie de um intermédio entre amigo e técnico… portanto nem é técnico, nem é amigo… está ali num limbo." (Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)
"C'est pas la même chose d'être en lien avec Mr Vanpiperzeel que avec le Dr Schtroumpf, je pense qu'en terme de représentation ça fait une grande différence, et en même temps l'enjeu c'est que, nous on est assez intangible a l'affaire, c'est de dire, mais oui ce sont deux personnes." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
3.5. Not one size fits all/ A relationship hard to predict / The volunteer occupies a larger space in patients' lives
"Look at their kind of individual needs and what makes them kind of them and unique as opposed to things always being focused around their diagnosis." (London Mental Health Professionals Focus Group 1, Participant 4, Social Worker)
"Criar uma amizade não é uma coisa matemática que se possa prever à partida." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"L'expérience ce que moi j'ai, de ce que les patients racontent ce que à partir du moment la place relative ce que le bénévole tiens dans la vie du patient est disproportionnée par rapport à la place que le patient tiens dans la vie du bénévole." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
3.6. It is time-limited/ It may or may not have a maximum time/ A finite relationship
"Some of them just came off a bit sooner than they expected. So we just sort of set them up and they were getting used to working alongside the team and running some groups and then they'd suddenly be gone again. And that was always a bit disappointing really – not just for us but for patients." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"O máximo ... não faz sentido, porque a ideia de uma amizade é, precisamente, prolongar-se no tempo e não ter um fim destinado." (Porto Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Et s'il y avait un critère en dehors de ses éléments là à demander à des bénévoles c'est la durée. C'est la durée de l'engagement je trouve, beaucoup plus que des qualités intrinsèques." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
3.7. Explicit boundaries/ It is a contract/ The relationship exists because of the mental illness
"We're saying it's a boundaried relationship, but actually …any relationships have boundaries but they're not often explicit …which actually is something that some of our…some people we work with struggle with. So it's just about the explicitness of boundaries isn't it? and the extent. So they are there in all relationships, even in our, in friendships." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)
"Um contrato, pronto… Um compromisso que o voluntário tem sob a alçada desta coisa chamada voluntariado, que tem um conjunto de regras e que é durante aquele tempo, porque durante aquele tempo… As pessoas, depois até podem continuar a relação e continuar a amizade mas aí, se calhar, já não faz sentido sob a alçada destas regras." (Porto Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Donc la difficulté c'est donc de trouver l'objet qui va faire la rencontre. Parce que si c'est l'objet qui fait la rencontre, c'est la maladie mentale, soit-on est malade mentale, soit-on est proches d'un malade mentale." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
3.8. Fluid boundaries/ Became a friendship/ With distance or proximity
"The boundaries are always fluid… I mean they change according to the individual we are working with and I've worked like with elderly people in the past as well where I knew they were gonna say "Are you married dear?" and it's fine to say "yes or no I am" because you know you might not see them again;…it's just a very normal social question, but if someone… asks me that in my work I would…rarely." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)

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"Tenho amigos que eram sem abrigo que, dormiam na rua mesmo, quando se tornaram meus amigos, 5 anos, e são meus amigos ainda, e que eu acompanhei em [voluntariado]." (Porto Volunteers Focus Group 2, Participant 5)
"Il y a un grand nombre de gens qui n'arrivent pas à mettre la distance, et qu'il y a un grand nombre des gens qui n'arrivent pas à mettre de la proximité." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
3.9. May be compelled to break boundaries/ The trust is broken if the confidentiality is breached/ There is a randomness for the relationship to work
"How you find yourself in very tricky situations. You can end up lending people money because they don't have money for food, or you know sort of like, you are easily drawn to break boundaries or to break confidentiality." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)
"Depois há o problema, pode nem ser tanto da confidencialidade, mas pode ser da confiança, isto é um voluntário que um dia saiba alguma informação que a vá transmitir ou à família ou ao médico pode perder completamente a confiança do doente e lá vai o trabalho todo por água abaixo." (Porto Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Donc il y a parfois des proximités, il y a parfois il y a des amitiés, enfin il y a quelque chose, je parlais tout à leur de la dimension spirituelle." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
Theme 4. To volunteer is to face challenges
4.1. Stigma is a big issue / Lack of education and stigma of mental illness/ Mental health stigma
"I think the big campaigns…the big media hype that we see around mental health is always so very negative. So I think, you know I think that stigma is really a big issue." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Eu acho que passa também muito pela sociedade em geral, não só... pelos responsáveis que estarão neste caso acima das instituições responsáveis, mas pela própria educação, para a saúde mental, que é uma coisa que não existe ou escasseia no nosso país, nós começamos a ver a educação para o cancro do pulmão, e a educação para o cancro, papilomas, etc., maço de tabaco coloridos com imagens de cancros ... começa-se a fazer algum trabalho nesse sentido, na área da saúde mental não se vê nada, e o estigma existe mas está no seio da sociedade, não está só nos voluntários, à partida não estará senão não seriam voluntários, mas não está só na parte institucional ... devia governar estas coisas de uma forma melhor, mas acho que a própria sociedade, as próprias crianças deviam ser incutidas desde pequeninas a, no sentido de as responsabilizar também para ver o doente mental como uma pessoa perfeitamente, normal." (Porto Volunteers Focus Group 2, Participant 6)
"Aller dans des structures classiques se font souvent rejeter parce que elles ont cette étiquette-là et c'est le même problème avec les problèmes de santé mentale." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
4.2. Odd or artificial idea to provide friends to people/ Being a novelty/ Bad image of volunteering
"It was a slightly odd idea, to kind of like artificially create, or provide friends to people; that's not how it works; and either you advise someone to go to speak to someone or meet with someone; you don't create friends to people. So I think the befriend…the word to me is slightly misleading." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Um desafio que me vai pôr a pensar nos próximos dias de como é que elas se podem contatar, ou o que é que se pode inventar, se podemos sugerir ir a algum ponto e terem lá, quem não tem telemóvel, termos lá chamadas pagas para eles nos ligarem, não sei, é um desafio sem dúvida as novas tecnologias." (Porto Volunteers Focus Group 2, Participant 1)
"Malheureusement le bénévolat n'a pas une très bonne image." (Brussels Volunteers Focus Group 1, Participant 1)
4.3. Bureaucracy and time to get a DBS check/ Lack of resources/ Lack of recognition
"DBS aren't always this slow, but they can be stupendously slow. And also for some people who don't have the right information that DBS check can be a problem." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"Ou a pessoa está no lugar errado, ou então vai ter que passar por uma formação quase a zero, acho que este que é o principal desafio, até do Estado português e não sei quê, fazer uma reciclagem a todas as pessoas que estão neste frente de linha."(Porto Volunteers Focus Group 2, Participant 1)
"Pour moi les bénévoles, ils ont effectivement besoin de reconnaissance. En Belgique c'est peu, c'est peu reconnu, ou peu valorisé, et par contre un défi pour moi important qu'un bénévole doit relever c'est avoir gardé une juste distance peut-être." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
4.4. Problem with distances and transports/ Long distances/ Complexity of dealing with the different languages in the country
"Distance and transport in general. And actually the London problem I guess." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"E é de longe." (Porto Mental Health Professionals Focus Group 3, Participant 11, Social Worker)
"La langue. C'est en tout cas a Bruxelles un des défis majeur c'est la fragmentation liée justement a tout ce qui, les différences compétences, donc au niveau des politiques, en voilà parce qu'on a différentes régions, différente communes etc., donc c'est toujours beaucoup compliqué d'être des acteurs dans le territoire autour d'une table, pour décider de mettre en place quelque chose, parce que voilà il y en a beaucoup des acteurs et dépendent de différents pouvoir. C'est compliqué." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)

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4.5. Difficult to deal with differences of culture, religion, and languages/ Dealing with behaviour of patients/ Dealing with someone with psychosis
"It difficult to kind of befriend someone who holds a different view about culture and religion and faith; you know they might not engage with that person in the way they would engage with someone of the same culture, belief and religion – you know? This is East London, language barrier is a big issue as well." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Acredito que alguns aspetos da doença de alguns doentes mentais graves, também vão impossibilitar ou, pelo menos, dificultar esta relação." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"C'est quelque chose d'un peu particulier la psychiatrie parce qu'il y a des gestions de crises compliquées etc etc."(Brussels Volunteers Focus Group 2, Participant 8)
4.6. Selecting untrustworthy volunteers/ Involving others besides the volunteers/ Volunteers do their own volunteering
"To be honest the challenges will be to get the right people to do that volunteering because it is this … the society which we have, we've got some dodgy characters and we don't know if they go down …the volunteers …very intimidating to that person, going to the person's house. People have got devious needs to like get money from the older people isn't it…. So I think to get the right people that's gonna be the challenge in a way. Challenge to get the right trustworthy people." (London Mental Health Professionals Focus Group 2, Participant 8, Nurse)
"Imaginemos que o voluntário… com muito boa vontade introduz outra pessoa, um amigo dele próprio nesta relação de voluntário doente. Preocupa-me mais esta… introdução, porque não existe nenhum controlo. Nós estamos a falar muito da seleção do voluntário, mas … Isto é uma coisa que não temos controlo e, de facto, parece-me um perigo muito maior introduzir uma terceira relação que não tem relação com o projeto do que, propriamente, a relação de onde é que se vão encontrar. A pessoa que tu já escolheste como voluntário e o doente. Parece-me mais… importante. Porque, por exemplo, imaginemos que o doente ia ter a casa do voluntário. Na casa do voluntário existe a família do voluntário, que não se sabe se será um ambiente propício ou, sequer, se terão abertura para estar com aquele doente. Preocupa-me mais isto, a interação com terceiros do que, propriamente, o local onde estes dois interagem." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"Ils savent qu'il y a une structure hospitalière, ou là que la situation est plus évidente et on voit que les écoutants bénévoles sont beaucoup au-delà de la question de leur tentation à eux, d'être dans une relation à deux, de faire leur bénévolat à leur façons, à leur mode. Ça c'est une difficulté." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
4.7. Burden for the volunteers/ Over-involvement of the volunteer and the patients/ Being heavy for the volunteer
"If someone's sort of saying…"it's gonna have such a significant impact on my life, you're the only person in my life"… if that were someone who I knew in the street – if that was a friend I had made who is kind of putting those sorts of demands on me I might start to wish to withdraw from that relationship, because it's over-bearing and over-burdening. So I think that there's something about…when you're involved in a befriending project kind of those sorts of boundaries about…if you want to pull out or withdraw from the relationship as well." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Haveria algumas pessoas que, se calhar, iam estar vinte e quatro horas disponíveis e não sei até que ponto isso era saudável para o voluntário. Deixava de… Já nem era voluntariado, era um modo de vida…" (Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)
"Pour moi c'est à ce cadre et ce qui se passe là reste là. Parce que ce n'est plus possible. Je ne peux pas tout transporter tout le temps toutes ces relations avec moi, c'est trop lourd mais je pense qu'il faut … reconnaître humblement que ce n'est pas possible d'être l'ami de tout le monde." (Brussels Volunteers Focus Group 2, Participant 8)
4.8. Risk of over-professionalizing volunteers/ Do a professional job but not paid/ Risk of being unpaid work
"To over-professionalise… not to become a professional because of course we don't want and we don't expect [that]."(London Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist)
"Eu acho que é um risco, um risco em qualquer voluntariado e a partir do momento em que nós oferecemos uma resposta de forma voluntária, corremos o risco de deixar de haver a pressão sobre essa resposta, sendo uma proposta boa e útil, seja dado de uma forma não voluntária. É como aquela coisa de meter professores voluntários e depois os professores que são professores, e que não são contratados por isso. Não podemos perder a noção, daquilo que é importante oferecer aos doentes, e que não devia estar a ser feito em regime de… voluntariado…" (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
"Et alors l'autre chose c'est quand même aussi travailler avec des bénévoles qui font le travail que nous faisons, c'est comment est-ce qu'on travail entre collègues alors. Mes collègues infirmiers, assistant sociaux, éducateurs, psychologues, psychiatres. Si l'activité devient bénévole, d'une certaine manière bah je supprime mon travail. Donc je soutiens l'idée que je suis dans une société qui dit que mon travail n'a pas de valeur puisqu'il doit être fait gratuitement."(Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
4.9. Providing a person to a patient that is not interested/ Exposing patients to risky behaviours/ Volunteers not listening to the patients
"They have the peer support worker, have a befriender, you know you are sending people to these schemes, and … not everyone wants to have a befriender, not everyone wants to have a peer support worker. The fact that there are schemes outside there, it's a kind of move towards that…a person has to agree to that; it's not because I feel you would benefit from that." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)

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"Tal como vejo muitas situações em que levar para um sítio de risco de consumo de drogas pode correr mal, tal como se sair à noite e ficasse a dormir montes de horas também pode correr mal." (Porto Mental Health Professionals Focus Group 4, Participant 16, Psychiatrist in training)
"Je crois que ça ne marche pas encore en fait on n'essaie pas d'être à l'écoute." (Brussels Volunteers Focus Group 2, Participant 7)
4.10. Volunteers that undermine clinicians' work/ Relationship is 'toxic' to the patient/ Manipulate the patient
"then somebody else, another volunteer who'd had her own experiences, negative experiences of … NHS services and she was sort of intervening in an unhelpful way of "You shouldn't listen to what they are saying or you shouldn't be… so it felt unhelpful and getting in the way of relationships and questioning treatment… so it was undoing a lot of hard work that had been done and made the person feel unsettled and anxious and started questioning herself again. So that wasn't helpful." (London Mental Health Professionals Focus Group 4, Participant 15, Social Worker)
"Depois a questão de… ser amigo, e com… alguém que seja, que tenha uma perturbação mental ou uma psicopatologia, até que ponto poderão criar… quase que como que… processos psicoterapêuticos tóxicos ou… pseudo-psicoterapêuticos, exagerando na expressão, até que ponto isso poderá ser prejudicial… para o doente." (Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)
"Manipuler c'est influencer mais avec une très mauvaise intention de faire mal quoi. Donc c'est retourner la personne et tout ça peu… aller commant on dit ca …c'est un peu du chantage. Voilà un genre de chantage affectif, c'est très dur le chantage affectif et je dirais que quand la personne, en tout cas je sais que moi que quand je suis très souffrante de faire attention de ne pas rentrer dans ce chantage affectif."(Brussels Volunteers Focus Group 2, Participant 8)
4.11. To end the relationship/ Being dependent on the volunteer/ Risk of breaking the relationship
"people who have suffered extreme loss, to then get cut short again and lose someone else and you become friends with someone that you lose then as well, it just…it feels almost like you could be really traumatised." (London Volunteers Focus Group 1, Participant 2)
"A mim não me faz impressão a amizade. Porque tem que ser uma coisa bilateral e estaria tudo bem. Faz-me impressão é depois, se calhar, o doente depois criar uma relação de dependência relativamente ao voluntário. E aí acho que deixa de ser benéfico, não é?" (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"on a envie d'avoir cette relation d'une personne à l'autre mais quelque part on est toujours coincé parce qu'il y a quand même des connaissances, des limites à donner, le danger de rupture." (Brussels Mental Health Professionals Focus Group 2, Participant 8, Social worker)
Theme 5. Technology has potential in volunteering
5.1. Enables human contact / Tool for patients to acquire skills/ Brings people together
"*The befriender would call an elderly person at his certain time every day or every other day – just to kind of check in "how are you doing, how's your day been?" because that person is so lonely. And the value that that person had to having that human contact everyday*." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Um paciente, até porque não consegue fazer aquilo mas com aquela estimulação vai desenvolver outras competências, nesse aspeto até concordo que sim, que a tecnologia é realmente um meio de apoio e que deve ser usado sempre dessa forma, sempre com o controle."(Porto Volunteers Focus Group 2, Participant 4)
"Je crois que même en dehors de tout élément technologique, à partir du moment qu'il y a quelqu'un qui adresse quelque chose à quelqu'un d'autres, qui répond d'une quelconque manière, on est directement dans la rencontre dans le lien, et on ne sait plus s'épargner ça. Ce que tu ne sais plus en plus revenir en arrière puisque ont marqué quelque part, l'appelant et le répondent. Donc voilà je pense que la technologie, oui mais on s'est pas s'empêché d'être en lien non plus avec l'autre. Et c'est ça qui est thérapeutique." (Brussels Mental Health Professionals Focus Group 3, Participant 11, Psychologist)
5.2. It is an add on to the relationship/ It complements the physical relationship/ Complementary to the face-to-face relationship
"*The befriender would call and elderly person at his certain time every day or every other day – just to kind of check in "how are you doing, how's your day been?" because that person is so lonely. And the value that that person had to having that human contact everyday. And he talked about it being a 'life-line' and then they had a…kind of then they met, sort of like every fortnight, she would visit him every fortnight*." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Acho que as relações têm que ser humanas acima de tudo, interação sempre, presencial, pessoal…" (Porto Volunteers Focus Group 2, Participant 5)
"*Moi je trouve que cette question-là, pour moi, j'en vois une autre, c'est que d'une part, c'est que pour moi, je n'ai pas de problème, c'est oui à la technologie, pour peu que ne fasse pas faire l'économie de la rencontre*." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
5.3. Link people in different cities/ Connects people/ Overcomes distances
"If you used the online tool then you could have a volunteer in Manchester and another in Brighton. And so it widens it and so if you want to make it like really flexible and easy." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Há pessoas que vivem isoladas, por exemplo, nas aldeias e assim, dias e dias sem ver outra pessoa, portanto, sentem-se isoladas e ... se for por informática, telefone e assim...vêm a pessoa. É totalmente diferente, eu acho." (Porto Volunteers Focus Group 2, Participant 3)

