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

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Complete List of Authors:	Pinto da Costa, Mariana ; Queen Mary University of London; Hospital de Magalhães Lemos EPE Conneely, Maev; Queen Mary University of London Monteiro da Silva, Fábio; Hospital de Magalhães Lemos EPE Toner, Sarah; Queen Mary University of London
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3 **Title:** Stakeholders' views on volunteering in mental health – an
4 international focus group study
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8 **Authors:**

9 Mariana Pinto da Costa^{1,2,3}, Maev Conneely¹, Fábio Monteiro da Silva³, Sarah Toner¹
10
11
12

13 **Affiliations:**

14
15 ¹Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services
16 Development, Queen Mary University of London, London, UK;

17
18 ²Institute of Biomedical Sciences Abel Salazar, University of Porto, Porto, Portugal;

19
20 ³Hospital de Magalhães Lemos, Porto, Portugal
21
22

23
24 Corresponding author

25 mariana.pintodacosta@qmul.ac.uk

26
27 Dr Mariana Pinto da Costa

28
29 Postal Address: Newham Centre for Mental Health, London E138SP

30
31 Tel: 0044(0)2075404210

32
33 Fax: 0044(0)2075404210
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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.

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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3 exists [16, 17]. The existing differences may reflect wider societal diversity, culture and
4 values. The UK, an island lying off the western coast, is influenced by Anglican values and
5 London is shaped by a multicultural ambience; Portugal, located in Southern Europe, holds
6 Catholic and Mediterranean cultural roots; whereas Belgium, positioned in central Europe
7 is the heart of many European institutions, its nationals are multi-lingual, with most of the
8 population speaking both French and Dutch. These socio-geographical diverse countries
9 were chosen for this international focus group study because of their dissimilar traditions
10 of volunteering in mental health.
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17 The objectives of this study were to explore the views of mental health professionals
18 and volunteers from three contrasting European countries on: the purpose, benefits and
19 challenges of volunteering in mental health; the character of these one-to-one relationships
20 and the formats in which these contacts should be made.
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25 **2.1. Methods**

26 **2.1.1. Study design**

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31 This was an international cross-cultural, multi-lingual, i.e. English, French and
32 Portuguese focus group study conducted in two stages, i.e. a pilot phase and the main study.
33 Firstly, the views of international mental health researchers and psychiatrists from several
34 European countries were sought in order to understand and to scope out the diversity of
35 viewpoints and to allow refinements in the topic guide. Once the pilot stage was complete,
36 this methodology was applied in three European countries. This facilitated a comparison of
37 potential similarities and differences across the two stakeholder groups and three sites, i.e.
38 London, Brussels and Porto.
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49 **2.1.2. Research team**

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51 The research team for the main study consisted of the candidate and three other
52 researchers described in detail in Table 1. Each of the researchers in the team co-facilitated
53 the focus groups alongside the lead author and subsequently, supported with data analysis.
54 This second researcher (ST in London, MC in Brussels and FM in Porto) also contributed
55 detailed knowledge of the local culture which supported collection and interpretation of
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3 data. This ensured context specificity and sensitivity, important for the overall validity of
4 the findings.
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6 The lead author had established a relationship prior to study commencement with
7 all the members of the research team. All of them were aware of the context of this study,
8 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)

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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3 associations. In addition, planned snowball sampling was used whilst inviting potential
4 participants to share the invitation with their contacts.
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6 An e-mail with information about the study was sent to volunteering organisations
7 in the UK, Portugal, and Belgium. These volunteering organisations then disseminated
8 information about the study through their networks, via e-mail, websites, or social media.
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14 **1.1.1.3. Eligibility criteria**

15 **1.1.1.3.1.1. Inclusion criteria of mental health professionals**

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- 21 ▪ 18 years or over
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- 23 ▪ Mental health professionals, i.e. having a qualification in one or more of the following
- 24 mental health professions: psychiatry, psychology, nursing, occupational therapy or
- 25 social work
- 26
- 27 ▪ Capacity to provide informed consent
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31 **1.1.1.3.1.2. Inclusion criteria of volunteers**

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- 34 ▪ 18 years or over
- 35
- 36 ▪ Experience in volunteering
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- 38 ▪ Capacity to provide informed consent
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40 **1.1.1.4. Participant identification and consent**

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42 Potential participants received an invitation letter and information sheet about the
43 study by e-mail. Via e-mail, phone, or in person, the lead author discussed with the potential
44 participants the study details, checked the inclusion criteria were met, and discussed
45 practical information about location and times, to be confirmed in writing. A free online
46 meeting-arranging software (Doodle.com) was used asking participants to indicate their
47 availability so that times and dates could be arranged. All participants then received
48 practical information about the upcoming scheduled focus group.
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51 On the day of the focus group, informed consent was obtained from participants.
52 They were also asked to complete a brief questionnaire regarding their socio-demographic
53 details, i.e. gender, age, professional background, experience of volunteering, and if
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3 applicable, experience of volunteering in mental health. None of the participants received
4 financial reimbursement.
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7 8 **1.1.1.5. Sampling considerations** 9

10 The choice of the three countries and the recruitment of mental health professionals
11 and volunteers was purposive and based on the aforementioned eligibility criteria.
12 Separate focus groups for mental health professionals and volunteers were hosted in order
13 to ensure equal voices and sufficient homogeneity of the group composition. This aimed to
14 encourage participants to feel able to be honest and to express their views freely, and to
15 avoid group dynamics being affected by perceived staff hierarchies and power imbalance
16 which could inhibit an open discussion. These groups were deemed separate conceptually,
17 given their divergent backgrounds and the possibility of conflicting views. This facilitated
18 pursuit of a shared purpose and customisation of each group's topic guide. In this study,
19 occupational homogeneity within each focus group was envisioned by organising the focus
20 groups for mental health professionals and volunteers separately. However, there was
21 heterogeneity within each group; within the mental health professionals' groups,
22 participants had different professional roles, and within the volunteer groups, not
23 everyone had experience in volunteering in mental health. Within each country, a
24 convenience sampling strategy was adopted.
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37 In this study, it was envisioned to conduct a minimum of two and a maximum of four
38 focus groups per country to provide enough coverage of the topics and to ensure that all
39 areas could be explored in detail. Focus groups were planned with between four to eight
40 participants. This was deemed a manageable number of people to enable a group
41 discussion and to capture a range of views from individuals from different backgrounds,
42 whilst providing sufficient data to gain an understanding of the experiences and views of
43 mental health professionals and volunteers on volunteering in mental health.
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52 **1.1.2. Procedures** 53

54 **1.1.2.1. Instruments** 55

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57 The study documents, i.e. protocol, topic guide, information sheet, consent form,
58 participants' socio-demographic characteristics questionnaire were developed in English,
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3 and then translated into Portuguese and French, languages in which the lead author is
4 fluent. The versions of the instruments in the three languages were checked by another
5 native speaker in the three sites (ST for English, MC for French and FM for Portuguese).
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9 10 **1.1.2.2. Structure of the focus groups and their facilitation**

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12 All focus groups followed the structure described in the topic guide and lasted
13 between 60 and 90 minutes. Focus groups were conducted in one of the national languages
14 of the hosting city, i.e. English, French or Portuguese. Each co-facilitator was fluent in the
15 local language and also made notes on the discussion including the impact of the group
16 dynamics, exchange of views and its general content. The lead author and the co-facilitator
17 (ST in London, MC in Brussels and FM in Porto) debriefed at the end of session, compared
18 notes and discussed key topics.
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26 **1.1.2.3. Setting**

27 28 29 **1.1.2.3.1. Venue and schedule**

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32 The focus groups were scheduled for varied times, including evenings, to maximise
33 attendance and to allow people with different schedules and availabilities to take part if
34 interested. Choosing a location was an important aspect of planning the focus groups,
35 aiming to have a safe and quiet space, ease of access and comfort. All selected locations
36 were serviced by good transport links and nearby parking spaces available.
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44 **1.1.3. Data recording, transcription and analysis**

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46 The focus groups were audio recorded and then transcribed verbatim in the original
47 languages by a professional transcription company. Participant-identifiable data were
48 removed. Thematic analysis [18] was conducted in the original language of each session
49 using NVivo qualitative analysis software, version 11 (QSR International Pty Ltd., 2015). In
50 addition to the lead author, the second researcher at each site who was fluent in the original
51 language, coded transcripts line-by-line and contributed to the development of the themes.
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57 A recursive, i.e. non-linear approach was used comprising the following stages [18]:
58 familiarisation; coding; searching themes; reviewing themes; defining and naming themes
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3 and write up. It was ensured that the extracts used supported the analytical claims. A
4 mixture of inductive and deductive approaches was adopted. The thematic analysis was
5 primarily inductive given that the research team started this exploratory study with no pre-
6 determined theory, structure or framework on which to base data analysis. However, as
7 the study evolved, the lead author had an overarching view of the data across the different
8 sites, and some members of the research team became progressively more familiar with
9 the research literature on volunteering. This process enabled an additional deductive
10 approach to the data in the later stages of analysis.
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17 The research team analysed the transcripts for themes that reflected the content of
18 the text and subsequently, related themes were clustered together. This process was
19 repeated several times, ensuring that no theme was over or under-represented. Any
20 disagreements were discussed iteratively until a decision was reached. Eventually, each
21 group of themes was given an appropriate label, reflecting its content. Each group label was
22 referred to as 'main theme' and its components were denoted as 'sub-themes'.
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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).

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).

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. 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						
<i>Healthcare professionals</i>						
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
<i>Managers and senior officials</i>						
Educational Manager	1	9.1	0	0	0	0
<i>Teaching and educational professionals</i>						
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
<i>Research professionals</i>						
Researcher	3	27.3	0	0	0	0
<i>Security professionals</i>						
Security	0	0	0	0	1	8.3
<i>Secretarial professionals</i>						
Receptionist	0	0	0	0	1	8.3
<i>Information technology professionals</i>						
IT Technician	0	0	1	11.1	0	0
<i>Media professionals</i>						
Journalist	1	9.1	0	0	0	0
<i>Sales, marketing and related professionals</i>						
Vendor	2	18.2	0	0	0	0
Marketing professional	0	0	1	11.1	0	0
<i>Cleaning professionals</i>						
Street cleaner	0	0	0	0	1	8.3
<i>Road transport/drivers</i>						
Driver Instructor	0	0	1	11.1	0	0
<i>Civil servants</i>						
	1	9.1	1	11.1	0	0
<i>Students</i>						
	0	0	1	11.1	0	0
<i>Retired</i>						
	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 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 <i>priori</i> selection (Il y a une sélection <i>a priori</i>)
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)

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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3 notion that volunteers want to help others, some proposed that volunteers' motivations
4 could also be to gain something. There was also a discussion about whether training may
5 or may not be important depending on the degree of training, as it may vary from simply
6 receiving information to undergoing more thorough training, ultimately leading to the
7 acquisition of skills. In relation to matching, it was suggested that this was based on the
8 characteristics of patients and volunteers.
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15 *"When a person says - to volunteer is not to expect anything in return - it's a bit of a lie,*
16 *because a person always ends up having something in return, isn't it? Even if it's just to feel good, like...*
17 *I helped this person and I feel good, so ... I already won."*
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20 **(Porto Volunteer Focus Group 1, Participant 1)**
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24 In Brussels there were different views with some considering that volunteers should
25 be selected and others deeming that there is already an 'a priori' selection, in that those
26 individuals who take the initiative to volunteer already represent a self-selection for taking
27 such role. Some described the potential motivations of volunteers as being to help others,
28 to save others or to participate in a collective citizenship. Some have raised the issue that
29 the organisational framework should have specific values and that the relationship was
30 triangular, involving the volunteer, the volunteering organisation and the patient, focusing
31 on the importance of an appropriate matching. The discussion around training was also
32 present, describing its advantages and disadvantages, with views expressed both in favour
33 and against training for volunteers.
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43 *"Obviously it is a bond between two individuals but that this type of link can be fruitful only if it's*
44 *always three. The three being symbolic, but notably is the presence of an institution."*
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46 **(Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)**
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50 In all sites there was much discussion about the importance of selecting volunteers
51 and how to select them, and whether or not volunteers should be trained.
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56 **3.1.3.2. The role of the volunteer is multifaceted** 57 58 59 60

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)

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 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)

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5 In Brussels, the sub-themes varied from practical support, i.e. 'accompany the
6 patients', 'do social activities' and 'help the patients', or somehow 'instil ideas in the
7 patients' to not having a specific pre-defined objective and giving hope to the patients.
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9 Other views seemed to show an expectation that the volunteers would be different and
10 somehow better than the rest of society, e.g. less judgemental, less stigmatising. They would
11 therefore be 'offering something that the services don't have'. Of note in Brussels, several
12 quotes were quite reflexive, on occasion seeming to represent idealised views of the role of
13 the volunteer, and there were fewer concerns expressed about potential harms of
14 volunteering when compared with the focus groups from the other sites.
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22 *"We give hope. This is very important hope, especially for mental health after the person can*
23 *return thanks to this hope in a longer programme where they will be helped by other professionals and*
24 *other volunteers for example."*
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27 **(Brussels Volunteers Focus Group 2, Participant 8)**
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30 In all sites, there were views that the role of the volunteer should be instrumental,
31 providing practical support in conducting social activities and, in addition, collaborating
32 with services.
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35 In Porto and Brussels there were some views about the role of the volunteer as a
36 means to control the patients, either 'keeping an eye' on them in Porto, or 'instilling ideas
37 into patients' in Brussels. In London this was not expressed in such a way, but rather giving
38 'patients realistic feedback', as opposed to overprotecting them or mistreating them.
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45 **3.1.3.3. Every relationship has a different character**

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48 There were various views about the character of the relationship, ranging from two
49 extremes; a more formal relationship 'with a contract', to a more informal 'friendship',
50 which has led to labelling this theme as 'Every relationship has a different character' (Table
51 7). In the focus groups different participants held distinct views about the character of the
52 relationship and equally, each participant believed that every relationship would be
53 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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5 *“...like person-centred. So it depends on who you’re supporting and what their needs may be.”*

6 **(London Volunteer Focus Group 1, Participant 3)**
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10 In Porto, views varied about the character of the relationship, from a friendship by
11 decree, a reciprocal relationship or a helping relationship, and it may be in limbo between
12 a friend and a professional. It was considered that this relationship may be difficult to
13 predict, it may or may not evolve, and it may or may not have a maximum time period. Some
14 have described it as a relationship with boundaries, with some calling it ‘a contract’, and
15 others raised the concern that trust is broken if the confidentiality is breached.
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22 *“The volunteer... is a kind of intermediary between friend and professional... who is neither a
23 professional nor a friend... is there in limbo.”*