"Mais vraiment mise au service de l'humain ça permet, comme avec Skype d'ailleurs je travaille sur toute la planète avec Skype, ça permet, mais c'est dingue quoi, ça coupe les distances". (Brussels Volunteers Focus Group 2, Participant 6)
5.4. A few contacts per week/ Less frequency of contacts required/ A brief telephone contact may suffice
"People who are really isolated and don't even want face-to-face, it could be saying 'well you know … maybe you can just exchange a few text messages per week and if that's something you think would be helpful to you and you'd be keen to receive why not', or email exchanges." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Tu não necessitas de estar a contactar diariamente com o voluntário para ter uma relação de amizade com ele." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"Mais ce qu'on voit ce que il y en a des gens qui sont vraiment dans du débordement, des gens qui appellent complètement flippé ou qui débordent qui flambent pour dire qu'a un certain moment ça flambe. Parfois trois minutes c'est complétement suffisant." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
5.5. Gives more control in what you want to share/ Enables to monitor the communication/ Takes away the spontaneity
"People don't sort of know who you are so you can ask questions that you might feel uncomfortable asking otherwise and getting opinions of lots of different people back." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Suponho que teria de ser… Haveria uma equipa, não é? Que vai coordenando. Por exemplo, o voluntariado ter acesso a tudo, se calhar, não. O doente até pode estar sempre mal, dar pontos negativos àquelas atividades…" (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"Alors on voit même les sites de rencontre mais finalement on se rencontre sur base de critère : 'Je recherche une femme avec des yeux bleus qui a entre 35 et 45 ans.' Personnellement moi je trouve dans la rencontre, la technologie peut amener plus de négatif dans la perte de la spontanéité et de la richesse plutôt que du positif. " (Brussels Mental Health Professionals Focus Group 3, Participant 13, Psychiatrist in training)
5.6. Good for patients that have face-to-face anxiety/ Encourage the patient through sharing information/ Good for those who have anxiety in the face-to-face
"To plant the seed, sort of like of the social contact and maybe having technology is less frightening than having like you know space… Like online dating; so maybe people communicate and you know, emails, and then eventually in the sixth month, maybe if the patient… is familiar with the face of the volunteer maybe finally the patient will agree to sort of meet in person and go out for a cup of coffee or tea or whatever. So in my mind then maybe that can initially reduce the anxiety but the ultimate aim might be to meet in person." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)
"O voluntário todos os dias mandar uma música que gostasse… uma música ou um link giro…" (Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)
"Donc il y a quelque chose qui… le téléphone... peut être positif, et à la fois ça peut être négatif. Parce que, négatif dans le sens qu'il n'y a pas toute l'expérimentation du lien à l'autre en fait. Il n'y a pas toutes les facettes du lien, donc à avoir avec quelqu'un. Par contre ça encourage certaines personnes qui peut être ne prendrait jamais rendez-vous avec un psy. Dont le face à face est très angoissant." (Brussels Mental Health Professionals Focus Group 3, Participant 11, Psychologist)
5.7. Different types of communication may have an increasing human contact/ Face-to-face communication is preferable/ Each person occupies a different place on the phone
"It's like four levels isn't it? You have the written communication with text or email; then you have the phone conversation [over] audio; then you have the face video-conference; and then you have the face-to-face meeting, isn't it? So … you add on more information and exchange of communication when you move up from level one to level four." (London Mental Health Professionals Focus Group 3, Participant 11, Psychiatrist)
"Mas, sinceramente, eu acho que isso é importante, mas como uma coisa à parte para situações mais agudas, porque apesar de tudo, o mais importante é ter interação humana, frente a frente com a pessoa. Nós estamos a perder muitas capacidades e até capacidades sociais com muitas pessoas por não interagir frente a frente com as pessoas. Acho que perdemos um bocado se formos só por aí…" (Porto Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist in training)
"Mais, il y a à tenir qu'on n'occupe pas les mêmes places dans cette rencontre. L'un est écoutant, et l'autre appelant. Et ce n'est pas une question que l'un est plus que l'autre, plus malade ou moins malade et tout ça. Mais on n'occupe pas les mêmes places, et ça c'est à maintenir cette affaire." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
5.8. Takes away human interaction/ Risk of replacing the physical relationship/ Unnecessary for the relationship
"The volunteering aspect is coming in to bring the human touch, if you like, and if we bring in too many technology, it takes away that human face interaction and discussion. So it's useful to have … text messages to remind appointments etcetera, but then if we take…if we move from that basic use of technology to more emails, then it becomes like in the office sometimes instead of talking to your colleague you send him an email." (London Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Mas, sinceramente, eu acho que isso é importante, mas como uma coisa à parte para situações mais agudas, porque apesar de tudo, o mais importante é ter interação humana, frente a frente com a pessoa. Nós estamos a perder muitas capacidades e até capacidades sociais com muitas pessoas por não interagir frente a frente com as pessoas. Acho que perdemos um bocado se formos só por aí…." (Porto Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist in training)

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"Mais ce cela peu peut être balayé, c'est un peu le fait que le bénévole en santé mentale est d'abord là pour créer, entretenir une relation humaine, une relation qui peut durer dans le temps mais qui est surtout dans le moment présent. Et donc on n'a pas besoin de ces technologies."(Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
5.9. Put at risk what is essential, the relationship/ Risk of having an 'app' only for patients and volunteers/ Not being transparent with the institution
"If you are using advanced technology, we may forget about the befriending scheme – because that is not what the purpose is." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Tenho algum receio, de estar a arranjar caminhos próprios, para aqui… quando, se calhar o interesse, seria ensinar o doente a usar os caminhos comuns, e perpetuar um bocado a ideia de… eu sou voluntário e ele é um doente, e a nossa relação, é diferente das outras, e nós até temos uma aplicação diferente das outras para falar, percebo as vantagens, mas se calhar preferia que os doentes, usassem as vias que as outras pessoas… porque isto perpetua a ideia de que eu sou doente e os outros são normais." (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
"Donc si c'est quelqu'un qui travaille entre guillemets qui fait du bénévole chez nous et qui entretient une relation, je ne sais pas moi, Facebook, SMS ou autre avec le patient donc c'est de...la non-transparence avec l'institution qui fait confiance pour quelque chose. Qu'est-ce-que cela va provoquer dans la remise en question…" (Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
5.10. Patients becoming paranoid / More difficult to establish boundaries / Technology can be invasive
"I think the knowledge of being monitored isn't also going to suit the kind of people that you're planning to work with either, because if you're telling people who might have paranoia that they are gonna be monitored, you're gonna affect that relationship and it's going to affect how people communicate with each other or how often, and I don't think that's a good idea, to monitor that." (London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"Não me vai ligar agora às duas da manhã porque não consegue dormir, não é? Isso não tem sentido nenhum." (Porto Mental Health Professionals Focus Group 3, Participant 9)
"À un moment cela peut effectivement avoir un effet de renforcement au niveau de la relation, mais cela peut être très empoisonnant à d'autres moments et envahissant." (Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
Theme 6. Volunteering impacts us all
6.1. Promote patients' recovery/ Patient always benefits even if they don't notice/ Therapeutic effect for patients
"Do other activities that would promote their recovery – so I think it's a very good and important scheme to have." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"E a pessoa que está a ser ajudada, se estivermos a fazer, se estivermos a ajudar vai, pode sentir ou pode não sentir, mas vai acabar por ser ajudada, eu acho que independentemente dele saber disso ou ter ou não consciência, acho que tem sempre benefícios." (Porto Volunteers Focus Group 1, Participant 1)
"Pour moi les bénévoles en tout cas c'est que j'encadre, je connais n'ont absolument pas d'objectif thérapeutique, alors qu'un professionnel a un objectif thérapeutique mais je pense néanmoins qu'il y a un effet thérapeutique qui est d'escomptée de celui-là. Donc je pense que la différence entre l'effet thérapeutique et l'objectif thérapeutique est essentiel mais tenu." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
6.2. Reduce patients' social isolation/ Social integration of patients/ Realize that they are more than a disease
"The benefits are quite crucial I think, for me … Improving quality of life in terms of socialisation and getting involved in activities – or even if it just means being able to go out in the community and have fresh air, because there are some clients with mental illness that to go out alone, they are quite frightened to go out and worried that something might happen to them – you know, just to get out and get fresh air is, is advantage for them."(London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Há imensos tipos de doenças, da falta de saúde mental, mas que se calhar algumas delas o que precisam é que alguém as ajude a ter uma vida em sociedade, e se calhar vão precisar que alguém vá conversar com elas umas horas e a faça sentir que tem uma amiga, uma irmã, um irmão, um primo." (Porto Volunteers Focus Group 2 , Participant 5)
"Quand ils se rendent compte aussi qu'ils ne sont pas qu'une maladie. Ils sont toutes autre chose à côté. Il y a un champ de communication qui entre quelqu'un qui n'effectivement qui n'a pas un problématique de santé mentale. Mais ils se rendent compte, ils se rendent compte que autre part que la maladie." (Brussels Mental Health Professionals Focus Group 2, Participant 5, Social worker)
6.3. Make volunteers feel useful/ Volunteers satisfied helping others/ Make volunteers to feel useful
"It was a very rewarding experience because I felt very useful for someone. And then I met lovely people." (London Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist)
"Um voluntário, eu acho que…quem tenha experiência, não só na saúde mental em qualquer outro contato, ganhamos, ganha mais a pessoa que dá… porque dar, é muito mais gratificante, do que receber…" (Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)
"Mais sur le fait que le patient va sans doute aussi amener certains éléments qui seront utiles aux bénévoles, mais c'est au cas par cas." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
6.4. Increase volunteers' knowledge in mental health/ Occupy the volunteers and gain experience / Volunteers gain professional experience

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"I find on the mental health side, I'm no longer scared of mental health… I've got a greater understanding, a greater empathy for somebody that suffers mental ill-health." (London Volunteers Focus Group 2, Participant 5)
"As pessoas que de facto, levam isto a sério, e os verdadeiros voluntários que levam isto a sério, são pessoas que se não estivessem a fazer, podiam estar desempregadas, podiam estar na violência… podiam cometer determinados crimes." (Porto Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist in training)
"Mais ce qui paye le bénévole, c'est que l'autre lui donne de la compétence, parce qu'il a besoin de le rencontrer pour être compétent et donc il se forme." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
6.5. Levelling for the volunteers/ Volunteers contact with a different reality/ Volunteers learn from the patients
"It would be useful for a lot of people to come and do a few hours …on a ward, you know play chess with the service users, spend some time, have a chat, read the paper. It's very levelling I think." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"Em termos de experiências para o voluntário acho que pode ser muito bom, porque às vezes como são populações um bocadinho…. excluídas… aonde não chegam se calhar propriamente e tomamos contato com uma realidade muito diferente, ou seja para os voluntários estão a tomar contacto, com uma realidade, que desconhecem esse aspeto, são tão novas experiências para os doentes, mas também são novas experiências para os voluntários." (Porto Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist in training)
"Après moi ça ne m'a jamais empêché d'être dans une bonne relation avec ces gens de pas connaître ces cases psychiatriques. Même d'une certaine manière, j'ai appris à connaître ces cases psychiatriques en posant des questions directement aux gens, et je ne les aies pas apprises théoriquement." (Brussels Volunteers Focus Group 1, Participant 3)
6.6. Can increase or decrease the mental health professionals' workload/ Reduce the workload of mental health professionals/ Reduce workload of mental health professionals
"It has the potential to both make your work-load bigger and also make your work-load smaller, depending on how it goes really." (London Mental Health Professionals Focus Group 4, Participant 15, Social Worker)
"Como nós falamos há bocado, na questão de haver ou não diferença para o psiquiatra, eu acho que deve haver e que de certa forma tem de haver, um menor trabalho dos técnicos que estão envolvidos no cuidar do doente …" (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
"Je peux imaginer c'est que si vous donnez aux bénévoles un travail que vous auriez du faire où vous aurez moins de travail si vous engagez un bénévole pour faire un travail qui va se rajouter à quelque chose qui manquait donc vous n'aurez pas plus de travail." (Brussels Mental Health Professionals Focus Group 2, Participant 5, Social Worker)
6.7. Can be a way of different people working together/ Release tension in relationships with family members/ Support an inclusive society
"People don't sort of know who you are so you can ask questions that you might feel uncomfortable asking otherwise and getting opinions of lots of different people back." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Está em casa... e de resto não faz mais nada. Só contacta com a mãe, depois claro que a mãe, quando não lhe dá o dinheiro, ele fica um bocadinho… agressivo... e acho que este doente precisa de muito apoio... uma coisa social... sair de casa, estar com outras pessoas. Também para libertar um pouco a mãe e diminuir a tensão desta relação." (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"Pour moi le bénévolat c'est aussi un besoin personnel de contribuer utilement de trouver une place dans la société de transmettre un savoir qu'on a et qu'on peut, peut être plus transmettre professionnellement c'est vraiment pour exercer le fait du rôle utile dans la scoiete, qui soit ponctuelle on qui fait parti d'un programme."(Brussels Volunteers Focus Group 2, Participant 7)
6.8. Reduce stigma/ Break the stigma in society/ Reduce the stigma
"I think with the volunteer there's this less stigma attached and they feel less judged by someone who they could probably just be friends with. So I think maybe that's how it might help." (London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"Porque, porque os doentes mentais são vistos como, há pouco estava a dizer ... como se fossem quase uns bichos, animais, não é nada disso, são pessoas como nós, portanto, eu acho que é um bocadinho quebrar, quebrar esse mito. Ajudá-los, levá-los à rua, passear." (Porto Volunteers Focus Group 1, Participant 2)
"Reste toujours quelque chose qui est étrange pour beaucoup de gens, et qui est inaccessible quand on a a faire avec une personne en maladie mentale grave, il y a une distance qui se crée, et l'ouverture de la parole est très difficile. Je crois que c'est très important d'avoir ces volontariats mais d'amener les gens dans la société pour normalisée ou en tout cas plus étiqueté, d'une façon…qui réduit la personne." (Brussels Mental Health Professionals Focus Group 2, Participant 8, Social Worker)

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Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Developed from:
Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

MANUSCRIPT TITLE:

No. Item	Guide questions/description	Reported on Page #
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	4
2. Credentials	What were the researcher's credentials? (E.g. PhD, MD)	6
3. Occupation	What was their occupation at the time of the study?	6
4. Gender	Was the researcher male or female?	6
5. Experience and training	What experience or training did the researcher have?	5
Relationship with participants		
6. Relationship established	*Was a relationship established prior to study commencement?* .	5
7. Participant knowledge of the interviewer	*What did the participants know about the researcher? (e.g. personal goals, reasons for doing the research).*	5
8. Interviewer characteristics	*What characteristics were reported about the interviewer/facilitator? (e.g. Bias, assumptions, reasons and interests in the research topic)*	6
Domain 2: Study design		
Theoretical framework		
9. Methodological orientation and Theory	*What methodological orientation was stated to underpin the study? (e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis).*	9, 10

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Information Classification: General

Participant selection		
10. Sampling	*How were participants selected? (e.g. purposive, convenience, consecutive, snowball)*	**7, 8**
11. Method of approach	*How were participants approached? (e.g. face-to-face, telephone, mail, email)*	**8**
12. Sample size	*How many participants were in the study?*	**11**
13. Non-participation	*How many people refused to participate or dropped out? Reasons?*	**-**
Setting		
14. Setting of data collection	*Where was the data collected? (e.g. home, clinic, workplace)*	**9**
15. Presence of non-participants	*Was anyone else present besides the participants and researchers?*	**-**
16. Description of sample	*What are the important characteristics of the sample? (e.g. demographic data, date)*	**12-13**
Data collection		
17. Interview guide	*Were questions, prompts, guides provided by the authors? Was it pilot tested?*	**9, 10**
18. Repeat interviews	*Were repeat interviews carried out? If yes, how many?*	**-**
, 919. Audio/visual recording	*Did the research use audio or visual recording to collect the data?*	**9**
20. Field notes	*Were field notes made during and/or after the interview or focus group?*	**9**
21. Duration	*What was the duration of the interviews or focus group?*	**9**
22. Data saturation	Was data saturation discussed?	**-**
23. Transcripts returned	*Were transcripts returned to participants for comment and/or correction?*	**-**
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	**9**

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Information Classification: General

25. Description of the coding tree	*Did authors provide a description of the coding tree?*	-
26. Derivation of themes	*Were themes identified in advance or derived from the data?*	10
27. Software	*What software, if applicable, was used to manage the data?*	9
28. Participant checking	*Did participants provide feedback on the findings?*	-
Reporting		
29. Quotations presented	*Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? (e.g. participant number)*	16-30
30. Data and findings consistent	*Was there consistency between the data presented and the findings?*	16-30
31. Clarity of major themes	*Were major themes clearly presented in the findings?*	14
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	15-30

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Information Classification: General

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Stakeholders' views on volunteering in mental health – an international focus group study

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Title: Stakeholders' views on volunteering in mental health – an international focus group study

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Abstract

Objectives: Explore the views of two main stakeholders: mental health professionals and volunteers from three European countries, on the provision of volunteering in mental health care.

Design: A multi-country, multi-lingual and multi-cultural qualitative focus group study (n=24) with n=119 participants.

Participants: Volunteers and mental health professionals in three European countries (Belgium, Portugal and the United Kingdom).

Results: Mental Health professionals and volunteers consider it beneficial offering volunteering to their patients. In this study, six overarching themes arose: i) there is a framework in which volunteering is organised, ii) the role of the volunteer is multifaceted, iii) every volunteering relationship has a different character, iv) to volunteer is to face challenges, v) technology has potential in volunteering and vi) volunteering impacts us all. The variability of their views suggests a need for flexibility and innovation in the design and models of the programmes offered.

Conclusions: Volunteering is not one single entity and is strongly connected to the cultural context and the mental health care services organisation. Despite the contextual differences between these three European countries, this study found extensive commonalities in attitudes towards volunteering in mental health.

Strengths and limitations of this study

- This has been the first multi-perspective study to explore the views of mental health care professionals and volunteers regarding the provision of volunteering in mental health care across European countries in different regions with varied sociocultural contexts.
- This international study was conducted by a multi-country collaboration multidisciplinary team, with a background in psychiatry and psychology, and with and without experience in volunteering in mental health.
- The methodology used was consistent across countries in terms of recruitment and acknowledgement of participation, and all the data was analysed in the original languages.