24 **(Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)**
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28 In Brussels, views varied as to whether such a relationship was or was not a
29 friendship, with some describing it as a reciprocal relationship and others believing there
30 was some connection or ‘bond’. Some felt it was important to emphasise the dynamics of
31 the relationship, whereby the relationship exists because of the mental illness. It was felt
32 that the space that the volunteer occupies in the lives of the patients is disproportionately
33 large compared to the space that the patients may occupy in volunteers’ lives. Some
34 described its boundaries as a finite relationship and some have also spoken about
35 demanding a duration and engagement from the volunteers. Others described that the
36 relationship may have more or less distance or proximity, pointing out that there may need
37 to be a randomness for the relationship to work, given that it involves two individuals that
38 may or may not get along. Furthermore, it is a relationship commonly with a predetermined
39 end.
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50 *“The ... space that the volunteer holds in the patient's life is disproportionately large compared to
51 the space that the patient holds in the life of the volunteer.”*

52 **(Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)**
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56 Across sites, there was a view that it is not a naturally formed relationship, although
57 it may be a reciprocal, two-way relationship with both sides benefiting. Much discussion
58 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)

	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'écourent 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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3 patients. The fact that it was perceived as a novelty, the lack of resources and long distances
4 were other barriers noticed. There was discussion and concerns about practicalities such
5 as difficulties in dealing with patient behaviour, problems of the actual relationship, e.g.
6 being 'toxic' to the patients, having patients and volunteers overinvolved with each other,
7 or exposing patients to risky behaviours. There were also concerns about volunteers
8 carrying out an unpaid professional job, or patients becoming dependent on volunteers.
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15 *"People who... would be available twenty-four hours ... I don't know how healthy that was for the*
16 *volunteer. It would stop... it would not be volunteering anymore, it would be a way of living..."*

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18 **(Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)**
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21 In Brussels, the structural barriers described were the stigma of mental health, the
22 negative image of volunteering, the lack of political and financial recognition of
23 volunteering, and the fact that there are different languages officially spoken in the city, i.e.
24 French and Dutch, and the complexity that this brings. The potential risks mentioned were
25 volunteers wanting to do their own version of volunteering and not following the
26 organisation's rules, the risk of over-professionalising volunteers who ended up being an
27 unpaid worker, and patients being a burden to the volunteers, who may not know what to
28 do if patients became ill. There were concerns around the format of the relationship with
29 volunteers not listening to the patients, manipulating the patient and the risk of ending and
30 breaking the relationship.
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39 *"Unfortunately, volunteering does not have a very good image."*

40 **(Brussels Volunteers Focus Group 1, Participant 1)**
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43 In London and Porto there was the concern that distances may be difficult and act
44 as a barrier for people to meet in person. In London and Brussels discussions raised
45 challenges about dealing with different cultures and languages. In all sites, participants
46 described the stigma of mental health as a challenge for volunteering.
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53 **3.1.3.5. Technology has potential in volunteering**

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56 The potential role of technology in volunteering in mental health was described in
57 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 nécessaire 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 peut être envahissante)

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

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

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

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

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

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

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56 In Brussels, views varied from technology bringing people together, being
57 complementary to the face-to-face interactions, where a brief telephone contact may feel
58 sufficient and that over the phone, each person occupies a different role, one being the
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3 caller, the other the listener. It has been reasoned that an advantage of technology is that
4 there is better control over what is said and it may be good for those who have face-to-face
5 anxiety. Others thought that technology may replace the face-to-face relationship, that it
6 may risk losing transparency with the institution, or could be invasive.
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12 *“Putting technology at the service of the human being it allows more. I work all over the planet*
13 *with Skype, it allows... but what is crazy... it cuts the distances.”*
14 **(Brussels Volunteer Focus Group 2, Participant 6)**
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18 In all sites, participants shared both advantages and disadvantages of the use of
19 technology, although overall optimism prevailed over scepticism. In both London and
20 Brussels participants emphasised the potential advantage of technology for those who have
21 anxiety in face-to-face interactions.
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25 26 27 28 **3.1.3.6. Volunteering impacts us all**

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30 Several ways in which volunteering can have impact were discussed (Table 10).
31 These included the consequences on patients, volunteers, mental health professionals, as
32 well as the impact on wider society.
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37 **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 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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3 In Porto, participants thought volunteering could be helpful in the social integration
4 and social acquisitions of patients, with some stating that patients always benefit, even
5 when they do not notice it. In regard to benefits for volunteers, some pointed out that it
6 would provide them with contact with a different reality, others highlighted that it would
7 occupy volunteers and provide them with a new experience, and mentioned the satisfaction
8 they may gain by helping others. The potential impact of volunteers in releasing the tension
9 from patients' family members and in reducing the workload of health professionals was
10 also mentioned.
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18 *"A volunteer who has [this] experience, not only in mental health but in any other contact, we win, the*
19 *person who gives... because giving is much more rewarding than receiving ..."*

20 **(Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)**
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23 In Brussels, views were shared about different ways through which volunteering
24 would have a therapeutic effect for patients, e.g. through patients realising that they are
25 more than a disease. Some of the participants mentioned that volunteers would feel useful,
26 may gain a professional experience, and learn from patients. Many considered that
27 volunteering may reduce the workload of mental health professionals and support the
28 wider society making it inclusive.
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34 *"For me volunteering is also a personal need to contribute usefully to find a place in society to transmit*
35 *knowledge that we have ... it is really to exercise the ... useful role in the society"*

36 **(Brussels Volunteers Focus Group 2, Participant 7)**
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40 In all sites participants shared that they felt that volunteering impacted not only the
41 patients, but also the volunteers, mental health professionals, carers and the wider society.
42 Views regarding the potential impact of reducing stigma that might come about through
43 volunteering were present in all the discussions.
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48 **4. Discussion**

49 **4.1.3. Main findings**

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

4.1.4. Strengths and limitations

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

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

11
12 A large sample of mental health professionals and volunteers was recruited,
13 enabling the capture of a rich picture of the stakeholders' views from different
14 backgrounds. The focus groups' composition was largely reflective of the health care and
15 volunteering services organisation in each country. In all three nations, mixed focus groups
16 were composed of different mental health professionals. They were integrated as a group
17 as they share understandings and experiences concerning mental health care provision.
18 Their role was to explore the diversity of views as professionals working in mental health,
19 rather than to establish any kind of 'representativeness'.

20
21 Conducting this study as a multi-country collaboration was helpful as the research
22 team members could interact and learn from each other. The research team was multi-
23 disciplinary, with a background in psychiatry and psychology, and some without
24 experience in volunteering in mental health. This diversity enabled the interpretation to be
25 informed by different perspectives. The fact that in all sites a second researcher, who co-
26 facilitated the focus groups discussion, coded all the data is a major strength and provides
27 robustness to the analysis. The pilot stage exploring the feasibility of organising such focus
28 groups is another strength of this study. This allowed assessment of the potential
29 challenges in the recruitment and interview phase, analysis and study materials as well as
30 providing an appreciation of the facilitator's workload.

31
32 Despite its originality, this study also has some limitations.