Introduction

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Within different countries, volunteering may exist to varying degrees. It may have diverse purposes and structures, aiming to provide different types of relationships from friendships to more professional therapeutic interactions [1]. Across the world there are different paradigms underlying volunteering [2, 3]. The non-profit paradigm is the dominant view in the United Kingdom (UK) and other Western high income societies, whilst the civil society paradigm is the common lens through which volunteering is seen in Southern Low and Middle Income Countries (LMICs) [2]. Previous research has sought to comprehend the common core principles in the general public's understanding of volunteering across countries [4-6]. Research conducted in eight countries on the public perception of volunteering showed that there was a general consensus concerning the definition of what constitutes a volunteer [7]. The three main defining principles that form the essence of volunteering are: absence of remuneration, free will and benefit to others [5, 8].

In mental health, two stakeholders who are key in the provision of volunteering support are the mental health professionals and the volunteers themselves. The former can encourage participation or even prescribe these initiatives to their patients, whereas the latter constitute the 'active ingredients' of volunteering, offering their free time to support and maintain contact with patients. Volunteers' roles seem to vary and their individual characteristics may be linked to cultural, religious and social context. Therefore, differences within communities and countries may affect volunteer-patient relationships and impact how volunteering is perceived and provided. Usually, these volunteer-patient interactions take place in person, but some communities and countries may face barriers to establishing face-to-face encounters. The majority of the research conducted has either evaluated public perceptions of volunteering or described the actual characteristics of volunteers; there is a dearth of information regarding mental health professionals' and volunteers' views, which are valuable.

In Europe, even though countries have been closely connected through the European Union (EU), the landscape of volunteering in mental health varies across nations [9]. In the UK there are more than three million volunteers [10, 11], representing a vital resource for communities [12] with several volunteering programmes offered mostly by the third sector [13]. In Belgium, the opportunities available seem to have close links with health care structures [14, 15], whereas in Portugal volunteering in mental health barely exists [16, 17]. The existing differences may reflect wider societal diversity, and mental

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health services structure. The UK, an island lying off the North Western coast, is influenced by Anglican values and London is shaped by a multicultural ambience; Belgium, positioned in Central Europe is the heart of many European institutions, its nationals are multi-lingual, with most of the population speaking both French and Dutch; whereas Portugal, located in Southern Europe, holds Catholic and Mediterranean cultural roots. These socio-geographical diverse countries spanning the North, Central and South Europe were chosen for this international focus group study because of their dissimilar traditions of volunteering in mental health.

The objectives of this study were to explore the views of mental health professionals and volunteers from three European countries on: the purpose, benefits and challenges of volunteering in mental health; the character of these one-to-one relationships; and the formats in which these contacts should be made.

Methods

Study design

This was an international cross-cultural, multi-lingual focus group study. As described elsewhere, this qualitative study was conducted in two stages, i.e. a pilot phase and the main study [18].

Research team

The research team for the main study consisted of the lead author and three other researchers described in detail in Table 1. Each of the researchers in the team co-facilitated the focus groups alongside the lead author and subsequently, supported with data analysis. This second researcher (ST in London, MC in Brussels and FM in Porto) also provided support in the interpretation of data context specificity.

The lead author had established a relationship prior to study commencement with all the members of the research team. All of them were aware of the context of this study, and all were trained in the conduct of focus groups and qualitative analysis.

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Table 1. *Research team and characteristics*

	Researcher 1	Researcher 2	Researcher 3	Researcher 4
Site(s)	Pilot, London, Brussels, Porto	London	Brussels	Porto
Gender, professional role and credentials	Female, Psychiatrist, MSc Mental Health Policies and Services, Cognitive behavioural therapy training, Social psychiatry researcher.	Female, BSc, MSc, Social psychiatry researcher.	Female, BSc, MSc, Social psychiatry researcher.	Male, Psychiatry trainee, Interpersonal psychotherapy training.
Role in the research	Facilitator, Lead analyst.	Co-facilitator, Support data analysis.	Co-facilitator, Support data analysis.	Co-facilitator, Support data analysis.
Experience with the local context	Born in Portugal and lived in Porto 25 years, lived in Italy 1 year, lived in Poland 1 year, lived in the UK 5 years. Involved in international work through leading professional organisations and conducting international research studies.	Born in UK and lived in London for 2 years.	Born in Belgium and lived in Brussels 18 years.	Born in Portugal and lived in Porto 30 years.
Experience in volunteering (and in mental health)	Yes (Yes)	Yes (Yes)	Yes (Yes)	Yes (No)

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Recruitment

Figure 1 summarises recruitment for this study.

Figure 1. Study scheme diagram

[Insert Figure 1]

For the pilot stage, international mental health researchers and psychiatrists were recruited. Researchers working at the Unit for Social and Community Psychiatry (USCP), a World Health Organisation (WHO) Collaborating Centre for Mental Health Services Development were invited to take part. Additionally, psychiatrists from various European countries that attended the 24th European Congress of Psychiatry in Madrid, Spain were offered the opportunity to participate.

For the main study, mental health professionals and volunteers were recruited from 3 European countries. In London, an e-mail with information about the study was sent to mental health staff working at the East London NHS Foundation Trust (ELFT) which is a Mental Health Trust; in Brussels, the invitation was sent to clinicians via local contacts from the Université Catholique de Louvain (UCL); in Porto this information was sent to the mental health staff working at Hospital de Magalhães Lemos, a psychiatric hospital. Volunteers were recruited from health care organisations, non-governmental organisations (NGOs) or volunteering and community associations. In addition, planned snowball sampling was used whilst inviting potential participants to share the invitation with their contacts. An e-mail with information about the study was sent to volunteering organisations in the UK, Portugal, and Belgium. These volunteering organisations then disseminated information about the study through their networks, via e-mail, websites, or social media.

Eligibility criteria

People with a qualification in one or more of the following mental health professions: psychiatry, psychology, nursing, occupational therapy or social work, and working in a mental health service were deemed eligible to take part in the mental health

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professionals focus groups. People with 18 years or over, experience in volunteering and capacity to provide informed consent were deemed eligible for the volunteers focus groups.

Participant identification and consent

Potential participants received an invitation letter and information sheet about the study by e-mail. Via e-mail, phone, or in person, the lead author discussed the study details with the potential participants, checked the inclusion criteria were met, and discussed practical information about location and times, to be confirmed in writing. On the day of the focus group, informed consent was obtained from participants. They were also asked to complete a brief questionnaire regarding their socio-demographic characteristics.

Sampling considerations

Separate focus groups for mental health professionals and volunteers were hosted in order to ensure equal voices and sufficient homogeneity of the group composition. This aimed to encourage participants to express their views freely, and avoid group dynamics which could inhibit an open discussion.

In this study, a minimum of two and a maximum of four focus groups per country would be conducted to provide enough coverage of the topics, and to ensure that all areas could be explored in detail. Focus groups were planned with between four to eight participants. This was deemed a manageable number of people to enable a group discussion and to capture a range of views from individuals from different backgrounds, whilst providing sufficient data to gain an understanding of the experiences and views of mental health professionals and volunteers on volunteering in mental health.

Procedures

Firstly, the views of international mental health researchers and psychiatrists from different European countries were sought in order to understand and to scope out the diversity of viewpoints and to allow refinements in the topic guide. Once the pilot stage was complete, this methodology was applied in three European countries. This facilitated a

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comparison of potential similarities and differences across the two stakeholder groups and three sites, i.e. London, Brussels and Porto.

Instruments

The study documents, i.e. protocol, topic guide, information sheet, consent form, participants' socio-demographic characteristics questionnaire were developed in English, and then translated into Portuguese and French, languages in which the lead author is fluent. The versions of the instruments in the three languages were checked by another native speaker in the three sites (ST for English, MC for French and FM for Portuguese).

Structure of the focus groups and their facilitation

All focus groups followed the topic guide and lasted between 60 and 90 minutes. Focus groups were conducted in one of the national languages of the hosting city, i.e. English, French or Portuguese. The lead author and the co-facilitator (ST in London, MC in Brussels and FM in Porto) debriefed at the end of each session, and discussed key topics.

Setting

The focus groups were scheduled for varied times, including evenings, to maximise attendance and to allow people with different schedules and availabilities to take part if interested. Choosing a location was an important factor when planning the focus groups, to provide a safe and quiet space, ease of access, and comfort. The pilot focus groups with international psychiatrists took place in a large room at the conference venue in Madrid, Spain. In London, the focus groups with international mental health researchers, mental health professionals and volunteers all took place in large meeting rooms at the USCP, located at the Newham Centre for Mental Health or in smaller meeting rooms at the Community Mental Health Teams' (CMHTs) premises; all locations were part of ELFT. In Porto, the meeting site with the mental health professionals was the Hospital de Magalhães Lemos, whereas the focus groups with volunteers took place at the University of Porto. In Belgium, all the groups were held at UCL in Brussels. All selected locations were serviced by good transport links and with parking spaces available nearby.

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Data recording, transcription and analysis

The focus groups were audio recorded and then transcribed verbatim in the original languages by a professional transcription company. Participant-identifiable data were removed. Thematic analysis [19] was conducted in the original language of each session using NVivo qualitative analysis software, version 11 (QSR International Pty Ltd., 2015). In addition to the lead author, the second researcher at each site who was fluent in the original language, coded transcripts line-by-line and contributed to the development of the themes.

A recursive, i.e. non-linear approach was used comprising the following stages [19]: familiarisation; coding; searching themes; reviewing themes; defining and naming themes and write up. It was ensured that the extracts used supported the analytical claims. The thematic analysis was primarily inductive given that the research team started this exploratory study with no pre-determined theory, structure or framework on which to base data analysis.

The research team analysed the transcripts for themes that reflected the content of the text and subsequently, related themes were clustered together. This process was repeated several times, ensuring that no theme was over or under-represented. Any disagreements were discussed iteratively until a decision was reached. Eventually, each group of themes was given an appropriate label, reflecting its content. Each group label was referred to as 'main theme' and its components were denoted as 'sub-themes'.

Once the lead author and the second researcher (ST in London, MC in Brussels and FM in Porto) had performed the first data analysis on all focus groups, the lead author repeated the process of searching for themes, which involved recoding. This process was done separately for every country and for each stakeholder group. The clusters of codes and themes were then presented to the wider research team. This process enabled the coherence of themes to be confirmed and provided an opportunity to explore the opinions of all members of the research team. The lead author then grouped the initially independent analysis and reported the findings by sites, i.e. Brussels, London and Porto. The themes that are presented in the tables are a synthesis of the six analyses that were conducted, i.e. two per country and each stakeholder that were involved in the main phase of this study. The analysis of the initial focus groups conducted in the pilot phase with international mental health researchers and psychiatrists informed the topic guides and procedures of the main study only and therefore are not reported further in this article. This article includes a

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selection of participants' quotes in English translated by the lead author; the detailed analysis with participants' quotes in tables in the original languages (Portuguese and French) is available in Appendix 1. This article follows the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines to structure the study reporting [20]. The authors acknowledge the potential impact of their own characteristics in the reflexivity of the research process (Table 1).

Robustness assessment of the synthesis

To ensure external validity, the preliminary findings were presented to an audience of clinicians at the EPA Congress and to volunteers at the Befriending Networks Congress. This 'member checking' [21] aimed to ensure that a range of viewpoints from clinicians and volunteers were taken into consideration, minimising bias in the interpretation of results. No specific suggestions for changes were made at these events.

Patient and public involvement

Volunteer associations and mental health professional associations were involved in the recruitment and the dissemination of this focus groups study. Patients were not involved in the recruitment of this focus group study.

Results

Twenty-four focus groups were conducted between January 2016 and September 2017, with a total of 119 participants consisting of 35 international mental health researchers and psychiatrists in the pilot stage, and 32 volunteers and 52 mental health professionals across the three European cities for the main study. None of the participants withdrew consent.

In the pilot stage, there were four focus groups with international mental health researchers, totalling 25 participants, and two focus groups composed of 10 international psychiatrists, conducted in English. In the main study, four focus groups with mental health professionals were conducted in each city: Brussels, London and Porto, with a total of 20,

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16 and 16 participants, respectively. An additional two focus groups with volunteers at the same sites were assembled with a total of 9, 11 and 12 participants, respectively.

To facilitate meaningful data comparison across countries, the overarching themes and sub-themes are presented in tables. Overarching themes are presented across countries and sub-themes are presented for each country. The full list of sub-themes complemented by an illustrative quote from a participant is provided in Appendix 1.

Socio-demographics of participants

The overall sample (n = 119) was mostly composed of women (n = 78, 65.5%), with an age range of 21 to 68 years (mean = 38.0, median = 36.0). The majority had experience of volunteering (n = 91, 76.5%), of which more than half had experience of volunteering in mental health (n = 47, 51.6%). The tables provide more detailed information about the socio-demographics of the mental health professionals (Table 2) and volunteers (Table 3) from the 3 European countries.

Table 1. *Socio-demographics of mental health professionals*

Mental Health Professionals	London (n, %)		Brussels (n, %)		Porto (n, %)	
Age						
Mean (SD)	42.8 (10.1)		41.0 (11.0)		33.4 (10.7)	
Median (range)	43.5 (28-63)		44.5 (24-57)		28.0 (26-58)	
Gender						
Female	12	75	8	40	11	68.8
Male	4	25	12	60	5	31.3
Professional Background						
Psychiatrist	5	31.3	3	15.0	1	6.3
Psychiatrist in training	0	0	2	10.0	11	68.8
Psychologist	2	12.5	5	25.0	1	6.3
Nurse	5	31.3	2	10.0	1	6.3
Social Worker	3	18.8	3	15.0	1	6.3
Occupational Therapist	1	6.3	5	25.0	1	6.3
Experience in Volunteering						
Yes	9	56.3	13	65.0	10	62.5
No	7	43.8	7	35.0	6	37.5
Experience in Volunteering in Mental Health						
Yes	3	33.3	8	40.0	3	30.0
No	6	66.7	5	25.0	7	70.0

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Table 2. Socio-demographics of volunteers

Volunteers	London (n,%)		Brussels (n,%)		Porto (n,%)	
Age						
Mean (SD)	49.2 (19.0)		48.0 (11.0)		38.4 (14.5)	
Median (range)	60.0 (23-68)		50.5 (25-61)		38.0 (21-66)	
Gender						
Female	6	54.5	5	55.6	9	75.0
Male	5	45.5	4	44.4	3	25.0
Professional Background						
Healthcare professionals						
Dentist	0	0	0	0	3	25.0
Medical Doctor	0	0	0	0	1	8.3
Nurse	0	0	0	0	1	8.3
Occupational Therapist	0	0	1	11.1	0	0
Psychologist	1	9.1	1	11.1	0	0
Social Worker	0	0	1	11.1	0	0
Managers and senior officials						
Educational Manager	1	9.1	0	0	0	0
Teaching and educational professionals						
Teacher	0	0	0	0	1	8.3
Lecturer	0	0	1	11.1	0	0
Special Needs Education Teacher	0	0	0	0	1	8.3
Research professionals						
Researcher	3	27.3	0	0	0	0
Security professionals						
Security	0	0	0	0	1	8.3
Secretarial professionals						
Receptionist	0	0	0	0	1	8.3
Information technology professionals						
IT Technician	0	0	1	11.1	0	0
Media professionals						
Journalist	1	9.1	0	0	0	0
Sales, marketing and related professionals						
Vendor	2	18.2	0	0	0	0
Marketing professional	0	0	1	11.1	0	0
Cleaning professionals						
Street cleaner	0	0	0	0	1	8.3
Road transport/drivers						
Driver Instructor	0	0	1	11.1	0	0
Civil servants	1	9.1	1	11.1	0	0
Students	0	0	1	11.1	0	0
Retired	2	18.2				

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			0	0	2	16.7
Experience in Volunteering in Mental Health						
Yes	6	54.5	7	77.8	2	16.7
No	5	45.5	2	22.2	10	83.3

Data identified revealed six main themes that were commonly found across all countries and stakeholders (Table 4). The terminology used was a point of contention in many groups, prompting discussion on the actual definition of the concept of 'volunteering', and eliciting different reactions.

Table 3. Main themes

Main Themes
There is a framework in which volunteering is organised
The role of the volunteer is multifaceted
Every volunteering relationship has a different character
To volunteer is to face challenges
Technology has potential in volunteering
Volunteering impacts us all

In these main themes, different sub-themes have emerged from the data in different countries. These are presented below and summarised in each of the tables.

There is a framework in which volunteering is organised

Whilst acknowledging that there is potential for volunteering programmes, a lot of the discussion and concerns covered practicalities and what was deemed feasible or good practice (Table 5). This covered the different aspects of volunteering, from recruiting volunteers to supporting those that volunteer, including the motivations that drive someone to volunteer, how organisations should select volunteers, and their responsibilities towards them once selected, including training volunteers and how to match volunteers, to the wider context in which volunteering is provided.

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Table 4. *Theme: 'There is a framework in which volunteering is organised' and its sub-themes*

	LONDON	PORTO	BRUSSELS
SELECTION AND MOTIVATIONS OF VOLUNTEERS	**Volunteers' motivations are key**	**Volunteers can also be keen to gain something** (Os voluntários também podem ter interesse em ganhar algo)	**Volunteers may wish to help** (Les bénévoles pourraient vouloir aider)
	Volunteers should be selected and assessed	**Volunteers selected, but based on which criteria** (Seleção de voluntários, mas baseada em que critérios)	**Volunteers may be unsuitable** (Les bénévoles pourraient être inadéquats)
	All kinds of people can be a volunteer	**It is a paradox to select volunteers** (É um paradoxo selecionar voluntários)	**There is *a priori* selection** (Il y a une sélection *a priori)*
RESPONSIBILITIES TOWARDS VOLUNTEERS	**Organisations are responsible for volunteers**	**A check-up should be done on volunteers** (Deve-se fazer um check-up dos voluntários)	**Must be a triangular relationship** (La relation doit être triangulaire)
	To train or not to train	**Training may or may not be important, depending on how much** (Formação pode ou não ser importante, dependendo da quantidade)	**Advantages and disadvantages of training** (Avantages et désavantages de la formation)
	Matching and the right to be re-matched	**Matching on their characteristics** (Emparelhar de acordo com suas características)	**Appropriate matching** (Match approprié)
	The strong volunteering culture in the UK	**Volunteering with rules and a structure** (Voluntariado com regras e uma estrutura)	**Organisational framework with specific values** (Une organisation avec des valeurs particulières)

In the focus groups conducted in London there was concern about risk assessment, with some emphasising that volunteers should be carefully selected and assessed, whilst others felt that in principle all kinds of people can be a volunteer. Furthermore, the motivations of volunteers were deemed essential to be made explicit. In terms of the organisation, many highlighted that the organisations are the ones with a duty of care and responsibility towards the volunteers. Several participants pointed out that in the UK there is a strong volunteering culture, whilst reflecting on whether volunteers should or should not be trained. There was much discussion about what constitutes a good match, with some

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holding a view that matching should be based on shared interests and that volunteers should have the right to be re-matched.

"But I think in the UK there is a culture of volunteering, like it's quite strong – people rely on that quite a lot."

(London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)

In Porto there was much questioning about the exact criteria that should be used to select volunteers, with others mentioning that it is a paradox to select volunteers. Views also covered the rules and structure for volunteering, with some suggesting that a regular risk assessment to check on volunteers should be done before and throughout. Beyond the notion that volunteers want to help others, some proposed that volunteers' motivations could also be to gain something. There was also a discussion about whether training may or may not be important depending on the degree of training, as it may vary from simply receiving information to undergoing more thorough training, ultimately leading to the acquisition of skills. In relation to matching, it was suggested that this was based on the characteristics of patients and volunteers.

"When a person says - to volunteer is not to expect anything in return - it's a bit of a lie, because a person always ends up having something in return, isn't it? Even if it's just to feel good, like… I helped this person and I feel good, so … I already won."

(Porto Volunteer Focus Group 1, Participant 1)

In Brussels there were different views with some considering that volunteers should be selected and others deeming that there is already an 'a priori' selection, in that those individuals who take the initiative to volunteer already represent a self-selection for taking such role. Some described the potential motivations of volunteers as being to help others, to save others or to participate in a collective citizenship. Some have raised the issue that the organisational framework should have specific values and that the relationship was triangular, involving the volunteer, the volunteering organisation and the patient, focusing on the importance of an appropriate matching. The discussion around training was also present, describing its advantages and disadvantages, with views expressed both in favour and against training for volunteers.

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"Obviously it is a bond between two individuals but that this type of link can be fruitful only if it's always three. The three being symbolic, but notably is the presence of an institution."

(Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)

In all sites there was much discussion about the importance of selecting volunteers and how to select them, and whether or not volunteers should be trained.

The role of the volunteer is multifaceted

There was a wide range of perceptions of the role of the volunteer, with multiple responsibilities attributed to it and a lack of consensus, which is reflected in the labelling of this theme (Table 6).

The role of the volunteer was seen overall as providing support to the patient, but the ways to achieve this were quite diverse from a more passive role, i.e. 'be with' and 'give hope', to a more active role, i.e. 'do social activities' and 'practice social skills'. There was particular focus on the expectations relating to communication with the patient, i.e. 'give patients realistic feedback' and 'educate the patient', and also highlighting that this entailed a person-centred approach, i.e. 'addressing patients' needs' and a social element, such as to 'provide company' and 'support the patient'.

In addition to the direct role of the volunteer towards the patient, an expectation of a more institutional responsibility towards others, where the volunteers 'collaborate with services' was listed in all three sites. Although several different roles were described across the three sites, some mentioned that even if the volunteer did not have a pre-defined objective, their role could still have a therapeutic effect.

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Table 5. *Theme: 'The role of the volunteer is multifaceted' and its sub-themes*

	LONDON	PORTO	BRUSSELS
PASSIVE	**Be with**	**Provide company and support the patient** (Fazer companhia e apoiar o doente)	**Accompany patients** (Accompagner les patients)
	Give hope to	**Support patients to rediscover life** (Ajudar os doentes a reencontrar sentido de vida)	**Give hope and return to who they were before the illness** (Donner de l' espoir et retrouvez qui ils étaient avant la maladie)
	Not to judge patients	**A transition figure** (Uma figura de transição)	**Not labelling patients** (Ne pas étiqueter les patients)
ACTIVE	**Address patients' needs**	**To keep an eye on the patient** (Vigiar o doente)	**Respond to a need and offer what services do not** (Répondre à un besoin et offrir quelque chose que le système n'offre pas)
	Do social activities with	**Do social activities with** (Fazer actividades lúdicas)	**Do social activities with** (Faire des activités sociales)
	Practice social skills	**Provide competencies** (Capacitar o doente com competências)	**Helping patients** (Aider les patients)
	Share experiences	**Provide new experiences** (Proporcionar novas experiências)	**Relational exchanges** (Échanges relationnelles)
	Give patients realistic feedback	**Educate the patients** (Educar o doente)	**Instil ideas into the patients** (Insuffler des idées aux patients)
	Collaborate with services	**To complement, liaise or be part of services** (Como complemento, elo ou integrado nos serviços)	**Collaborate with or be part of services** (Collaborer avec ou faire partie des services)

In London, many of the sub-themes covered a variety of practical activities that the volunteers could help patients with, e.g. helping them to practise social skills, communicating with the patients and giving them realistic feedback, but also less 'tangible' aims, such as to give hope to patients or not to judge patients. Some argued for a more individualised approach, identifying their role as variable depending on the patients' needs.

"It would be useful to have a … [volunteer] who is able to give some realistic feedback… If you just have someone who is like completely accepting in a way that other people, in the general population aren't you're not actually getting any realistic feedback."

(London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)

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In Porto, views ranged from prioritising a more social element, such as 'provide company and support the patient' to 'do social activities' and facilitate them to acquire competencies, or just giving 'new and unique experiences', even if for a brief interaction. It was felt that even if participants did not learn anything long-term, the experience would still be beneficial and worthwhile for the patient. There was also a sense of the volunteer as a 'healthy role model', a standard that the patient could look up to, and a temporary 'transition figure' for the patient, who has an impact that remains beyond the end of the relationship. Thus, the patient could put into practice the skills they acquired in their real world, encouraging them to 'rediscover the meaning of life'. These positive and hopeful views of encouraging the acquisition of further skills and autonomy were in contrast to the perception of the volunteer as the one that should monitor and 'keep an eye' on the patient.

"The surveillance would end up being a consequence of the company. As long as the patient feels that he is accompanied, that can protect him."

(Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)

In Brussels, the sub-themes varied from practical support, i.e. 'accompany the patients', 'do social activities' and 'help the patients', or somehow 'instil ideas in the patients' to not having a specific pre-defined objective and giving hope to the patients. Other views seemed to show an expectation that the volunteers would be different and somehow better than the rest of society, e.g. less judgemental, less stigmatising. They would therefore be 'offering something that the services don't have'. Of note in Brussels, several quotes were quite reflexive, on occasion seeming to represent idealised views of the role of the volunteer, and there were fewer concerns expressed about potential harms of volunteering when compared with the focus groups from the other sites.

"We give hope. This is very important hope, especially for mental health after the person can return thanks to this hope in a longer programme where they will be helped by other professionals and other volunteers for example."

(Brussels Volunteers Focus Group 2, Participant 8)

In all sites, there were views that the role of the volunteer should be instrumental, providing practical support in conducting social activities and, in addition, collaborating with services.

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In Porto and Brussels there were some views about the role of the volunteer as a means to control the patients, either 'keeping an eye' on them in Porto, or 'instilling ideas into patients' in Brussels. In London this was not expressed in such a way, but rather giving 'patients realistic feedback', as opposed to overprotecting them or mistreating them.

Every relationship has a different character

There were various views about the character of the relationship, ranging from two extremes; a more formal relationship 'with a contract', to a more informal 'friendship', which has led to labelling this theme as 'Every relationship has a different character' (Table 7). In the focus groups different participants held distinct views about the character of the relationship and equally, each participant believed that every relationship would be different.

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Table 6. *Theme: 'Every relationship has a different character' and its sub-themes*

	LONDON	PORTO	BRUSSELS
FORMAT	**A contracted friendship**	**A friendship by decree** (Amizade por decreto)	**To be a friend or not** (Être ami ou pas)
	A mentorship	**A helping relationship** (Uma relação de ajuda)	**A bond** (Un lien)
	It is reciprocal	**A reciprocal exchange** (Uma partilha recíproca)	**A reciprocal relationship** (Une relation réciproque)
	It is patient-centred	**In limbo between a friend and a professional** (No limbo entre um amigo e um técnico)	**A relationship between two people** (Une relation entre deux personnes)
	Not one size fits all	**A relationship hard to predict** (Uma relação difícil de prever)	**The volunteer occupies a larger space in patients' lives** (Le bénévole occupe un espace plus grand dans la vie des patients)
	It is time-limited	**It may or may not have a maximum time** (Pode ou não ter um tempo máximo)	**A finite relationship** (Une relation définie)
BOUNDARIES	**Explicit boundaries**	**It is a contract** (É um contracto)	**The relationship exists because of the mental illness** (La relation existe à cause de la maladie mentale)
	Fluid boundaries	**Became a friendship** (Tornou-se uma amizade)	**With distance or proximity** (Avec distance ou proximité)
	May be compelled to break boundaries	**The trust is broken if the confidentiality is breached** (A confiança quebra-se com a quebra de confidencialidade)	**There is a randomness for the relationship to work** (Il y a un élément aléatoire pour que la relation fonctionne bien)

In London, some of the sub-themes expand on the format of the relationship as either a contracted friendship or mentorship, with some pointing to its reciprocity and others to the fact that it is not an 'equal relationship' as it is patient-centred and one size would not fit everyone. Some have highlighted that these types of relationships are time-limited and the difference lies in the explicitness of the boundaries. When these were tighter, people may be compelled to break them.

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"…like person-centred. So it depends on who you're supporting and what their needs may be."

(London Volunteer Focus Group 1, Participant 3)

In Porto, views varied about the character of the relationship, from a friendship by decree, a reciprocal relationship or a helping relationship, and it may be in limbo between a friend and a professional. It was considered that this relationship may be difficult to predict, it may or may not evolve, and it may or may not have a maximum time period. Some have described it as a relationship with boundaries, with some calling it 'a contract', and others raised the concern that trust is broken if the confidentiality is breached.

"The volunteer… is a kind of intermediary between friend and professional… who is neither a professional nor a friend… is there in limbo."

(Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)

In Brussels, views varied as to whether such a relationship was or was not a friendship, with some describing it as a reciprocal relationship and others believing there was some connection or 'bond'. Some felt it was important to emphasise the dynamics of the relationship, whereby the relationship exists because of the mental illness. It was felt that the space that the volunteer occupies in the lives of the patients is disproportionately large compared to the space that the patients may occupy in volunteers' lives. Some described its boundaries as a finite relationship and some have also spoken about demanding a duration and engagement from the volunteers. Others described that the relationship may have more or less distance or proximity, pointing out that there may need to be a randomness for the relationship to work, given that it involves two individuals that may or may not get along. Furthermore, it is a relationship commonly with a predetermined end.

"The … space that the volunteer holds in the patient's life is disproportionately large compared to the space that the patient holds in the life of the volunteer."

(Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)

Across sites, there was a view that it is not a naturally formed relationship, although it may be a reciprocal, two-way relationship with both sides benefiting. Much discussion occurred about the nature of the relationship being more or less artificial or more or less

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of a friendship, reflecting that the presence of many rules may make it challenging to create a friendship.

To volunteer is to face challenges

Several challenges, both barriers and risks, were related to the provision of volunteering, many of which were somewhat specific to the local context (Table 8). The barriers described were at the organisational or individual level, preventing, either conceptually or practically, the establishment of volunteering or people taking steps to volunteer. The possibility of potential risks to those involved was raised, i.e. relating to the patient, the volunteer, the organisation or the society. These concerns covered relationships that were not in the right format, too intense, or toxic.

Table 7. Theme: 'To volunteer is to face challenges' and its sub-themes

	LONDON	PORTO	BRUSSELS
BARRIERS	**Stigma is a big issue**	**Lack of education and stigma of mental illness** (Falta de educação e estigma da doença mental)	**Mental health stigma** (Stigmatisation envers la santé mentale)
	Odd or artificial idea to provide friends to people	**Being a novelty** (Ser uma novidade)	**Bad image of volunteering** (Mauvaise image du bénévolat)
	Bureaucracy and time to get a Disclosure and Barring Service check	**Lack of resources** (Falta de recursos)	**Lack of recognition** (Manque de reconnaissance)
	Problem with distances and transports	**Long distances** (Distâncias longas)	**Complexity of dealing with the different languages in the country** (Complexité de la gestion des différentes langues du pays)
	Difficult to deal with differences of culture, religion and language	**Dealing with behaviour of patients** (Lidar com o comportamento dos doentes)	**Dealing with someone with psychosis** (Interagir avec une personne souffrant de psychose)
RISKS	**Selecting untrustworthy volunteers**	**Involving others besides the volunteers** (Envolver outras pessoas além dos voluntários)	**Volunteers do their own volunteering** (Les bénévoles font leur propre bénévolat)

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	Burden for the volunteers	**Over-involvement of the volunteer and the patient** (Sobreenvolvimento do voluntário e do doente)	**Being heavy for the volunteer** (Lourd pour le bénévole)
	Risk of over-professionalising volunteers	**Do a professional job, but not paid** (Fazer um trabalho profissional, mas não pago)	**Risk of being unpaid work** (Risque d'être un travail non rémunéré)
	Providing a person to a patient that is not interested	**Exposing patients to risky behaviours** (Expor os doentes a comportamentos de risco)	**Volunteers not listening to the patients** (Les bénévoles n'écoutent pas les patients)
	Volunteers that undermine clinicians' work	**Relationship is 'toxic' to the patient** (Relação seja 'tóxica' para o doente)	**Manipulate the patient** (Manipuler le patient)
	To end the relationship	**Being dependent on the volunteer** (Dependência no voluntário)	**Risk of breaking the relationship** (Risque de rupture)

In London, much of the discussion was about the selection of volunteers; it is considered difficult and time consuming with regards to bureaucracy and the Disclosure and Barring Service (DBS) checks. Once selected, other challenges were identified, such as the risk of selecting untrustworthy volunteers and the potential for volunteers to undermine clinicians' work. Other challenges that emerged in the discussions concerned practicalities, either as a result of dealing with physical distances or differences of culture, religion and language. Some felt it could seem awkward to provide friends to patients. Other risks were centred around the format and the delivery of the relationship with overly high expectations of volunteers, not having the right relationship format or professionalising volunteers. Other concerns raised were more emotional, such as dealing with the end of such a relationship.

"A slightly odd idea, to…artificially create, or provide friends to people; …that's not how it works; and either you advise someone to go to speak to someone or meet with someone. You don't create friends for people..."

(London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)

In Porto, many raised the lack of education and stigma of mental illness as a barrier for volunteering, which also extended to volunteers owing to their proximity to the

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patients. The fact that it was perceived as a novelty, the lack of resources and long distances were other barriers noticed. There was discussion and concerns about practicalities such as difficulties in dealing with patient behaviour, problems of the actual relationship, e.g. being 'toxic' to the patients, having patients and volunteers overinvolved with each other, or exposing patients to risky behaviours. There were also concerns about volunteers carrying out an unpaid professional job, or patients becoming dependent on volunteers.

"People who… would be available twenty-four hours … I don't know how healthy that was for the volunteer. It would stop… it would not be volunteering anymore, it would be a way of living…"
(Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)

In Brussels, the structural barriers described were the stigma of mental health, the negative image of volunteering, the lack of political and financial recognition of volunteering, and the fact that there are different languages officially spoken in the city, i.e. French and Dutch, and the complexity that this brings. The potential risks mentioned were volunteers wanting to do their own version of volunteering and not following the organisation's rules, the risk of over-professionalising volunteers who ended up being an unpaid worker, and patients being a burden to the volunteers, who may not know what to do if patients became ill. There were concerns around the format of the relationship with volunteers not listening to the patients, manipulating the patient and the risk of ending and breaking the relationship.

"Unfortunately, volunteering does not have a very good image."
(Brussels Volunteers Focus Group 1, Participant 1)

In London and Porto there was the concern that distances may be difficult and act as a barrier for people to meet in person. In London and Brussels discussions raised challenges about dealing with different cultures and languages. In all sites, participants described the stigma of mental health as a challenge for volunteering.

Technology has potential in volunteering

The potential role of technology in volunteering in mental health was described in different ways, indicating both its advantages and disadvantages (Table 9).

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573 ***Table 8.*** *Theme: 'Technology has potential in volunteering' and its sub-themes*

	LONDON	PORTO	BRUSSELS
ADVANTAGES	**Enables human contact**	**Tool for patients to acquire skills** (Ferramenta para os doentes adquirirem competências)	**Brings people together** (Rapprocher les personnes)
	Is an add on to the relationship	**It complements the physical relationship** (Complementa a relação física)	**Complementary to the face-to-face relationship** (Complémentaire à la relation face à face)
	Links people in different cities	**Connects people** (Aproxima as pessoas)	**Overcomes distances** (Coupe les distances)
	A few contacts per week	**Fewer contacts required** (Necessária menor frequência de contactos)	**A brief telephone contact may suffice** (Un petit contact téléphonique peut suffire)
	Gives more control in what you want to share	**Enables one to monitor the communication** (Permite monitorizar a comunicação)	**Takes away the spontaneity** (La perte de la spontanéité)
	Good for patients that have face-to-face anxiety	**Encourages the patient through sharing information** (Incentiva o doente ao partilhar informação)	**Good for those who have anxiety in the face-to-face** (Bon pour ceux qui ont une anxiété dans le face à face)
DISADVANTAGES	**Different types of communication may have a decreasing human contact**	**Face-to-face communication is preferable** (Comunicação frente-a-frente é preferível)	**Each person occupies a different role on the phone** (Chaque personne occupe une place différente au téléphone)
	Takes away human interaction	**Risk of replacing the physical relationship** (Risco de substituir a relação física)	**Unnecessary for the relationship** (Pas nécéssaire pour la relation)
	Put at risk what is essential, the relationship	**Risk of having an app only for patients and volunteers** (Risco de se ter uma "app" só para doentes e voluntários)	**Not being transparent with the institution** (Ne pas être transparent avec l'institution)
	Patients becoming paranoid	**More difficult to establish boundaries** (Mais difícil estabelecer limites)	**Technology can be invasive** (La technologie peux être envahissante)

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In London, technology was seen as a tool that can help people, with some viewing it as an enabler of human contact and linking people in different cities, whereas others deemed it takes away human interaction. Similarly, some thought of technology as an add-on to the relationship whilst others felt it risks what is essential, i.e. the relationship. It has been suggested that technology may provide people more control in what is said, enabling additional time to think and respond, which may be good for people that have anxiety around face-to-face contact. Of note, one of the participants highlighted that the different types of communication would allow different forms of human contact, which offer different amounts of access to the other person. In addition, there were concerns that technology could enhance the risk of patients becoming more paranoid.