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

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3 A potential limitation is the reporting bias as the data collection was gathered from
4 multiple participants at the same time as discussing the topics [23]. Given the interactive
5 nature of the group, participants asked each other questions, which caused participants to
6 elaborate further on their views in response to agreement or disagreement from other
7 group members. As focus groups entail a process of collective sense making, social
8 desirability bias may have been introduced. The participants were members of the social
9 group in interaction, and it is this interaction that produces the primary data. Afterwards,
10 this social process of collective sense-making is open to the researchers' scrutiny [24].
11 These results therefore describe their expressed preferences in a group format
12 conversation rather than in an individual interview and so the impact of the group on the
13 views themselves and how they were reported cannot be excluded. In particular, in the
14 mental health professionals' focus groups where the participants had different professional
15 backgrounds, owing to the traditionally dominant role of psychiatrists within mental health
16 services, their views may have been particularly influential. Of note was that in contrast to
17 the other sites, the focus groups with mental health professionals in Portugal were
18 predominantly composed of psychiatrists in training. Hence their overall age was lower
19 and there was less variety in the professional background of participants.
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33 Whilst focus groups were conducted in three European cities, some of the
34 participants recruited, especially volunteers, were based in other parts of that country.
35 However, this information was not acquired, which could have been particularly relevant
36 in Belgium to explore potential differences between views in the Flemish and Walloon
37 regions.
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42 In each of the focus groups, not all topics were covered to the same extent. This may
43 be because each group found different matters interesting and were more inclined to share
44 their viewpoints or there may have been topics where a greater variety of views emerged,
45 thus extending the time taken to discuss any disagreements. This could be a limitation of
46 the overall study since there may be less data on some envisioned matters than others.
47 Throughout the focus groups, the lead author, in her capacity of facilitator, attempted to
48 focus the topic discussions of each group to similar material, taking into consideration the
49 topics covered by previous groups. This was to ensure that all areas were aired and that a
50 balance of topics was obtained between the four focus groups in each country.
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57 The large amount of data gathered provided opportunities for a broad analysis
58 across countries, but there was limited capacity for detailed examination of the differences
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3 between mental health professionals and volunteers. In the current analysis the focus was
4 on drawing out salient analytical points that were illuminated by the breadth of the data
5 [25].
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8 Finally, although participants were given a brief description of volunteering in
9 mental health before the beginning of the focus groups, it is unclear whether having a more
10 comprehensive understanding or previous personal experience either on volunteering
11 programmes or as a patient in mental health influenced their expressed views, although no
12 information regarding the latter was requested for this study.
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18 **4.1.5. Comparison with the literature**

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

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23 The first theme highlights that there is a framework on which volunteering is
24 organised. It addresses several matters that a volunteering organisation may focus on, from
25 the selection and motivations of volunteers to other aspects of dealing with those
26 volunteers recruited to an organisation, e.g. training of volunteers and the format of the
27 relationships established. Much of the current literature is focused on volunteers'
28 experiences, motivations and organisational descriptions of the programmes [26-28].
29 Volunteering programmes are dependent on staff management and the volunteers; they
30 therefore require financial and human resources. Important variations were noted
31 regarding how this framework was described, in some cases pointing to a lack of
32 recognition and resources, whereas in others, showing preoccupation with dealing with the
33 unknown.
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42 The second theme highlights a wide range of perceptions of the volunteer role,
43 labelled as multifaceted. It suggests that there is a broad flexibility in the understanding of
44 what a volunteer should do, which in turn may mean that a large number of people may be
45 suitable to be a volunteer. The perspectives on this ranged from a more passive role, of
46 being with the patient and offering hope, to a more active role, such as doing social activities
47 and practising social skills. This emphasis of 'being there' or 'doing for' is similar to that
48 which has been described in other research, e.g. in a qualitative study in mental health with
49 volunteers and patients from 12 UK volunteering mental health programmes [29]. These
50 findings support that the manner in which volunteer roles are adopted may impact
51 differently on the patient. In all sites, many participants discussed that volunteers should
52 collaborate with services. A qualitative study conducted in Finland about the perceptions
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3 of volunteers by health care staff showed that attitudes were positive to conditional; these
4 approaches varied from holistic to task-centred or patient-centred [30]. Equally, a former
5 study conducted in the USA explored the impact of using volunteers to improve patient
6 satisfaction in hospitals and cost-effectiveness. They reported that volunteers appeared to
7 enhance patient satisfaction and reduced costs [31].
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12 The third theme describes that every relationship has a different character,
13 categorising relationships in several types of formats. Essentially, they fall into two
14 extremes, i.e. a more formal relationship that has a contract and is closer to a professional
15 one, and a more informal interaction similar to or indeed a friendship. A former review of
16 the term befriending has already described the spectrum of such relationships [1].
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21 The fourth theme highlights the challenges faced by a volunteer, i.e. the barriers and
22 risks. It describes different obstacles that prevent people from volunteering together with
23 the perceived risks to those who volunteer. Previous research describing the barriers to
24 the use of web-based communication in voluntary associations has pointed to the size and
25 complexity of associations and to the obstacle of an age-based digital divide, e.g. to have a
26 profile on a social network site [32]. A rapid review of barriers to volunteering for
27 potentially disadvantaged groups and implications for health inequalities suggested that
28 although different demographic groups may experience specific barriers to volunteering,
29 there were areas of commonality. These included personal resources, i.e. skills,
30 qualifications, time, financial cost, health or physical functioning, transportation or social
31 connections, and institutional factors, such as volunteer management, access to
32 opportunities, lack of appropriate support and a stigmatising or exclusionary context [33].
33 A further study described specific impediments for older people becoming volunteers [34],
34 e.g. their own health, perceiving volunteering as an unworthy cause or as an unknown
35 prospect.
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47 The fifth theme, exploring the potential advantages and disadvantages of technology
48 use in volunteering, overlaps with former insights into patient-clinician communication
49 through technology. It highlighted similar enthusiasms and scepticisms. Potential benefits
50 and problems of the human-machine interface were previously described, as well as the
51 appropriateness of a specific technology in a specific situation [35]. Amongst these ongoing
52 debates, some argued that the potential advantages outweigh the disadvantages [36].
53 Overall, these findings show an interest in utilising digital platforms as a resource for
54 volunteering, which aligns with the views offered in previous literature [37, 38]. A
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3 qualitative analysis of social and digital inclusion, experienced by digital champion
4 volunteers in Newcastle, reported four categories of motivations leading to successful
5 volunteering, i.e. the individual, people, employment and environmental factors [39].
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8 The last theme illustrates that volunteering impacts us all, and describes the
9 potential impacts of volunteering on patients, volunteers, mental health professionals,
10 families and the wider society. The broader impact of volunteering beyond the aimed effect
11 in patients has been earlier described in a systematic review that postulates that it is a
12 public health intervention [40].
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19 **4.1.6. Implications of the findings**

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22 These findings represent the views of mental health professionals and volunteers
23 and may be used to inform the development and organisation of current and future
24 volunteering programmes.
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27 Since this study was based in HICs in Europe, it is unknown whether these findings
28 would also apply to LMICs; this should be investigated further. Additionally, it is uncertain
29 how specific these results are to this sample and to these cities. Future studies should
30 explore whether these findings differ for participants in the rest of the countries and
31 abroad.
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36 The variability of opinions suggests that volunteering programmes should be
37 offered in different formats and with enough flexibility to incorporate individual
38 preferences. An important point was the strong belief that there is potential with
39 technology. This can help with the development of a new intervention to facilitate digital
40 forms of volunteering.
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46 **5. Conclusions**