"If you're telling people who might have paranoia that they are gonna be monitored, you're gonna affect that relationship and it's going to affect how people communicate with each other or how often, and I don't think that's a good idea, to monitor that."

(London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)

In Porto, views varied as to whether technology was a complement or a replacement to the physical relationship, with some considering face-to-face communication preferable. Some saw technology as a tool for patients to acquire digital skills, while others mentioned that less frequent contact would be required. It has been suggested that technology may be helpful by sharing encouraging information to patients, such as a song or a picture, and that it may enable monitoring of communication between patients and volunteers. The difficulties to establish boundaries through technology were raised, e.g. patients calling volunteers during non-social hours, although some provided suggestions on how to limit this. There was a strong view against having an app only for patients and volunteers.

"I'm concerned of finding separate ways for this [communication]… when maybe the interest would be teaching the patient to use common tools, and not perpetuating the idea that I am a volunteer and he is a patient, and our relationship is different from the others, and we even have a different app to talk… I would prefer that the patients use the tools that other people do… because that [a separate app] perpetuates the idea that I'm sick and the others are normal."

(Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)

In Brussels, views varied from technology bringing people together, being complementary to the face-to-face interactions, where a brief telephone contact may feel sufficient and that over the phone, each person occupies a different role, one being the

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caller, the other the listener. It has been reasoned that an advantage of technology is that there is better control over what is said and it may be good for those who have face-to-face anxiety. Others thought that technology may replace the face-to-face relationship, that it may risk losing transparency with the institution, or could be invasive.

> *"Putting technology at the service of the human being it allows more. I work all over the planet with Skype, it allows… but what is crazy… it cuts the distances."*
>
> **(Brussels Volunteer Focus Group 2, Participant 6)**

In all sites, participants shared both advantages and disadvantages of the use of technology, although overall optimism prevailed over scepticism. In both London and Brussels participants emphasised the potential advantage of technology for those who have anxiety in face-to-face interactions.

Volunteering impacts us all

Several ways in which volunteering can have impact were discussed (Table 10). These included the consequences on patients, volunteers, mental health professionals, as well as the impact on wider society.

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Table 9. *Theme: 'Volunteering impacts us all' and its sub-themes*

	LONDON	PORTO	BRUSSELS
PATIENTS	**Promote patients' recovery**	**Patient always benefits even if they do not notice** (O doente beneficia sempre mesmo que não se aperceba)	**Therapeutic effect for patients** (Effet thérapeutique pour les patients)
	Reduce patients' social isolation	**Social integration of patients** (Integração social dos doentes)	**Realise that they are more than a disease** (Se rendre compte qu'ils sont plus qu'une maladie)
VOLUNTEERS	**Make volunteers feel useful**	**Volunteers satisfied helping others** (Voluntários terem satisfação em ajudar os outros)	**Make volunteers feel useful** (Faire en sorte que les bénévoles se sentent utiles)
	Increase volunteers' knowledge about mental health	**Occupy the volunteers and gain experience** (Ocupar os voluntários e ganharem experiência)	**Volunteers gain professional experience** (Bénévoles gagnent une expérience professionnelle)
	Levelling for the volunteers	**Volunteers contact with a different reality** (Voluntários contactarem com uma realidade diferente)	**Volunteers learn from the patients** (Bénévoles apprennent avec les patients)
CLINICIANS	**Can increase or decrease the mental health professionals' workload**	**Reduce the workload of health professionals** (Reduzir a carga de trabalho dos profissionais de saúde)	**Reduce workload of mental health professionals** (Réduire la charge de travail des professionnels de santé mentale)
OTHERS	**Can be a way of different people working together**	**Release tension in relationships with family members** (Libertar a tensão na relação com os familiares)	**Support an inclusive society** (Soutenir une société inclusive)
	Reduce stigma	**Break the stigma in society** (Quebrar o estigma na sociedade)	**Reduce stigma** (Réduire la stigmatisation)

In London, volunteering was perceived as having a positive impact on patients' recovery, improving their quality of life and reducing their social isolation. Volunteering was also deemed to have consequences for volunteers, making them feel useful, increasing their knowledge about mental health and being a levelling experience for them. As for the impact on the mental health professionals' workload, some thought it could decrease if patients improved clinically. The possibility was raised that workload could increase if

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clinicians had the added task of monitoring the relationship. Some thought because of the latter, it may not have any overall effect on clinician's workload. There were views about the impact this may have in services with different people working together, and at the wider society level, reducing stigma.

"The benefits are quite crucial I think, for me … Improving quality of life in terms of socialisation and getting involved in activities – or even if it just means being able to go out in the community and have fresh air, because there are some clients with mental illness that to go out alone, they are quite frightened to go out and worried that something might happen to them – you know, just to get out and get fresh air is, is advantage for them."

(London Mental Health Professionals Focus Group 2, Participant 5, Nurse)

In Porto, participants thought volunteering could be helpful in the social integration and social acquisitions of patients, with some stating that patients always benefit, even when they do not notice it. In regard to benefits for volunteers, some pointed out that it would provide them with contact with a different reality, others highlighted that it would occupy volunteers and provide them with a new experience, and mentioned the satisfaction they may gain by helping others. The potential impact of volunteers in releasing the tension from patients' family members and in reducing the workload of health professionals was also mentioned.

"A volunteer who has [this] experience, not only in mental health but in any other contact, we win, the person who gives… because giving is much more rewarding than receiving ..."

(Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)

In Brussels, views were shared about different ways through which volunteering would have a therapeutic effect for patients, e.g. through patients realising that they are more than a disease. Some of the participants mentioned that volunteers would feel useful, may gain professional experience, and learn from patients. Many stated that volunteering may reduce the workload of mental health professionals and support the wider society making it inclusive.

"For me volunteering is also a personal need to contribute usefully to find a place in society to transmit knowledge that we have … it is really to exercise the … useful role in the society"

(Brussels Volunteers Focus Group 2, Participant 7)

In all sites participants shared that they felt that volunteering impacted not only the patients, but also the volunteers, mental health professionals, carers and the wider society.

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Views regarding the potential impact of reducing stigma that might come about through volunteering were present in all the discussions.

Discussion

Main findings

Whilst these focus groups were conducted in three European countries chosen for their differences, overall, there were striking commonalities across the findings. Although two types of groups composed of mental health professionals and volunteers were organised, there were overlaps as some participants in the mental health professionals' groups had experience in volunteering, and some participants in the volunteers' groups had a professional background in mental health.

In this study, occupational homogeneity within each focus group was envisioned by organising the focus groups for mental health professionals and volunteers separately. However, there was heterogeneity within each group; within the mental health professionals' groups, participants had different professional roles, and within the volunteer groups, not everyone had experience in volunteering in mental health.

Overall, there was more homogeneity amongst the mental health professionals, whereas the focus groups with volunteers were more heterogeneous. The differences in the local context of these three countries was reflected in the vocalisation of distinct challenges. The provision of volunteering in mental health in the UK is widespread, in Belgium it has links with health care services and in Portugal it barely exists. This familiarity in the UK with volunteering translated into participants reporting more concerns relating to practicalities, in Porto issues raised were related to local barriers and dealing with the unknown, and in Brussels, participants were calling for more infrastructural support i.e. in policies and funds. Overall, participants largely reported that volunteering in mental health may be a helpful resource for people with mental illness and did not express much resistance against it, although it was considered that volunteers should be in contact with mental health services. On occasion there was a dissonance reflecting an underlying tension of paternalism in considering the responsibility of the volunteer or the organisation vs. autonomy as core values of people with mental illness. In theory, participants approved of the use of volunteering in mental health. In practice, several questions were raised about how to overcome barriers and mitigate perceived

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risks, encouraging volunteering to become more inclusive. Stigma was both a barrier as well as a potential outcome for society, with all sites perceiving that volunteering could lead to reducing stigma. The various attitudes towards the connotation of the term 'volunteering' in the three languages may have influenced the later discussion of the actual behaviours that were labelled as acts of 'volunteering'. One of the main findings of this study was that volunteering is not one single entity and that it is strongly connected to the sociocultural context, albeit with commonalities across countries.

Strengths and limitations

This study has been the first to explore the views of mental health care professionals and volunteers regarding the provision of volunteering in mental health across European countries in different regions with varied sociocultural contexts. The benefits of this multi-perspective approach, i.e. focusing on three different countries and two groups of stakeholders, are well described, especially in the field of intimate relationships [22]. It offers a richer understanding of stakeholders' opinions and an improved portrayal of the complexity of relationship dynamics.

The methodology used was consistent across sites in terms of recruitment and acknowledgement of participation. In contrast, other international focus groups conducted in eight European countries which explored what good health and good care process means to people with multimorbidities adopted more flexibility in their methodological approach across the sites. Participants were reimbursed for their travel costs in some countries, whereas in others a gratuity was provided either as a token of appreciation or to aid recruitment. In some cases, participants were emailed after the meeting to thank them for their participation; in one country participants were sent notes [23].

A large sample of mental health professionals and volunteers was recruited, enabling the capture of a rich picture of the stakeholders' views from different backgrounds. The focus groups' composition was largely reflective of the health care and volunteering services organisation in each country. In all three nations, mixed focus groups were composed of different mental health professionals. They were integrated as a group as they share understandings and experiences concerning mental health care provision. Their role was to explore the diversity of views as professionals working in mental health, rather than to establish any kind of 'representativeness'.

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Conducting this study as a multi-country collaboration was helpful as the research team members could interact and learn from each other. The research team was multi-disciplinary, with a background in psychiatry and psychology, and different experiences in volunteering in mental health. This diversity enabled the interpretation to be informed by different perspectives. The fact that in all sites a second researcher, who co-facilitated the focus groups discussion, coded all the data is a major strength and provides robustness to the analysis. The pilot stage exploring the feasibility of organising such focus groups is another strength of this study. This allowed assessment of the potential challenges in the recruitment and interview phase, analysis and study materials as well as providing an appreciation of the facilitator's workload.

Despite its originality, this study also has some limitations.

Whilst focus groups were conducted in three European cities, some of the participants recruited, especially volunteers, were based in other parts of that country. However, this information was not acquired, which could have been particularly relevant in Belgium to explore potential differences between views in the Flemish and Walloon regions.

The large amount of data gathered provided opportunities for a broad analysis across countries, but there was limited capacity for detailed examination of the differences between mental health professionals and volunteers. In the current analysis the focus was on drawing out salient analytical points that were illuminated by the breadth of the data [24].

Finally, although participants were given a brief description of volunteering in mental health before the beginning of the focus groups, it is unclear whether having a more comprehensive understanding or previous personal experience either on volunteering programmes or as a patient in mental health influenced their expressed views, although no information regarding the latter was requested for this study.

Comparison with the literature

The findings of these focus groups allude to six main overarching themes.

The first theme highlights that there is a framework on which volunteering is organised. It addresses several matters that a volunteering organisation may focus on, from the selection and motivations of volunteers to other aspects of dealing with those volunteers recruited to an organisation, e.g. training of volunteers and the format of the

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relationships established. Much of the current literature is focused on volunteers' experiences, motivations and organisational descriptions of the programmes [25-27]. Volunteering programmes are dependent on staff management and the volunteers; they therefore require financial and human resources. Important variations were noted regarding how this framework was described, in some cases pointing to a lack of recognition and resources, whereas in others, showing preoccupation with dealing with the unknown.

The second theme highlights a wide range of perceptions of the volunteer role, labelled as multifaceted. It suggests that there is a broad flexibility in the understanding of what a volunteer should do, which in turn may mean that a large number of people may be suitable to be a volunteer. The perspectives on this ranged from a more passive role, of being with the patient and offering hope, to a more active role, such as doing social activities and practising social skills. This emphasis of 'being there' or 'doing for' is similar to that which has been described in other research, e.g. in a qualitative study in mental health with volunteers and patients from 12 UK volunteering mental health programmes [28]. These findings support that the manner in which volunteer roles are adopted may impact differently on the patient. In all sites, many participants discussed that volunteers should collaborate with services. A qualitative study conducted in Finland about the perceptions of volunteers by health care staff showed that attitudes were positive to conditional; these approaches varied from holistic to task-centred or patient-centred [29]. Equally, a former study conducted in the USA explored the impact of using volunteers to improve patient satisfaction in hospitals and cost-effectiveness. They reported that volunteers appeared to enhance patient satisfaction and reduced costs [30].

The third theme describes that every relationship has a different character, categorising relationships in several types of formats. Essentially, they fall into two extremes, i.e. a more formal relationship that has a contract and is closer to a professional one, and a more informal interaction similar to or indeed a friendship. A former review of the term befriending has already described the spectrum of such relationships [1].

The fourth theme highlights the challenges faced by a volunteer, i.e. the barriers and risks. It describes different obstacles that prevent people from volunteering together with the perceived risks to those who volunteer. Previous research describing the barriers to the use of web-based communication in voluntary associations has pointed to the size and complexity of associations and to the obstacle of an age-based digital divide, e.g. to have a

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profile on a social network site [31]. A rapid review of barriers to volunteering for potentially disadvantaged groups and implications for health inequalities suggested that although different demographic groups may experience specific barriers to volunteering, there were areas of commonality. These included personal resources, i.e. skills, qualifications, time, financial cost, health or physical functioning, transportation or social connections, and institutional factors, such as volunteer management, access to opportunities, lack of appropriate support and a stigmatising or exclusionary context [32]. A further study described specific impediments for older people becoming volunteers [33], e.g. their own health, perceiving volunteering as an unworthy cause or as an unknown prospect.

The fifth theme, exploring the potential advantages and disadvantages of technology use in volunteering, overlaps with former insights into patient-clinician communication through technology. It highlighted similar enthusiasms and scepticisms. Potential benefits and problems of the human-machine interface were previously described, as well as the appropriateness of a specific technology in a specific situation [34]. Amongst these ongoing debates, some argued that the potential advantages outweigh the disadvantages [35]. Overall, these findings show an interest in utilising digital platforms as a resource for volunteering, which aligns with the views offered in previous literature [36, 37]. A qualitative analysis of social and digital inclusion, experienced by digital champion volunteers in Newcastle, reported four categories of motivations leading to successful volunteering, i.e. the individual, people, employment and environmental factors [38].

The last theme illustrates that volunteering impacts us all, and describes the potential impacts of volunteering on patients, volunteers, mental health professionals, families and the wider society. The broader impact of volunteering beyond the aimed effect in patients has been earlier described in a systematic review that postulates that it is a public health intervention [39].

Implications of the findings

These findings represent the views of mental health professionals and volunteers and may be used to inform the development and organisation of current and future volunteering programmes.

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Since this study was based in HICs in Europe, it is unknown whether these findings would also apply to LMICs; this should be investigated further. Additionally, it is uncertain how specific these results are to this sample and to these cities. Future studies should explore whether these findings differ for participants in the rest of the countries and abroad.

The variability of opinions suggests that volunteering programmes should be offered in different formats and with enough flexibility to incorporate individual preferences. An important point was the strong belief that there is potential with technology. This can help with the development of new interventions to facilitate digital forms of volunteering.

Conclusions

Mental health professionals and volunteers consider it beneficial offering volunteering opportunities to their patients. The variability of their views suggests a need for flexibility and innovation in the design and models of programmes offered to patients and volunteers. It is possible, however, that a single intervention based on the common principles could suit different European countries without requiring significant customisation for each country.

Contributorship statement MPC designed the study, led the recruitment of participants, coordinated the study, managed the study team, facilitated the focus groups, led the analysis of the data and drafted the manuscript. MC, FM and ST co-facilitated the focus groups and supported with the data analysis. All authors approved the final version of the manuscript.

Competing interests None

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Data sharing statement Participants were only asked to consent to their anonymised quotations to be used in publications.