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49 Mental health professionals and volunteers see benefits in offering volunteering in
50 mental health to their patients. The variability of their views suggests a need for flexibility
51 and innovation in the design and models of programmes offered to patients and volunteers.
52 It is possible, however, that a single intervention based on the common principles could
53 suit different European countries without requiring significant customisation for each
54 country.
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3 **Contributorship statement** MPC designed the study, led the recruitment of participants,
4 coordinated the study, managed the study team, facilitated the focus groups, led the
5 analysis of the data and drafted the manuscript. MC, FM and ST co-facilitated the focus
6 groups and supported with the data analysis. All authors approved the final version of the
7 manuscript.
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12 **Competing interests** None
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14
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19 NHS, the NIHR or the Department of Health. The funder did not have a role in the design of
20 the study and collection, analysis of data or writing the manuscript.
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25 **Ethics approval** This study received approval from Queen Mary University of London
26 (Reference number: QMREC1665a).
27
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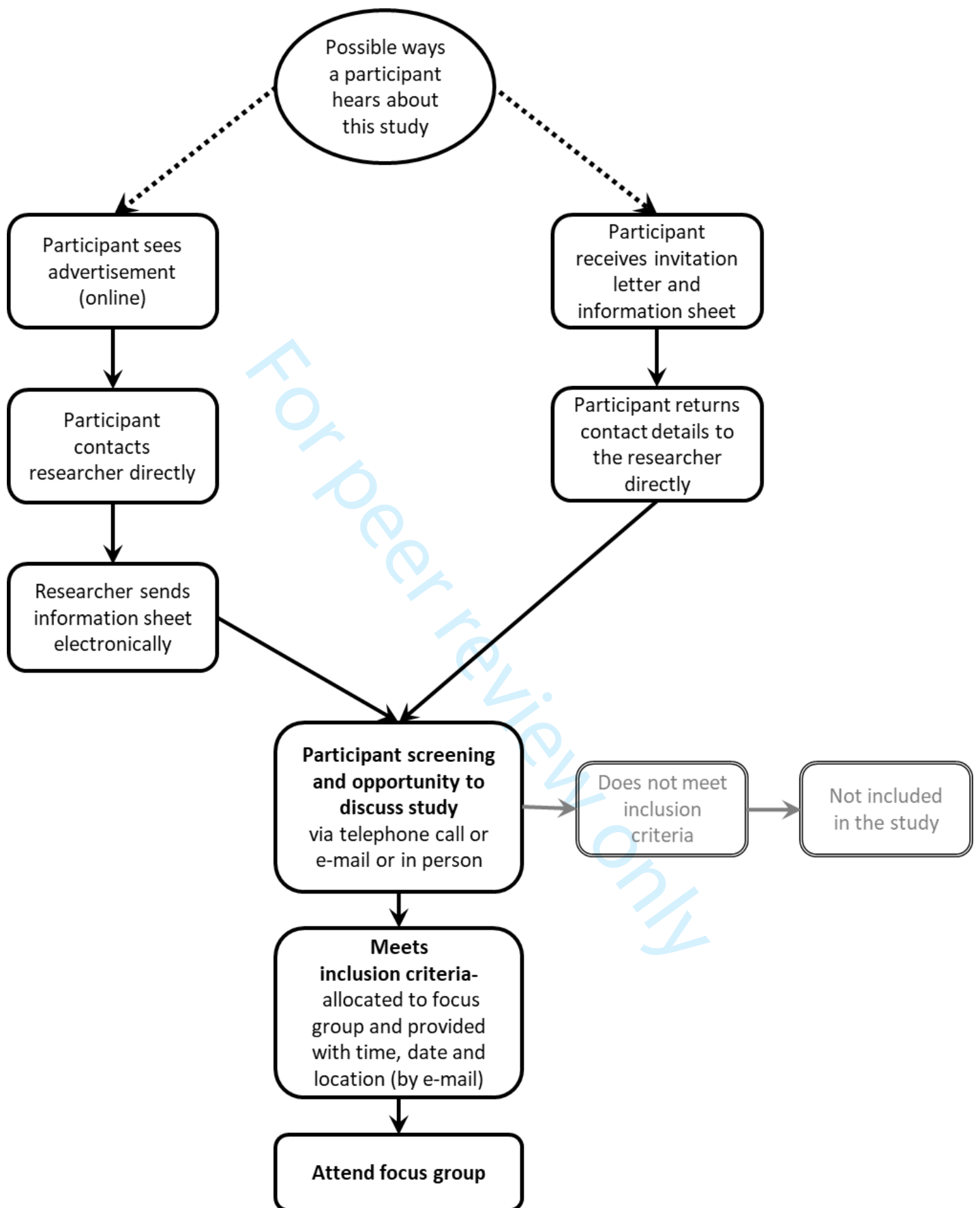
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30 **Data sharing statement** The anonymised data from the transcripts can be made available
31 to external researchers upon reasonable request from the corresponding author
32 (mariana.pintodacosta@qmul.ac.uk) based on a data sharing agreement.
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1.1. Volunteers should be selected and assessed/ Volunteers selected, but based on which criteria/ Volunteers may be unsuitable

1 “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)

2 “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
3 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,
4 Psychiatrist in training)

5 “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
6 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

8 “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
9 bringing all that different aspect of the world really.” (London Mental Health Professionals Focus Group 2, Participant 6, Social Worker)

10 “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
11 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)

12 “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
13 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

15 “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
16 general.” (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)

17 “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
18 Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)

19 “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
20 que l'on a qui se soutient c'est bien évidemment 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
21 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

23 “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
24 Focus Group 4, Participant 14, Psychiatrist)

25 “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)

27 “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
28 entre le travail à l'intérieur de l'hôpital et celui à domicile ou chez l'autre. Je pense que le pair-aidant ou le bénévole doit toujours rester dans un cadre précis. On peut changer de casquettes en casquettes,
29 on peut se trouver dans le service social et dans le service médical à la fois, mais on doit toujours être dans un cadre précis.” (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

31 “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
32 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
33 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)

34 “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
35 específicas.” (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
36 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
37 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)

38 “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)

39 “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
40 Volunteers Focus Group 2, Participant 7)

1.6. Matching and the right to be re-matched/ Matching on the characteristics/ Appropriate matching

"Je trouve ça répond à un besoin, on le voit d'ailleurs. Il expliquait que les patients psychiatriques peuvent devenir des fidèles. Ce qu'il y a clairement un besoins que le système n'offre pas" (London 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 décline 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)

“Tenho amigos que eram sem abrigo que, dormiam na rua mesmo, quando se tornaram meus amigos por 5 anos, e são meus amigos ainda, e que eu acompanhei em [voluntariado].” (Porto Mental Health Professionals 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 contactar, 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 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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1 "Tal como vejo muitas situações em que levar para um sítio de risco de consumo de drogas pode ser perigoso, 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)

2 "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)

3 **4.10. Volunteers that undermine clinicians' work/ Relationship is 'toxic' to the patient/ Manipulate the patient**

4 "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)

5 "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)

6 "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 comment on dit ça ...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)

7 **4.11. To end the relationship/ Being dependent on the volunteer/ Risk of breaking the relationship**

8 "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)

9 "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)

10 "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)