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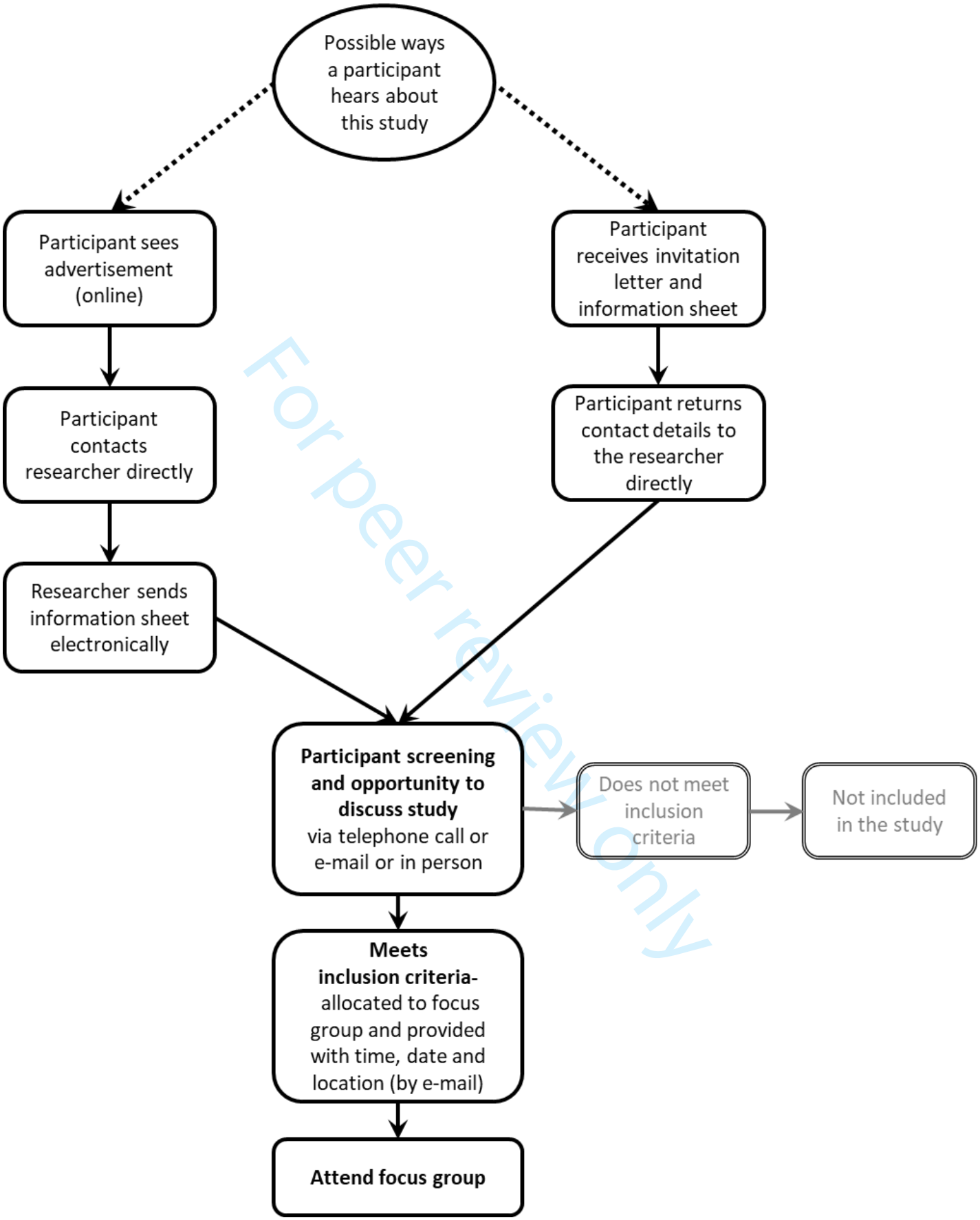

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Theme. 'There is a framework in which volunteering is organised'
1.1. Volunteers motivations are key/ Volunteers can also be keen to gain something/ Volunteers may wish to help
"I think for volunteers there needs to be quite a lot of support and thinking about people's rationale as to why they volunteer – 'cos I know that I did it because it's great to be around children and you've gotta make sure that when you're volunteering you're not bringing too much of your own agenda into situations. " (London Mental Health Professionals Focus Group 1, Participant 4, Social worker)
"Quando uma pessoa diz assim 'fazer voluntariado e não esperar nada em troca', é um bocado mentira, porque uma pessoa acaba sempre por ter alguma coisa em troca, não é? Nem que não seja sentir-se bem, pronto ... 'eu ajudei esta pessoa e sinto-me bem, por isso ... já ganhei'." (Porto Volunteers Focus Group 1, Participant 1)
"Bénévole ça arrive avec la question de l'initiative, c'est quand même le désir qui est quelques choses qu'on a envie de pouvoir réveiller dans les gens qui vont mal." (Brussels Mental Health Focus Group 3, Participant 10, Psychiatrist in training)
1.2. Volunteers should be selected and assessed/ Volunteers selected, but based on which criteria/ Volunteers may be unsuitable
"There should be some sort of…a selection criteria or assessment because obviously we are looking after human beings who are very, very vulnerable." (London Mental Health Professionals Focus Group 2, Participant 10, Nurse)
"Depende da seleção que se faz dos voluntários, não é? … Se é uma entrada, no fundo, livre para toda a gente, pessoas que não tenham a mínima formação e até capacidades intelectuais para entender e capacidades emocionais...É completamente diferente de, se calhar, selecionar… tinha que se definir critérios, é muito complicado..." (Porto Mental Health Professionals Focus Group 4, Participant 16, Psychiatrist in training)
"J'ai déjà refusé une personne comme ça parce que je sentais que la fragilité était vraiment trop grande, pas qu'elle n'était pas capable de le faire." (Brussels Mental Health Professionals Focus Group 4, Participant 21, Psychologist)
1.3. All kinds of people can be a volunteer/ It is a paradox to select volunteers/ There is a priori selection
"It could be anybody, it could be someone who's like a retired bank manager or … who's got some time on their hands, who wishes to volunteer… they could be coming from any background and bringing all that different aspect of the world really." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"O panorama ideal já sei que é utópico e que nunca existe, mas ... seria precisamente que os voluntários só por si por definição já por serem voluntários, porque no fundo há uma seleção natural. A priori. Quer dizer, selecionar voluntários, avaliar voluntários e recrutar voluntários, isto por si já é um contrassenso." (Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)
"Il y a quand même une sélection naturelle, tout le monde n'a pas les mêmes compétences, et c'est heureux, et on n'a pas les mêmes tout le temps, et c'est pas grave, on sait s'organiser." (Brussels Volunteers Focus Group 1, Participant 4)
1.4. Organisations are responsible for volunteers/ A check-up should be done on volunteers/ Must be a triangular relationship
"Sending out people that volunteered only then to befriend someone with mental illness – they have responsibility to safeguard that person – basic knowledge, basic training about mental illness in general." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Também acho que não vão selecionar [com] uma doença... uma coisa ativa, não é, uma hepatite B ativa em que até o próprio suor se pode pegar, e num abraço poderia haver esse problema." (Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)
"Tout faire pour éviter effectivement le lien de un à un. Parce que je pense que ça il y a vraiment du risque, pour tout le monde d'ailleurs, et c'est un peu une formule de toute la limite que ça mais l'idée que l'on a qui se soutient c'est bien évidement c'est un lien entre deux individus mais que ce type de lien ne peut être fécond que si ça se passe toujours à trois. Le trois étant symbolique, mais étant notamment la présence d'une institution."(Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
1.5. To train or not to train/ Training may or may not be important, depending on how much/ Advantages and disadvantages of training
"It's important to give some training for some risk assessment. But then, where do we get the balance, not to make it too formal. Um, with my little experience when people get formal training so when they see a patient behaviour and this, 'Oh this is a personality disorder, this is bipolar, this is…' it's like giving them a diagnosis from the little training they've had. So yeah, it's important to give them training, in terms of risk assessment, but it's also equally useful to have that layman's perspective of things as well."(London Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Acho que alguma formação de determinados campos era importante, a saúde mental acho que, que não podemos ir assim só, de coração, também, é bom, mas convém ter alguma formação, daquelas especificas." (Porto Volunteers Focus Group 2, Participant 5) *"Acho que poderia haver o risco se calhar se em alguns aspetos não se entendesse bem algumas coisas da formação, se não se entendesse bem...por exemplo, alguma patologia. E aí a pessoa fica com uma ideia errada dessa patologia. E pode, se calhar, estar a, a reagir com uma pessoa que, à partida, não necessitaria de, de um trato diferente, e estar a ter esse trato diferente porque confundiu se, se houver confusões na formação...podia ser pior."* (Porto Volunteers Focus Group 1, Participant 1)
"D'abord si je décide moi d'être bénévole dans deux semaines dans le domaine de la santé mentale, j'ai besoin d'apprendre certaines choses." (Brussels Volunteers Focus Group 2, Participant 8)

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"Ou est ce que justement il faut éviter de médicalisée les volontaires que c'est bien d'avoir des personnes qui vont rencontrer ces personnes là sans avoir toutes toutes ces choses en tête." (Brussels Volunteers Focus Group 2, Participant 7)
1.6. Matching and the right to be re-matched/ Matching on the characteristics/ Appropriate matching
"I had a right to choose whether or not I want to work with her. Because I have my own…I'm a human-being, I have my own issues as well. So that might trigger certain things for me." (London Volunteers Focus Group 1, Participant 5)
"Eu acho que tem que haver um match entre o voluntário e o doente mental. Acho que, se calhar, há doentes que vão beneficiar de um voluntário mais assertivo e que saiba dizer não e … que o ajude a cumprir regras. Se calhar, há outros doentes que precisam de uma pessoa, se calhar, mais carinhosa, mais… calma, mais tranquila, que lhes dê um bocadinho mais de espaço. Portanto, eu acho que, além de ter formação sobre as patologias, se calhar era bom ter um encaixe nos perfis…" (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"Il faudrait peut-êtrea allors à ce moment là que des personnes du service hospitalier dirigent le bénévole vers certains patients qui ne sont pas des cas un peu plus lourd et donc qui demande une forme d'attention plus particulière et nécessitant peut-etre plus de connaissances." (Brussels Volunteers Focus Group 1, Participant 3)
1.7.The strong volunteering culture in the UK/ Volunteering with rules and a structure/ Organisational framework with specific values
"*But I think in the UK there is a culture of volunteering, like it's quite strong – people rely on that quite a lot so I think it's just something that is a bit more there*." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Tem que haver realmente uma estrutura por trás para fazer realmente essa formação, essa seleção." (Porto Mental Health Professionals Focus Group 2, Participant 5, Occupational Therapist)
"*Moi je dirais plutôt qu'il doit être un soutien pour le patient. Qu'importe le service, qui se soit le service social, le service de santé ou le service quel qui soit. Maintenant il y a sans doute une différence entre le travail à l'interieur de l'hôpital et celui à domicile ou chex l'autre. Je pense que le pair-aidant ou le benevol doit toujours rester dans un cadre précis. On peut changer de casquettes en casquettes, on peut se trouver dans le service social et dans le service medical a la fois, mais on doit toujours etre dans un cadre precis*." (Brussels Volunteers Focus Group 1, Participant 3)

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Theme 2. The role of the volunteer is multifaceted
2.1. Be with/ Provide company and support the patient/ Accompany patients
"You have to be there for that person, you have to be there to have that chat, sit beside the person." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Penso que é mais a companhia e muitas vezes essas pessoas não se apercebem das situações em que estão, ou se apercebem pode-se sentir sozinhos e diferentes dos outros, e acho que fazer companhia a essas pessoas também as ajuda a sentirem-se melhores." (Porto Volunteers Focus Group 1, Participant 4)
"Si c'est juste faire un tour dans un parc, aller chercher une cigarette, faire une ou deux courses, c'est vraiment pouvoir accompagner pour que le patient ne soit pas livré à lui-même, par rapport à la société." (Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
2.2. Give hope to/ Support patients to rediscover life/ Give hope and return to who they were before the illness
"We need also someone to talk to, to give them some hope, to instil some hope in them." (London Mental Health Professionals Focus Group 2, Participant 7, Nurse) *"We need also someone to talk to, to give them some hope, to instil some hope in them."* (London Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Nós vemos muitas pessoas, na nossa prática diária, que perderam o sentido da vida, que ficaram reformados, e que não têm objetivo nenhum… e isso nós olhamos e pensamos, esta pessoa sempre viveu, em função de alguém, eram os filhos, era marido, que estava acamado e depois morreu, e precisamente lembro-me desta história, de alguém, que depois deprime porque já não tem um incentivo… E eu encontro n pessoas que só iriam beneficiar." (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in Training)
"Quand c'est ponctuel avec un peu de chance nous donnons l'espoir. C'est très important l'espoir, specialement pour la santé mentale après la personne peut rentrer grâce à cet espoir dans un programme plus long ou elle va etre aide d'autres professionnels et d'autres bénévoles par exemple." (Brussels Volunteers Focus Group 2, Participant 8, Volunteer)
2.3. Not to judge patients/ A transition figure/ Not labelling patients
"With the volunteer there's this less stigma attached and they feel less judged by someone who they could probably just be friends with." (London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"Se o voluntário interpretasse o seu papel como uma figura de transição, e se ele tivesse um objetivo de criar outras relações para o doente, ele podia sair do cenário, quando visse que já não era necessário e que o doente por ele próprio já é capaz de criar relações…"(Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
"Ce qui est très chouette c'est qu'ils ne diagnostiquent pas, donc ils ne sont pas comme nous…comme moi le psychotique. Et c'est parfois étonnant, parce qu' ils travaillent quelque partfois avec la partie saine de la personne forcement. Donc ça c'est quelque chose que peux etre… " (Brussels Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
2.4. Address patients' needs/ To keep an eye on the patient/ Respond to a need and offer what services don't
"Look at their kind of individual needs and what makes them kind of them and unique as opposed to things always being focused around their diagnosis and what happens there." (London Mental Health Professionals Focus Group 1, Participant 4, Social Worker)
"A vigilância ia acabar por ser uma consequência da companhia. Enquanto aquele doente sentir que está acompanhado pode protegê-lo." (Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)
"Je trouve ça répond à un besoin, on le voit d'ailleurs. Il expliquait que les patients psychiatriques souvent deviennent des fidèles. Ce qu'il y a clairement un besoins que le système n'offre pas." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Nurse)
2.5. Do social activities with
"And you spend time with that person doing something. You have a cup of tea or you laugh together or you watch a movie and you share experiences." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)
"A partir do momento em que um doente mental tem este amigo, este amigo vai levá-lo para atividades lúdicas, para atividades de lazer. Ou seja, vai abrir outras portas de socialização. Por exemplo, o amigo leva-o ao futebol e no futebol vai acabar por, naturalmente, aos poucos ir criando novos contactos e abrir novas janelas de socialização. As coisas começam a correr sozinhas." (Porto Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist in training)
"Créer cette relation d'aide plutôt à l'extérieur autour d'une tasse de café, "eh bien tiens voilà", après c'est déjà juste faire sortir la personne c'est déjà assez énorme. Donc c'est vrai qu'avant de faire cela il faut donc déjà créer un minimum de relation avant parce que ce n'est pas parce qu'on arrive et qu'on dit : "allez on va boire un café !" ça ne marche pas." (Brussels Mental Health Professionals Focus Group 4, Participant 2, Occupational Therapist)
2.6. Practice social skills/ Provide competencies/ Helping patients
"I think it's important to take the meds but I think it's important to have people to talk to and to be sociable and not to lose those skills." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"Será que não é necessário, não é melhor dar ou procurar dar aos doentes, as ferramentas para que possam eles próprios criarem relações de amizade, ou buscarem-nas? "(Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)
"Mais quand il y a aide directe à la personne il y a d'abord cet objectif là qui est d'aider et de soutenir la personne. Et d'un point de vue plus personnel pour le bénévole, il y a une question d'occupation d'abord." (Brussels Volunteers Focus Group 1, Participant 1)

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2.7. Share experiences/ Provide new experiences/ Relational exchanges
"They could talk for a whole hour and I would just sit there nodding and listening, 'cos that's a therapeutic thing for them, but this is a visit between a layman – myself – completely amateur guy and an old lady, who just happens to be a bit, you know… has problems, mentally ill, but to me it's a visit; we talk about things…it's not a therapy session. (London Volunteers Focus Group 1, Participant 1)
"Eu acho que são pessoas que, fruto da sua doença mental estão privadas de muitas experiências... e não acho que seja forçosamente mau, dar-lhe uma experiência que eles nunca mais vão… voltar a ter…" (Porto Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist in training)
"*À chaque fois une rencontre, un partage, une rencontre particulière sur un mode particulier, mais c'est vrai qu'être en lien, rencontrer vraiment une personne là où elle est avec ses difficultés, ça apporte à ça aussi à part le partage et la relation qui peut se nouer et les échanges relationnelles*." (Brussels Mental Health Professionals Focus Group 2, Participant 13, Psychiatrist in training)
2.8. Give patients realistic feedback/ Educate the patients/ Instil ideas into the patients
"It would be useful to have a … [volunteer] who is able to give some realistic feedback… If you just have someone who is like completely accepting in a way that other people, in the general population aren't you're not actually getting any realistic feedback." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)
"O nosso principal papel acaba por ser um bocadinho educacional, tentar ensinar, e se calhar mais do que uma vez, porque o facto é que nós por vezes deparamo-nos com pessoas que não entendem à primeira, não entendem à segunda, ou não entendem à terceira, e nós temos que ter a capacidade para saber dar a volta à situação, para perceber as limitações da pessoa, de forma a ajudá-la a ter algum cuidado extra para consigo."(Porto Volunteers Focus Group 2, Participant 5)
"Donc il y a souvent cette volonté d'apporter quelque chose à la personne et de vouloir injecter dans la dynamique de la personne des idées ou des choses qui vont lui permettre d'aller mieux par rapport à sa souffrance." (Brussels Mental Health Professionals Focus Group 3, Participant 13, Psychiatrist in training)
2.9. Collaborate with services/ To complement, liaise or be part of services/ Collaborate with or be part of services
"There has to be some sort of link if you like – I don't know but I'm hoping – between the volunteering agency and if you like mental health services or their identified care coordinators as the case may be, who can then…if there is need, liaise with the volunteering agency to kind of have some sort of update on how the service user is doing or getting along with the person volunteering. " (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Podemos também ter uma pessoa que possa sinalizar, por exemplo, quando há algum problema. Até sinalizar aos profissionais se houver algum sinal de descompensação. Haver algum elo que possa promover que os serviços de saúde saibam sempre que aconteça alguma coisa com o doente. Não funcionando como serviço de saúde, mas como este elo de ligação." (Porto Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist in training)
"C'est pour ça que le cadre est important en ce que je pense dans le bénévolat, dans certains cas, le bénévole peut être à la fois partenaire de l'équipe de soins, donc ils peuvent travailler avec les autres professionnels." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)