11 **Theme 5. Technology has potential in volunteering**

12 **5.1. Enables human contact / Tool for patients to acquire skills/ Brings people together**

13 "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)

14 "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)

15 "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)

16 **5.2. It is an add on to the relationship/ It complements the physical relationship/ Complementary to the face-to-face relationship**

17 "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)

18 "Acho que as relações têm que ser humanas acima de tudo, interação sempre, presencial, pessoal..." (Porto Volunteers Focus Group 2, Participant 5)

19 "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)

20 **5.3. Link people in different cities/ Connects people/ Overcomes distances**

21 "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)

22 "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)

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"Mais on se sent mis au service de l'humain ça permet, comme avec Skype d'ailleurs je travaillais en présentiel 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

1 "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
2 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)

3 "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
4 training)

5 "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'à un certain moment ça
6 flambe. Parfois trois minutes c'est complètement 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

8 "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
9 Professionals Focus Group 4, Participant 13, Psychiatrist)

11 "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
12 àquelas atividades..." (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)

13 "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
14 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
15 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

17 "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,
18 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
19 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
20 10, Psychiatrist)

21 "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)

22 "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
23 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."
24 (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

26 "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
27 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
28 Group 3, Participant 11, Psychiatrist)

29 "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
30 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
31 aí..." (Porto Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist in training)

32 "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
33 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

36 "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 ...
37 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
38 colleague you send him an email." (London Mental Health Professionals Focus Group 2, Participant 7, Nurse)

39 "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
40 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
41 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 pour créer, entretenir une relation humaine, une relation qui peut durer dans le temps et 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 problème 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 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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“If only 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)

1 “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)

2 “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)

4 **6.5. Levelling for the volunteers/ Volunteers contact with a different reality/ Volunteers learn from the patients**

5 “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)

7 “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)

10 “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)

11 **6.6. Can increase or decrease the mental health professionals’ workload/ Reduce the workload of mental health professionals/ Reduce workload of mental health professionals**

12 “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)

15 “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)

17 “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)

20 **6.7. Can be a way of different people working together/ Release tension in relationships with family members/ Support an inclusive society**

21 “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)

23 “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)

26 “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 société, qui soit ponctuelle on qui fait parti d’un programme.” (Brussels Volunteers Focus Group 2, Participant 7)

29 **6.8. Reduce stigma/ Break the stigma in society/ Reduce the stigma**

30 “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)

32 “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)

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

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3 1 **Title:** Stakeholders' views on volunteering in mental health – an
4
5 2 international focus group study
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7

8 3 **Authors:**

9
10 4 Mariana Pinto da Costa^{1,2,3}, Maev Conneely¹, Fábio Monteiro da Silva³, Sarah Toner¹
11
12 5

13 6 **Affiliations:**

14
15 7 ¹Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services
16 8 Development, Queen Mary University of London, London, UK;

17
18 9 ²Institute of Biomedical Sciences Abel Salazar, University of Porto, Porto, Portugal;

19
20 10 ³Hospital de Magalhães Lemos, Porto, Portugal
21
22 11

23
24 12 Corresponding author

25
26 13 Dr Mariana Pinto da Costa

27
28 14 Postal Address: Newham Centre for Mental Health, London E138SP

29
30 15 mariana.pintodacosta@gmail.com

31
32 16 Tel: 0044(0)2075404210

33
34 17 Fax: 0044(0)2075404210
35
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29 Abstract

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

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

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

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

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

50 Strengths and limitations of this study

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

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67 **66 Introduction**

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9 67 Within different countries, volunteering may exist to varying degrees. It may have
10
11 68 diverse purposes and structures, aiming to provide different types of relationships from
12
13 69 friendships to more professional therapeutic interactions [1]. Across the world there are
14
15 70 different paradigms underlying volunteering [2, 3]. The non-profit paradigm is the
16
17 71 dominant view in the United Kingdom (UK) and other Western high income societies,
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19 72 whilst the civil society paradigm is the common lens through which volunteering is seen in
20
21 73 southern Low and middle income countries (LMICs) [2]. Previous research has sought to
22
23 74 comprehend the common core principles in the general public's understanding of
24
25 75 volunteering across countries [4-6]. Research conducted in eight countries on the public
26
27 76 perception of volunteering showed that there was a general consensus concerning the
28
29 77 definition of what constitutes a volunteer [7]. The three main defining principles that form
30
31 78 the essence of volunteering are: absence of remuneration, free will and benefit to others [5,
32
33 79 8].

34 80 In mental health, two stakeholders who are key in the provision of volunteering
35
36 81 support are the mental health professionals and the volunteers themselves. The former can
37
38 82 encourage participation or even prescribe these initiatives to their patients, whereas the
39
40 83 latter constitute the 'active ingredients' of volunteering, offering their free time to support
41
42 84 and maintain contact with patients. Volunteers' roles seem to vary and their individual
43
44 85 characteristics may be linked to cultural, religious and social context. Therefore, differences
45
46 86 within communities and countries may affect volunteer-patient relationships and impact
47
48 87 how volunteering is perceived and provided. Usually, these volunteer-patient interactions
49
50 88 take place in person, but some communities and countries may face barriers to establishing
51
52 89 face-to-face encounters. The majority of the research conducted has either evaluated public
53
54 90 perceptions of volunteering or described the actual characteristics of volunteers; there is a
55
56 91 dearth of information regarding mental health professionals' and volunteers' views, which
57
58 92 are valuable.

59 93 In Europe, even though countries have been closely connected through the
60
61 94 European Union (EU), the landscape of volunteering in mental health varies across nations
62
63 95 [9]. In the UK there are more than three million volunteers [10, 11], representing a vital

1
2
3 96 resource for communities [12] with several volunteering programmes offered mostly by
4
5 97 the third sector [13]. In Belgium, the opportunities available seem to have close links with
6
7 98 health care structures [14, 15], whereas in Portugal volunteering in mental health barely
8
9 99 exists [16, 17]. The existing differences may reflect wider societal diversity, and mental
10
11 100 health services structure. The UK, an island lying off the North western coast, is influenced
12
13 101 by Anglican values and London is shaped by a multicultural ambience; Belgium, positioned
14
15 102 in Central Europe is the heart of many European institutions, its nationals are multi-lingual,
16
17 103 with most of the population speaking both French and Dutch; whereas Portugal, located in
18
19 104 Southern Europe, holds Catholic and Mediterranean cultural roots. These socio-
20
21 105 geographical diverse countries spanning the North, Central and South Europe were chosen
22
23 106 for this international focus group study because of their dissimilar traditions of
24
25 107 volunteering in mental health.

26 108 The objectives of this study were to explore the views of mental health professionals
27
28 109 and volunteers from three European countries on: the purpose, benefits and challenges of
29
30 110 volunteering in mental health; the character of these one-to-one relationships and the
31
32 111 formats in which these contacts should be made.