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Theme 3. Every relationship has a different character
3.1. A Contracted friendship/ A friendship by decree/ To be a friend or not
"So it's like, it's a contracted friendship . I'm here to kind of, to have a social relationship with you – but it's contracted almost, so it's not a natural-forming relationship." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"É uma pessoa que surge agora na vida do doente por uma decisão de cima para baixo, por decreto, não é? Há bocadinho falaste na referenciação do doente a um voluntário, a dizer assim 'olha agora vais acompanhar este doente' portanto é por decreto, é uma relação que se estabelece artificialmente." (Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)
"Mais si le bénévolat se déclinent sous d'autre forme, comme un accompagnement réel ou quoi, y a aussi cette distance peut-être physique qui n'existe pas et qui pourrait aussi poser question et comment remettre ce cadre-là, comment dire que je suis là pour t'accompagner mais je ne suis pas ton ami." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
3.2. A Mentorship/ A helping relationship/ A bond
"A kind of…sort of mentorship aspect. So I suppose where the other person is… in a way role-modelling, has something maybe to offer that the other person doesn't have experience of, or kind of some advice or guidance aspect. Without obviously being a professional situation." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)
"Vai ser uma relação assimétrica. Mesmo na amizade. Há sempre um que foi visto como aquele que tem patologia mental e o outro que não tem patologia mental. E um está para ajudar… É uma relação de ajuda." (Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)
"Et en même temps, il est content le bénévole aussi parce que ça c'est un bon moment qu'on passe avec une personne, meme se elle n'est pas bien, la voir sourire c'est important si on y arrive jusqu'à être là il y a peu de chaleur humaine et ça je pense que oui." (Brussels Volunteers Focus Group 2, Participant 8)
3.3. It is reciprocal/ A reciprocal exchange/ A reciprocal relationship
"The relationship is a reciprocal relationship, so we do have to take both sides into."(London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"A gente como vocês que vai ajudar uma pessoa idosa que vai fazer voluntariado, também essas pessoas idosas também transmitem coisas antigas, vão aprender e eles vão aprender reciprocamente também ficam mais ricos de parte a parte." (Porto Volunteers Focus Group 1, Participant 3)
"Une relation avec une autre personne et de cette relation nait aussi pour moi un partage qui est très riche, donc c'est contribuer c'est donner de l'aide, le benevolat pour moi c'est recevoir beaucoup, le bénévolat c'est souvent des cadeaux en faite, nous recevons de l'autre." (Brussels Volunteers Focus Group 2, Participant 8)
3.4. It is patient-centred/ In limbo between a friend and a professional/ A relationship between two people
"Like person-centred. So it depends on who you're supporting and what their needs may be." (London Volunteers Focus Group 1, Participant 3)
"Estamos a ver o voluntário na perspetiva, de que é uma espécie de um intermédio entre amigo e técnico… portanto nem é técnico, nem é amigo… está ali num limbo." (Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)
"C'est pas la même chose d'être en lien avec Mr Vanpiperzeel que avec le Dr Schtroumpf, je pense qu'en terme de représentation ça fait une grande différence, et en même temps l'enjeu c'est que, nous on est assez intangible a l'affaire, c'est de dire, mais oui ce sont deux personnes." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
3.5. Not one size fits all/ A relationship hard to predict / The volunteer occupies a larger space in patients' lives
"Look at their kind of individual needs and what makes them kind of them and unique as opposed to things always being focused around their diagnosis." (London Mental Health Professionals Focus Group 1, Participant 4, Social Worker)
"Criar uma amizade não é uma coisa matemática que se possa prever à partida." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"L'expérience ce que moi j'ai, de ce que les patients racontent ce que à partir du moment la place relative ce que le bénévole tiens dans la vie du patient est disproportionnée par rapport à la place que le patient tiens dans la vie du bénévole." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
3.6. It is time-limited/ It may or may not have a maximum time/ A finite relationship
"Some of them just came off a bit sooner than they expected. So we just sort of set them up and they were getting used to working alongside the team and running some groups and then they'd suddenly be gone again. And that was always a bit disappointing really – not just for us but for patients." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"O máximo ... não faz sentido, porque a ideia de uma amizade é, precisamente, prolongar-se no tempo e não ter um fim destinado." (Porto Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Et s'il y avait un critère en dehors de ses éléments là à demander à des bénévoles c'est la durée. C'est la durée de l'engagement je trouve, beaucoup plus que des qualités intrinsèques." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
3.7. Explicit boundaries/ It is a contract/ The relationship exists because of the mental illness

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"We're saying it's a boundaried relationship, but actually …any relationships have boundaries but they're not often explicit …which actually is something that some of our…some people we work with struggle with. So it's just about the explicitness of boundaries isn't it? and the extent. So they are there in all relationships, even in our, in friendships." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)
"Um contrato, pronto… Um compromisso que o voluntário tem sob a alçada desta coisa chamada voluntariado, que tem um conjunto de regras e que é durante aquele tempo, porque durante aquele tempo… As pessoas, depois até podem continuar a relação e continuar a amizade mas aí, se calhar, já não faz sentido sob a alçada destas regras." (Porto Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Donc la difficulté c'est donc de trouver l'objet qui va faire la rencontre. Parce que si c'est l'objet qui fait la rencontre, c'est la maladie mentale, soit-on est malade mentale, soit-on est proches d'un malade mentale." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
3.8. Fluid boundaries/ Became a friendship/ With distance or proximity
"The boundaries are always fluid… I mean they change according to the individual we are working with and I've worked like with elderly people in the past as well where I knew they were gonna say "Are you married dear?" and it's fine to say "yes or no I am" because you know you might not see them again;…it's just a very normal social question, but if someone… asks me that in my work I would…rarely." (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)
"Tenho amigos que eram sem abrigo que, dormiam na rua mesmo, quando se tornaram meus amigos, 5 anos, e são meus amigos ainda, e que eu acompanhei em [voluntariado]." (Porto Volunteers Focus Group 2, Participant 5)
"Il y a un grand nombre de gens qui n'arrivent pas à mettre la distance, et qu'il y a un grand nombre des gens qui n'arrivent pas à mettre de la proximité." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
3.9. May be compelled to break boundaries/ The trust is broken if the confidentiality is breached/ There is a randomness for the relationship to work
"How you find yourself in very tricky situations. You can end up lending people money because they don't have money for food, or you know sort of like, you are easily drawn to break boundaries or to break confidentiality." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)
"Depois há o problema, pode nem ser tanto da confidencialidade, mas pode ser da confiança, isto é um voluntário que um dia saiba alguma informação que a vá transmitir ou à família ou ao médico pode perder completamente a confiança do doente e lá vai o trabalho todo por água abaixo." (Porto Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Donc il y a parfois des proximités, il y a parfois il y a des amitiés, enfin il y a quelque chose, je parlais tout à leur de la dimension spirituelle." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)

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Theme 4. To volunteer is to face challenges
4.1. Stigma is a big issue / Lack of education and stigma of mental illness/ Mental health stigma
"*I think the big campaigns…the big media hype that we see around mental health is always so very negative. So I think, you know I think that stigma is really a big issue*." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Eu acho que passa também muito pela sociedade em geral, não só... pelos responsáveis que estarão neste caso acima das instituições responsáveis, mas pela própria educação, para a saúde mental, que é uma coisa que não existe ou escasseia no nosso país, nós começamos a ver a educação para o cancro do pulmão, e a educação para o cancro, papilomas, etc., maço de tabaco coloridos com imagens de cancros ... começa-se a fazer algum trabalho nesse sentido, na área da saúde mental não se vê nada, e o estigma existe mas está no seio da sociedade, não está só nos voluntários, à partida não estará senão não seriam voluntários, mas não está só na parte institucional ... devia governar estas coisas de uma forma melhor, mas acho que a própria sociedade, as próprias crianças deviam ser incutidas desde pequeninas a, no sentido de as responsabilizar também para ver o doente mental como uma pessoa perfeitamente, normal." (Porto Volunteers Focus Group 2, Participant 6)
"Aller dans des structures classiques se font souvent rejeter parce que elles ont cette étiquette-là et c'est le même problème avec les problèmes de santé mentale." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
4.2. Odd or artificial idea to provide friends to people/ Being a novelty/ Bad image of volunteering
"It was a slightly odd idea, to kind of like artificially create, or provide friends to people; that's not how it works; and either you advise someone to go to speak to someone or meet with someone; you don't create friends to people. So I think the befriend…the word to me is slightly misleading." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Um desafio que me vai pôr a pensar nos próximos dias de como é que elas se podem contatar, ou o que é que se pode inventar, se podemos sugerir ir a algum ponto e terem lá, quem não tem telemóvel, termos lá chamadas pagas para eles nos ligarem, não sei, é um desafio sem dúvida as novas tecnologias." (Porto Volunteers Focus Group 2, Participant 1)
"Malheureusement le bénévolat n'a pas une très bonne image." (Brussels Volunteers Focus Group 1, Participant 1)
4.3. Bureaucracy and time to get a DBS check/ Lack of resources/ Lack of recognition
"DBS aren't always this slow, but they can be stupendously slow. And also for some people who don't have the right information that DBS check can be a problem." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"Ou a pessoa está no lugar errado, ou então vai ter que passar por uma formação quase a zero, acho que este que é o principal desafio, até do Estado português e não sei quê, fazer uma reciclagem a todas as pessoas que estão neste frente de linha."(Porto Volunteers Focus Group 2, Participant 1)
"Pour moi les bénévoles, ils ont effectivement besoin de reconnaissance. En Belgique c'est peu, c'est peu reconnu, ou peu valorisé, et par contre un défi pour moi important qu'un bénévole doit relever c'est avoir gardé une juste distance peut-être." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
4.4. Problem with distances and transports/ Long distances/ Complexity of dealing with the different languages in the country
"Distance and transport in general. And actually the London problem I guess." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"E é de longe." (Porto Mental Health Professionals Focus Group 3, Participant 11, Social Worker)
"La langue. C'est en tout cas a Bruxelles un des défis majeur c'est la fragmentation liée justement a tout ce qui, les différences compétences, donc au niveau des politiques, en voilà parce qu'on a différentes régions, différente communes etc., donc c'est toujours beaucoup compliqué d'être des acteurs dans le territoire autour d'une table, pour décider de mettre en place quelque chose, parce que voilà il y en a beaucoup des acteurs et dépendent de différents pouvoir. C'est compliqué." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
4.5. Difficult to deal with differences of culture, religion, and language/ Dealing with behaviour of patients/ Dealing with someone with psychosis
"It difficult to kind of befriend someone who holds a different view about culture and religion and faith; you know they might not engage with that person in the way they would engage with someone of the same culture, belief and religion – you know? This is East London, language barrier is a big issue as well." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Acredito que alguns aspetos da doença de alguns doentes mentais graves, também vão impossibilitar ou, pelo menos, dificultar esta relação." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"C'est quelque chose d'un peu particulier la psychiatrie parce qu'il y a des gestions de crises compliquées etc etc."(Brussels Volunteers Focus Group 2, Participant 8)
4.6. Selecting untrustworthy volunteers/ Involving others besides the volunteers/ Volunteers do their own volunteering
"To be honest the challenges will be to get the right people to do that volunteering because it is this … the society which we have, we've got some dodgy characters and we don't know if they go down …the volunteers …very intimidating to that person, going to the person's house. People have got devious needs to like get money from the older people isn't it…. So I think to get the right people that's gonna be the challenge in a way. Challenge to get the right trustworthy people." (London Mental Health Professionals Focus Group 2, Participant 8, Nurse)

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"Imaginemos que o voluntário… com muito boa vontade introduz outra pessoa, um amigo dele próprio nesta relação de voluntário doente. Preocupa-me mais esta… introdução, porque não existe nenhum controlo. Nós estamos a falar muito da seleção do voluntário, mas … Isto é uma coisa que não temos controlo e, de facto, parece-me um perigo muito maior introduzir uma terceira relação que não tem relação com o projeto do que, propriamente, a relação de onde é que se vão encontrar. A pessoa que tu já escolheste como voluntário e o doente. Parece-me mais… importante. Porque, por exemplo, imaginemos que o doente ia ter a casa do voluntário. Na casa do voluntário existe a família do voluntário, que não se sabe se será um ambiente propício ou, sequer, se terão abertura para estar com aquele doente. Preocupa-me mais isto, a interação com terceiros do que, propriamente, o local onde estes dois interagem." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"Ils savent qu'il y a une structure hospitalière, ou là que la situation est plus évidente et on voit que les écoutants bénévoles sont beaucoup au-delà de la question de leur tentation à eux, d'être dans une relation à deux, de faire leur bénévolat à leur façons, à leur mode. Ça c'est une difficulté." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
4.7. Burden for the volunteers/ Over-involvement of the volunteer and the patients/ Being heavy for the volunteer
"If someone's sort of saying…"it's gonna have such a significant impact on my life, you're the only person in my life"… if that were someone who I knew in the street – if that was a friend I had made who is kind of putting those sorts of demands on me I might start to wish to withdraw from that relationship, because it's over-bearing and over-burdening. So I think that there's something about…when you're involved in a befriending project kind of those sorts of boundaries about…if you want to pull out or withdraw from the relationship as well." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Haveria algumas pessoas que, se calhar, iam estar vinte e quatro horas disponíveis e não sei até que ponto isso era saudável para o voluntário. Deixava de… Já nem era voluntariado, era um modo de vida…" (Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)
"Pour moi c'est à ce cadre et ce qui se passe là reste là. Parce que ce n'est plus possible. Je ne peux pas tout transporter tout le temps toutes ces relations avec moi, c'est trop lourd mais je pense qu'il faut … reconnaître humblement que ce n'est pas possible d'être l'ami de tout le monde." (Brussels Volunteers Focus Group 2, Participant 8)
4.8. Risk of over-professionalizing volunteers/ Do a professional job, but not paid/ Risk of being unpaid work
"To over-professionalise… not to become a professional because of course we don't want and we don't expect [that]."(London Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist)
"Eu acho que é um risco, um risco em qualquer voluntariado e a partir do momento em que nós oferecemos uma resposta de forma voluntária, corremos o risco de deixar de haver a pressão sobre essa resposta, sendo uma proposta boa e útil, seja dado de uma forma não voluntária. É como aquela coisa de meter professores voluntários e depois os professores que são professores, e que não são contratados por isso. Não podemos perder a noção, daquilo que é importante oferecer aos doentes, e que não devia estar a ser feito em regime de… voluntariado…" (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
"Et alors l'autre chose c'est quand même aussi travailler avec des bénévoles qui font le travail que nous faisons, c'est comment est-ce qu'on travail entre collègues alors. Mes collègues infirmiers, assistant sociaux, éducateurs, psychologues, psychiatres. Si l'activité devient bénévole, d'une certaine manière bah je supprime mon travail. Donc je soutiens l'idée que je suis dans une société qui dit que mon travail n'a pas de valeur puisqu'il doit être fait gratuitement."(Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
4.9. Providing a person to a patient that is not interested/ Exposing patients to risky behaviours/ Volunteers not listening to the patients
"They have the peer support worker, have a befriender, you know you are sending people to these schemes, and … not everyone wants to have a befriender, not everyone wants to have a peer support worker. The fact that there are schemes outside there, it's a kind of move towards that…a person has to agree to that; it's not because I feel you would benefit from that." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)
"Tal como vejo muitas situações em que levar para um sítio de risco de consumo de drogas pode correr mal, tal como se sair à noite e ficasse a dormir montes de horas também pode correr mal." (Porto Mental Health Professionals Focus Group 4, Participant 16, Psychiatrist in training)
"Je crois que ça ne marche pas encore en fait on n'essaie pas d'être à l'écoute." (Brussels Volunteers Focus Group 2, Participant 7)
4.10. Volunteers that undermine clinicians' work/ Relationship is 'toxic' to the patient/ Manipulate the patient
"then somebody else, another volunteer who'd had her own experiences, negative experiences of … NHS services and she was sort of intervening in an unhelpful way of "You shouldn't listen to what they are saying or you shouldn't be… so it felt unhelpful and getting in the way of relationships and questioning treatment… so it was undoing a lot of hard work that had been done and made the person feel unsettled and anxious and started questioning herself again. So that wasn't helpful." (London Mental Health Professionals Focus Group 4, Participant 15, Social Worker)
"Depois a questão de… ser amigo, e com… alguém que seja, que tenha uma perturbação mental ou uma psicopatologia, até que ponto poderão criar… quase que como que… processos psicoterapêuticos tóxicos ou… pseudo-psicoterapêuticos, exagerando na expressão, até que ponto isso poderá ser prejudicial… para o doente." (Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)
"Manipuler c'est influencer mais avec une très mauvaise intention de faire mal quoi. Donc c'est retourner la personne et tout ça peu… aller commant on dit ca …c'est un peu du chantage. Voilà un genre de chantage affectif, c'est très dur le chantage affectif et

je dirais que quand la personne, en tout cas je sais que moi que quand je suis très souffrante de faire attention de ne pas rentrer dans ce chantage affectif."(Brussels Volunteers Focus Group 2, Participant 8)
4.11. To end the relationship/ Being dependent on the volunteer/ Risk of breaking the relationship
"people who have suffered extreme loss, to then get cut short again and lose someone else and you become friends with someone that you lose then as well, it just…it feels almost like you could be really traumatised." (London Volunteers Focus Group 1, Participant 2)
"A mim não me faz impressão a amizade. Porque tem que ser uma coisa bilateral e estaria tudo bem. Faz-me impressão é depois, se calhar, o doente depois criar uma relação de dependência relativamente ao voluntário. E aí acho que deixa de ser benéfico, não é?" (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"on a envie d'avoir cette relation d'une personne à l'autre mais quelque part on est toujours coincé parce qu'il y a quand même des connaissances, des limites à donner, le danger de rupture." (Brussels Mental Health Professionals Focus Group 2, Participant 8, Social worker)

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Theme 5. Technology has potential in volunteering
5.1. Enables human contact / Tool for patients to acquire skills/ Brings people together
"*The befriender would call an elderly person at his certain time every day or every other day – just to kind of check in "how are you doing, how's your day been?" because that person is so lonely. And the value that that person had to having that human contact everyday*." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Um paciente, até porque não consegue fazer aquilo mas com aquela estimulação vai desenvolver outras competências, nesse aspeto até concordo que sim, que a tecnologia é realmente um meio de apoio e que deve ser usado sempre dessa forma, sempre com o controle."(Porto Volunteers Focus Group 2, Participant 4)
"Je crois que même en dehors de tout élément technologique, à partir du moment qu'il y a quelqu'un qui adresse quelque chose à quelqu'un d'autres, qui répond d'une quelconque manière, on est directement dans la rencontre dans le lien, et on ne sait plus s'épargner ça. Ce que tu ne sais plus en plus revenir en arrière puisque ont marqué quelque part, l'appelant et le répondent. Donc voilà je pense que la technologie, oui mais on s'est pas s'empêché d'être en lien non plus avec l'autre. Et c'est ça qui est thérapeutique." (Brussels Mental Health Professionals Focus Group 3, Participant 11, Psychologist)
5.2. Is an add on to the relationship/ It complements the physical relationship/ Complementary to the face-to-face relationship
"*The befriender would call and elderly person at his certain time every day or every other day – just to kind of check in "how are you doing, how's your day been?" because that person is so lonely. And the value that that person had to having that human contact everyday. And he talked about it being a 'life-line' and then they had a…kind of then they met, sort of like every fortnight, she would visit him every fortnight*." (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)
"Acho que as relações têm que ser humanas acima de tudo, interação sempre, presencial, pessoal…" (Porto Volunteers Focus Group 2, Participant 5)
"*Moi je trouve que cette question-là, pour moi, j'en vois une autre, c'est que d'une part, c'est que pour moi, je n'ai pas de problème, c'est oui à la technologie, pour peu que ne fasse pas faire l'économie de la rencontre*." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
5.3. Link people in different cities/ Connects people/ Overcomes distances
"If you used the online tool then you could have a volunteer in Manchester and another in Brighton. And so it widens it and so if you want to make it like really flexible and easy." (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)
"Há pessoas que vivem isoladas, por exemplo, nas aldeias e assim, dias e dias sem ver outra pessoa, portanto, sentem-se isoladas e ... se for por informática, telefone e assim...vêm a pessoa. É totalmente diferente, eu acho." (Porto Volunteers Focus Group 2, Participant 3)
"Mais vraiment mise au service de l'humain ça permet, comme avec Skype d'ailleurs je travaille sur toute la planète avec Skype, ça permet, mais c'est dingue quoi, ça coupe les distances." (Brussels Volunteers Focus Group 2, Participant 6)
5.4. A few contacts per week/ Fewer contacts required/ A brief telephone contact may suffice
"People who are really isolated and don't even want face-to-face, it could be saying 'well you know … maybe you can just exchange a few text messages per week and if that's something you think would be helpful to you and you'd be keen to receive why not', or email exchanges." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Tu não necessitas de estar a contactar diariamente com o voluntário para ter uma relação de amizade com ele." (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)
"Mais ce qu'on voit ce que il y en a des gens qui sont vraiment dans du débordement, des gens qui appellent complètement flippé ou qui débordent qui flambent pour dire qu'a un certain moment ça flambe. Parfois trois minutes c'est complétement suffisant." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
5.5. Gives more control in what you want to share/ Enables one to monitor the communication/ Takes away the spontaneity
"People don't sort of know who you are so you can ask questions that you might feel uncomfortable asking otherwise and getting opinions of lots of different people back." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Suponho que teria de ser… Haveria uma equipa, não é? Que vai coordenando. Por exemplo, o voluntariado ter acesso a tudo, se calhar, não. O doente até pode estar sempre mal, dar pontos negativos àquelas atividades…" (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"Alors on voit même les sites de rencontre mais finalement on se rencontre sur base de critère : 'Je recherche une femme avec des yeux bleus qui a entre 35 et 45 ans.' Personnellement moi je trouve dans la rencontre, la technologie peut amener plus de négatif dans la perte de la spontanéité et de la richesse plutôt que du positif. " (Brussels Mental Health Professionals Focus Group 3, Participant 13, Psychiatrist in training)
5.6. Good for patients that have face-to-face anxiety/ Encourages the patient through sharing information/ Good for those who have anxiety in the face-to-face
"To plant the seed, sort of like of the social contact and maybe having technology is less frightening than having like you know space… Like online dating; so maybe people communicate and you know, emails, and then eventually in the sixth month, maybe if the patient… is familiar with the face of the volunteer maybe finally the patient will agree to sort of meet in person and go out for a

cup of coffee or tea or whatever. So in my mind then maybe that can initially reduce the anxiety but the ultimate aim might be to meet in person." (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)
"O voluntário todos os dias mandar uma música que gostasse… uma música ou um link giro…" (Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)
"Donc il y a quelque chose qui… le téléphone... peut être positif, et à la fois ça peut être négatif. Parce que, négatif dans le sens qu'il n'y a pas toute l'expérimentation du lien à l'autre en fait. Il n'y a pas toutes les facettes du lien, donc à avoir avec quelqu'un. Par contre ça encourage certaines personnes qui peut être ne prendrait jamais rendez-vous avec un psy. Dont le face à face est très angoissant." (Brussels Mental Health Professionals Focus Group 3, Participant 11, Psychologist)
5.7. Different types of communication may have an increasing human contact/ Face-to-face communication is preferable/ Each person occupies a different role on the phone
"It's like four levels isn't it? You have the written communication with text or email; then you have the phone conversation [over] audio; then you have the face video-conference; and then you have the face-to-face meeting, isn't it? So … you add on more information and exchange of communication when you move up from level one to level four." (London Mental Health Professionals Focus Group 3, Participant 11, Psychiatrist)
"Mas, sinceramente, eu acho que isso é importante, mas como uma coisa à parte para situações mais agudas, porque apesar de tudo, o mais importante é ter interação humana, frente a frente com a pessoa. Nós estamos a perder muitas capacidades e até capacidades sociais com muitas pessoas por não interagir frente a frente com as pessoas. Acho que perdemos um bocado se formos só por aí…" (Porto Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist in training)
"Mais, il y a à tenir qu'on n'occupe pas les mêmes places dans cette rencontre. L'un est écoutant, et l'autre appelant. Et ce n'est pas une question que l'un est plus que l'autre, plus malade ou moins malade et tout ça. Mais on n'occupe pas les mêmes places, et ça c'est à maintenir cette affaire." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
5.8. Takes away human interaction/ Risk of replacing the physical relationship/ Unnecessary for the relationship
"The volunteering aspect is coming in to bring the human touch, if you like, and if we bring in too many technology, it takes away that human face interaction and discussion. So it's useful to have … text messages to remind appointments etcetera, but then if we take…if we move from that basic use of technology to more emails, then it becomes like in the office sometimes instead of talking to your colleague you send him an email." (London Mental Health Professionals Focus Group 2, Participant 7, Nurse)
"Mas, sinceramente, eu acho que isso é importante, mas como uma coisa à parte para situações mais agudas, porque apesar de tudo, o mais importante é ter interação humana, frente a frente com a pessoa. Nós estamos a perder muitas capacidades e até capacidades sociais com muitas pessoas por não interagir frente a frente com as pessoas. Acho que perdemos um bocado se formos só por aí…." (Porto Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist in training)
"Mais ça cela peu peut être balayé, c'est un peu le fait que le bénévole en santé mentale est d'abord là pour créer, entretenir une relation humaine, une relation qui peut durer dans le temps mais qui est surtout dans le moment présent. Et donc on n'a pas besoin de ces technologies."(Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
5.9. Put at risk what is essential, the relationship/ Risk of having an 'app' only for patients and volunteers/ Not being transparent with the institution
"If you are using advanced technology, we may forget about the befriending scheme – because that is not what the purpose is." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Tenho algum receio, de estar a arranjar caminhos próprios, para aqui… quando, se calhar o interesse, seria ensinar o doente a usar os caminhos comuns, e perpetuar um bocado a ideia de… eu sou voluntário e ele é um doente, e a nossa relação, é diferente das outras, e nós até temos uma aplicação diferente das outras para falar, percebo as vantagens, mas se calhar preferia que os doentes, usassem as vias que as outras pessoas… porque isto perpetua a ideia de que eu sou doente e os outros são normais." (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)
"Donc si c'est quelqu'un qui travaille entre guillemets qui fait du bénévole chez nous et qui entretient une relation, je ne sais pas moi, Facebook, SMS ou autre avec le patient donc c'est de...la non-transparence avec l'institution qui fait confiance pour quelque chose. Qu'est-ce-que cela va provoquer dans la remise en question…" (Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)
5.10. Patients becoming paranoid / More difficult to establish boundaries / Technology can be invasive
"I think the knowledge of being monitored isn't also going to suit the kind of people that you're planning to work with either, because if you're telling people who might have paranoia that they are gonna be monitored, you're gonna affect that relationship and it's going to affect how people communicate with each other or how often, and I don't think that's a good idea, to monitor that." (London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"Não me vai ligar agora às duas da manhã porque não consegue dormir, não é? Isso não tem sentido nenhum." (Porto Mental Health Professionals Focus Group 3, Participant 9)
"À un moment cela peut effectivement avoir un effet de renforcement au niveau de la relation, mais cela peut être très empoisonnant à d'autres moments et envahissant." (Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)

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Theme 6. Volunteering impacts us all
6.1. Promote patients' recovery/ Patient always benefits even if they don't notice/ Therapeutic effect for patients
"Do other activities that would promote their recovery – so I think it's a very good and important scheme to have." (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"E a pessoa que está a ser ajudada, se estivermos a fazer, se estivermos a ajudar vai, pode sentir ou pode não sentir, mas vai acabar por ser ajudada, eu acho que independentemente dele saber disso ou ter ou não consciência, acho que tem sempre benefícios." (Porto Volunteers Focus Group 1, Participant 1)
"Pour moi les bénévoles en tout cas c'est que j'encadre, je connais n'ont absolument pas d'objectif thérapeutique, alors qu'un professionnel a un objectif thérapeutique mais je pense néanmoins qu'il y a un effet thérapeutique qui est d'escomptée de celui-là. Donc je pense que la différence entre l'effet thérapeutique et l'objectif thérapeutique est essentiel mais tenu." (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)
6.2. Reduce patients' social isolation/ Social integration of patients/ Realize that they are more than a disease
"The benefits are quite crucial I think, for me … Improving quality of life in terms of socialisation and getting involved in activities – or even if it just means being able to go out in the community and have fresh air, because there are some clients with mental illness that to go out alone, they are quite frightened to go out and worried that something might happen to them – you know, just to get out and get fresh air is, is advantage for them."(London Mental Health Professionals Focus Group 2, Participant 5, Nurse)
"Há imensos tipos de doenças, da falta de saúde mental, mas que se calhar algumas delas o que precisam é que alguém as ajude a ter uma vida em sociedade, e se calhar vão precisar que alguém vá conversar com elas umas horas e a faça sentir que tem uma amiga, uma irmã, um irmão, um primo." (Porto Volunteers Focus Group 2 , Participant 5)
"Quand ils se rendent compte aussi qu'ils ne sont pas qu'une maladie. Ils sont toutes autre chose à côté. Il y a un champ de communication qui entre quelqu'un qui n'effectivement qui n'a pas un problématique de santé mentale. Mais ils se rendent compte, ils se rendent compte que autre part que la maladie." (Brussels Mental Health Focus Group 2, Participant 5, Social worker)
6.3. Make volunteers feel useful/ Volunteers satisfied helping others/ Make volunteers feel useful
"It was a very rewarding experience because I felt very useful for someone. And then I met lovely people." (London Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist)
"Um voluntário, eu acho que…quem tenha experiência, não só na saúde mental em qualquer outro contato, ganhamos, ganha mais a pessoa que dá… porque dar, é muito mais gratificante, do que receber…" (Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)
"Mais sur le fait que le patient va sans doute aussi amener certains éléments qui seront utiles aux bénévoles, mais c'est au cas par cas." (Brussels Mental Health Professionals Focus Group 1, Participant 1, Psychologist)
6.4. Increase volunteers' knowledge in mental health/ Occupy the volunteers and gain experience / Volunteers gain professional experience
"I find on the mental health side, I'm no longer scared of mental health… I've got a greater understanding, a greater empathy for somebody that suffers mental ill-health." (London Volunteers Focus Group 2, Participant 5)
"As pessoas que de facto, levam isto a sério, e os verdadeiros voluntários que levam isto a sério, são pessoas que se não estivessem a fazer, podiam estar desempregadas, podiam estar na violência… podiam cometer determinados crimes." (Porto Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist in training)
"Mais ce qui paye le bénévole, c'est que l'autre lui donne de la compétence, parce qu'il a besoin de le rencontrer pour être compétent et donc il se forme." (Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)
6.5. Levelling for the volunteers/ Volunteers contact with a different reality/ Volunteers learn from the patients
"It would be useful for a lot of people to come and do a few hours …on a ward, you know play chess with the service users, spend some time, have a chat, read the paper. It's very levelling I think." (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)
"Em termos de experiências para o voluntário acho que pode ser muito bom, porque às vezes como são populações um bocadinho…. excluídas… aonde não chegam se calhar propriamente e tomamos contato com uma realidade muito diferente, ou seja para os voluntários estão a tomar contacto, com uma realidade, que desconhecem esse aspeto, são tão novas experiências para os doentes, mas também são novas experiências para os voluntários." (Porto Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist in training)
"Après moi ça ne m'a jamais empêché d'être dans une bonne relation avec ces gens de pas connaître ces cases psychiatriques. Même d'une certaine manière, j'ai appris à connaître ces cases psychiatriques en posant des questions directement aux gens, et je ne les aies pas apprises théoriquement." (Brussels Volunteers Focus Group 1, Participant 3)
6.6. Can increase or decrease the mental health professionals' workload/ Reduce the workload of mental health professionals/ Reduce workload of mental health professionals
"It has the potential to both make your work-load bigger and also make your work-load smaller, depending on how it goes really." (London Mental Health Professionals Focus Group 4, Participant 15, Social Worker)
"Como nós falamos há bocado, na questão de haver ou não diferença para o psiquiatra, eu acho que deve haver e que de certa forma tem de haver, um menor trabalho dos técnicos que estão envolvidos no cuidar do doente …" (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)

"Je peux imaginer c'est que si vous donnez aux bénévoles un travail que vous auriez du faire où vous aurez moins de travail si vous engagez un bénévole pour faire un travail qui va se rajouter à quelque chose qui manquait donc vous n'aurez pas plus de travail." (Brussels Mental Health Professionals Focus Group 2, Participant 5, Social Worker)
6.7. Can be a way of different people working together/ Release tension in relationships with family members/ Support an inclusive society
"People don't sort of know who you are so you can ask questions that you might feel uncomfortable asking otherwise and getting opinions of lots of different people back." (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)
"Está em casa... e de resto não faz mais nada. Só contacta com a mãe, depois claro que a mãe, quando não lhe dá o dinheiro, ele fica um bocadinho… agressivo... e acho que este doente precisa de muito apoio... uma coisa social... sair de casa, estar com outras pessoas. Também para libertar um pouco a mãe e diminuir a tensão desta relação." (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)
"Pour moi le bénévolat c'est aussi un besoin personnel de contribuer utilement de trouver une place dans la société de transmettre un savoir qu'on a et qu'on peut, peut être plus transmettre professionnellement c'est vraiment pour exercer le fait du rôle utile dans la scoiete, qui soit ponctuelle on qui fait parti d'un programme."(Brussels Volunteers Focus Group 2, Participant 7)
6.8. Reduce stigma/ Break the stigma in society/ Reduce the stigma
"I think with the volunteer there's this less stigma attached and they feel less judged by someone who they could probably just be friends with. So I think maybe that's how it might help." (London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)
"Porque, porque os doentes mentais são vistos como, há pouco estava a dizer ... como se fossem quase uns bichos, animais, não é nada disso, são pessoas como nós, portanto, eu acho que é um bocadinho quebrar, quebrar esse mito. Ajudá-los, levá-los à rua, passear." (Porto Volunteers Focus Group 1, Participant 2)
"Reste toujours quelque chose qui est étrange pour beaucoup de gens, et qui est inaccessible quand on a a faire avec une personne en maladie mentale grave, il y a une distance qui se crée, et l'ouverture de la parole est très difficile. Je crois que c'est très important d'avoir ces volontariats mais d'amener les gens dans la société pour normalisée ou en tout cas plus étiqueté, d'une façon…qui réduit la personne." (Brussels Mental Health Professionals Focus Group 2, Participant 8, Social Worker)

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Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Developed from:
Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

MANUSCRIPT TITLE:

No. Item	Guide questions/description	Reported on Page #
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	4
2. Credentials	What were the researcher's credentials? (E.g. PhD, MD)	6
3. Occupation	What was their occupation at the time of the study?	6
4. Gender	Was the researcher male or female?	6
5. Experience and training	What experience or training did the researcher have?	5
Relationship with participants		
6. Relationship established	*Was a relationship established prior to study commencement?* .	5
7. Participant knowledge of the interviewer	*What did the participants know about the researcher? (e.g. personal goals, reasons for doing the research).*	5
8. Interviewer characteristics	*What characteristics were reported about the interviewer/facilitator? (e.g. Bias, assumptions, reasons and interests in the research topic)*	6
Domain 2: Study design		
Theoretical framework		
9. Methodological orientation and Theory	*What methodological orientation was stated to underpin the study? (e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis).*	9, 10

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Information Classification: General

Participant selection		
10. Sampling	*How were participants selected? (e.g. purposive, convenience, consecutive, snowball)*	**7, 8**
11. Method of approach	*How were participants approached? (e.g. face-to-face, telephone, mail, email)*	**8**
12. Sample size	*How many participants were in the study?*	**11**
13. Non-participation	*How many people refused to participate or dropped out? Reasons?*	**-**
Setting		
14. Setting of data collection	*Where was the data collected? (e.g. home, clinic, workplace)*	**9**
15. Presence of non-participants	*Was anyone else present besides the participants and researchers?*	**-**
16. Description of sample	*What are the important characteristics of the sample? (e.g. demographic data, date)*	**12-13**
Data collection		
17. Interview guide	*Were questions, prompts, guides provided by the authors? Was it pilot tested?*	**9, 10**
18. Repeat interviews	*Were repeat interviews carried out? If yes, how many?*	**-**
, 919. Audio/visual recording	*Did the research use audio or visual recording to collect the data?*	**9**
20. Field notes	*Were field notes made during and/or after the interview or focus group?*	**9**
21. Duration	*What was the duration of the interviews or focus group?*	**9**
22. Data saturation	Was data saturation discussed?	**-**
23. Transcripts returned	*Were transcripts returned to participants for comment and/or correction?*	**-**
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	**9**

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25. Description of the coding tree	*Did authors provide a description of the coding tree?*	-
26. Derivation of themes	*Were themes identified in advance or derived from the data?*	10
27. Software	*What software, if applicable, was used to manage the data?*	9
28. Participant checking	*Did participants provide feedback on the findings?*	-
Reporting		
29. Quotations presented	*Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? (e.g. participant number)*	16-30
30. Data and findings consistent	*Was there consistency between the data presented and the findings?*	16-30
31. Clarity of major themes	*Were major themes clearly presented in the findings?*	14
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	15-30

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