33 112 **Methods**

34 35 113 **Study design**

36
37
38 114 This was an international cross-cultural, multi-lingual focus group study As
39
40 115 described elsewhere, this qualitative study was conducted in two stages, i.e. a pilot phase
41
42 116 and the main study [18].
43
44 117

45 46 118 **Research team**

47
48
49 119 The research team for the main study consisted of the lead author and three other
50
51 120 researchers described in detail in Table 1. Each of the researchers in the team co-facilitated
52
53 121 the focus groups alongside the lead author and subsequently, supported with data analysis.
54
55 122 This second researcher (ST in London, MC in Brussels and FM in Porto) also contributed to
56
57 123 help understand the context specificity of data and provided support in the interpretation
58
59 124 of data.
60

1
2
3 125 The lead author had established a relationship prior to study commencement with
4
5 126 all the members of the research team. All of them were aware of the context of this study,
6
7 127 and all were trained in the conduct of focus groups and qualitative analysis.
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For peer review only

129 **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)

131 **Recruitment**

132 Figure 1 summarises recruitment for this study.

133

134 *Figure 1. Study scheme diagram*

135

136 *[Insert Figure 1]*

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

143 For the main study, mental health professionals and volunteers were recruited from
144 3 European countries. In London, an e-mail with information about the study was sent to
145 mental health staff working at the East London NHS Foundation Trust (ELFT) which is a
146 Mental Health Trust; in Brussels, the invitation was sent to clinicians via local contacts from
147 the Université Catholique de Louvain (UCL); in Porto this information was sent to the
148 mental health staff working at Hospital de Magalhães Lemos, a psychiatric hospital.
149 Volunteers were recruited from a variety of organisations, including health care
150 organisations, non-governmental organisations (NGOs), volunteering and community
151 associations. In addition, planned snowball sampling was used whilst inviting potential
152 participants to share the invitation with their contacts. An e-mail with information about
153 the study was sent to volunteering organisations in the UK, Portugal, and Belgium. These
154 volunteering organisations then disseminated information about the study through their
155 networks, via e-mail, websites, or social media.

156

157 **Eligibility criteria**

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

1
2
3 161 professionals focus groups. People with 18 years or over, experience in volunteering and
4
5 162 capacity to provide informed consent were deemed eligible for the volunteers focus groups.
6
7

8 163 **Participant identification and consent**

9

10
11 164 Potential participants received an invitation letter and information sheet about the
12
13 165 study by e-mail. Via e-mail, phone, or in person, the lead author discussed with the potential
14
15 166 participants the study details, checked the inclusion criteria were met, and discussed
16
17 167 practical information about location and times, to be confirmed in writing. On the day of
18
19 168 the focus group, informed consent was obtained from participants. They were also asked
20
21 169 to complete a brief questionnaire regarding their socio-demographic details.
22

22 170 **Sampling considerations**

23
24

25
26 171 Separate focus groups for mental health professionals and volunteers were hosted
27
28 172 in order to ensure equal voices and sufficient homogeneity of the group composition. This
29
30 173 aimed to encourage participants to feel able to be honest and to express their views freely,
31
32 174 and to avoid group dynamics being affected by perceived staff hierarchies and power
33
34 175 imbalance which could inhibit an open discussion.

35
36 176 In this study, it was envisioned to conduct a minimum of two and a maximum of four
37
38 177 focus groups per country to provide enough coverage of the topics and to ensure that all
39
40 178 areas could be explored in detail. Focus groups were planned with between four to eight
41
42 179 participants. This was deemed a manageable number of people to enable a group
43
44 180 discussion and to capture a range of views from individuals from different backgrounds,
45
46 181 whilst providing sufficient data to gain an understanding of the experiences and views of
47
48 182 mental health professionals and volunteers on volunteering in mental health.
49

49 184 **Procedures**

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52
53 185 Firstly, the views of international mental health researchers and psychiatrists from
54
55 186 several European countries were sought in order to understand and to scope out the
56
57 187 diversity of viewpoints and to allow refinements in the topic guide. Once the pilot stage was
58
59 188 complete, this methodology was applied in three European countries. This facilitated a
60

1
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3 189 comparison of potential similarities and differences across the two stakeholder groups and
4
5 190 three sites, i.e. London, Brussels and Porto.
6
7

8 191 **Instruments**

9
10 192 The study documents, i.e. protocol, topic guide, information sheet, consent form,
11
12 193 participants' socio-demographic characteristics questionnaire were developed in English,
13
14 194 and then translated into Portuguese and French, languages in which the lead author is
15
16 195 fluent. The versions of the instruments in the three languages were checked by another
17
18 196 native speaker in the three sites (ST for English, MC for French and FM for Portuguese).
19

20 197 **Structure of the focus groups and their facilitation**

21
22
23 198 All focus groups followed the topic guide and lasted between 60 and 90 minutes.
24
25 199 Focus groups were conducted in one of the national languages of the hosting city, i.e.
26
27 200 English, French or Portuguese. The lead author and the co-facilitator (ST in London, MC in
28
29 201 Brussels and FM in Porto) debriefed at the end of session, and discussed key topics.
30

31 202 **Setting**

32
33
34 203 The focus groups were scheduled for varied times, including evenings, to maximise
35
36 204 attendance and to allow people with different schedules and availabilities to take part if
37
38 205 interested. Choosing a location was an important aspect of planning the focus groups,
39
40 206 aiming to have a safe and quiet space, ease of access and comfort. All selected locations
41
42 207 were serviced by good transport links and nearby parking spaces available.
43

44 208 45 46 209 **Data recording, transcription and analysis**

47
48
49 210 The focus groups were audio recorded and then transcribed verbatim in the original
50
51 211 languages by a professional transcription company. Participant-identifiable data were
52
53 212 removed. Thematic analysis [19] was conducted in the original language of each session
54
55 213 using NVivo qualitative analysis software, version 11 (QSR International Pty Ltd., 2015). In
56
57 214 addition to the lead author, the second researcher at each site who was fluent in the original
58
59 215 language, coded transcripts line-by-line and contributed to the development of the themes.
60

1
2
3 216 A recursive, i.e. non-linear approach was used comprising the following stages [19]:
4
5 217 familiarisation; coding; searching themes; reviewing themes; defining and naming themes
6
7 218 and write up. It was ensured that the extracts used supported the analytical claims. The
8
9 219 thematic analysis was primarily inductive given that the research team started this
10
11 220 exploratory study with no pre-determined theory, structure or framework on which to
12
13 221 base data analysis.

14 222 The research team analysed the transcripts for themes that reflected the content of
15
16 223 the text and subsequently, related themes were clustered together. This process was
17
18 224 repeated several times, ensuring that no theme was over or under-represented. Any
19
20 225 disagreements were discussed iteratively until a decision was reached. Eventually, each
21
22 226 group of themes was given an appropriate label, reflecting its content. Each group label was
23
24 227 referred to as 'main theme' and its components were denoted as 'sub-themes'.

25 228 Once the lead author and the second researcher (ST in London, MC in Brussels and
26
27 229 FM in Porto) had performed the first data analysis on all focus groups, the lead author
28
29 230 repeated the process of searching for themes, which involved recoding. This process was
30
31 231 done separately for every country and for each stakeholder group. The clusters of codes
32
33 232 and themes were then presented to the wider research team. This process enabled the
34
35 233 coherence of themes to be confirmed and provided an opportunity to explore the opinions
36
37 234 of all members of the research team. The lead author then grouped the initially independent
38
39 235 analysis and reported the findings by sites, i.e. Brussels, London and Porto. The themes that
40
41 236 are presented in the tables are a synthesis of the six analyses that were conducted, i.e. two
42
43 237 per country and each stakeholder that were involved in the main phase of this study. The
44
45 238 analysis of the initial focus groups conducted in the pilot phase with international mental
46
47 239 health researchers and psychiatrists informed the topic guides and procedures of the main
48
49 240 study only and therefore are not reported further in this article. This article includes a
50
51 241 selection of participants' quotes in English translated by the lead author; the detailed
52
53 242 analysis with participants' quotes in tables in the original languages (Portuguese and
54
55 243 French) is available in Appendix 1. This article follows the Consolidated Criteria for
56
57 244 Reporting Qualitative Research (COREQ) guidelines to structure the study reporting [20].
58
59 245 The authors acknowledge the potential impact of their own characteristics in the reflexivity
60
61 246 of the research process (Table 1).

248 **Robustness assessment of the synthesis**

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

255 **Patient and public involvement**

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

259 **Results**

260 Twenty-four focus groups were conducted between January 2016 and September
261 2017, with a total of 119 participants consisting of 35 international mental health
262 researchers and psychiatrists in the pilot stage, and 32 volunteers and 52 mental health
263 professionals across the three European cities for the main study. None of the participants
264 withdrew consent.

265 In the pilot stage, there were four focus groups with international mental health
266 researchers, totalling 25 participants, and two focus groups composed of 10 international
267 psychiatrists, conducted in English. In the main study, four focus groups with mental health
268 professionals were conducted in each city: Brussels, London and Porto, with a total of 20,
269 16 and 16 participants, respectively. An additional two focus groups with volunteers at the
270 same sites were assembled with a total of 9, 11 and 12 participants, respectively.

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

275 **Socio-demographics of participants**

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

283 **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

284

285

286 **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						
<i>Healthcare professionals</i>						
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
<i>Managers and senior officials</i>						
Educational Manager	1	9.1	0	0	0	0
<i>Teaching and educational professionals</i>						
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
<i>Research professionals</i>						
Researcher	3	27.3	0	0	0	0
<i>Security professionals</i>						
Security	0	0	0	0	1	8.3
<i>Secretarial professionals</i>						
Receptionist	0	0	0	0	1	8.3
<i>Information technology professionals</i>						
IT Technician	0	0	1	11.1	0	0
<i>Media professionals</i>						
Journalist	1	9.1	0	0	0	0
<i>Sales, marketing and related professionals</i>						
Vendor	2	18.2	0	0	0	0
Marketing professional	0	0	1	11.1	0	0
<i>Cleaning professionals</i>						
Street cleaner	0	0	0	0	1	8.3
<i>Road transport/drivers</i>						
Driver Instructor	0	0	1	11.1	0	0
<i>Civil servants</i>	1	9.1	1	11.1	0	0
<i>Students</i>	0	0	1	11.1	0	0
<i>Retired</i>	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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292

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

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

295

296 *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

297

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

300 **There is a framework in which volunteering is organised**

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

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314
315 **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 <i>a priori</i> selection (Il y a une sélection <i>a priori</i>)
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)

316
317
318 In the focus groups conducted in London there was concern about risk assessment,
319 with some emphasising that volunteers should be carefully selected and assessed, whilst
320 others felt that in principle all kinds of people can be a volunteer. Furthermore, the
321 motivations of volunteers were deemed essential to be made explicit. In terms of the
322 organisation, many highlighted that the organisations are the ones with a duty of care and
323 responsibility towards the volunteers. Several participants pointed out that in the UK there
324 is a strong volunteering culture, whilst reflecting on whether volunteers should or should

1
2
3 325 not be trained. There was much discussion about what constitutes a good match, with some
4
5 326 holding a view that matching should be based on shared interests and that volunteers
6
7 327 should have the right to be re-matched.
8
9 328

10 329 *“But I think in the UK there is a culture of volunteering, like it’s quite strong – people rely on that quite*
11
12 330 *a lot.”*

13 331 **(London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)**
14
15 332

16
17 333 In Porto there was much questioning about the exact criteria that should be used to
18
19 334 select volunteers, with others mentioning that it is a paradox to select volunteers. Views
20
21 335 also covered the rules and structure for volunteering, with some suggesting that a regular
22
23 336 risk assessment to check on volunteers should be done before and throughout. Beyond the
24
25 337 notion that volunteers want to help others, some proposed that volunteers’ motivations
26
27 338 could also be to gain something. There was also a discussion about whether training may
28
29 339 or may not be important depending on the degree of training, as it may vary from simply
30
31 340 receiving information to undergoing more thorough training, ultimately leading to the
32
33 341 acquisition of skills. In relation to matching, it was suggested that this was based on the
34
35 342 characteristics of patients and volunteers.
36
37 343

38 344 *“When a person says - to volunteer is not to expect anything in return - it’s a bit of a lie,*
39
40 345 *because a person always ends up having something in return, isn’t it? Even if it’s just to feel good, like...*
41
42 346 *I helped this person and I feel good, so ... I already won.”*

43 347 **(Porto Volunteer Focus Group 1, Participant 1)**
44
45 348

46 349 In Brussels there were different views with some considering that volunteers should
47
48 350 be selected and others deeming that there is already an ‘a priori’ selection, in that those
49
50 351 individuals who take the initiative to volunteer already represent a self-selection for taking
51
52 352 such role. Some described the potential motivations of volunteers as being to help others,
53
54 353 to save others or to participate in a collective citizenship. Some have raised the issue that
55
56 354 the organisational framework should have specific values and that the relationship was
57
58 355 triangular, involving the volunteer, the volunteering organisation and the patient, focusing
59
60 356 on the importance of an appropriate matching. The discussion around training was also
357
358 present, describing its advantages and disadvantages, with views expressed both in favour
and against training for volunteers.

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3 359
4
5 360 *“Obviously it is a bond between two individuals but that this type of link can be fruitful only if it's*
6 361 *always three. The three being symbolic, but notably is the presence of an institution.”*
7
8 362 **(Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)**
9

10 363
11 364 In all sites there was much discussion about the importance of selecting volunteers
12 and how to select them, and whether or not volunteers should be trained.
13 365
14 366

17 367 **The role of the volunteer is multifaceted**

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21 368 There was a wide range of perceptions of the role of the volunteer, with multiple
22 369 responsibilities attributed to it and a lack of consensus, which is reflected in the labelling
23 of this theme (Table 6).
24 370

25
26 371 The role of the volunteer was seen overall as providing support to the patient, but
27 the ways to achieve this were quite diverse from a more passive role, i.e. ‘be with’ and ‘give
28 372 hope’, to a more active role, i.e. ‘do social activities’ and ‘practice social skills’. There was
29 373 particular focus on the expectations relating to communication with the patient, i.e. ‘give
30 374 patients realistic feedback’ and ‘educate the patient’, and also highlighting that this entailed
31 375 a person-centred approach, i.e. ‘addressing patients’ needs’ and a social element, such as to
32 376 ‘provide company’ and ‘support the patient’.
33 377

34
35 378 In addition to the direct role of the volunteer towards the patient, an expectation of
36 379 a more institutional responsibility towards others, where the volunteers ‘collaborate with
37 380 services’ was listed in all three sites. Although several different roles were described across
38 381 the three sites, some mentioned that even if the volunteer did not have a pre-defined
39 382 objective, their role could still have a therapeutic effect.
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390 **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)

391
392 In London, many of the sub-themes covered a variety of practical activities that the
393 volunteers could help patients with, e.g. helping them to practise social skills,
394 communicating with the patients and giving them realistic feedback, but also less ‘tangible’
395 aims, such as to give hope to patients or not to judge patients. Some argued for a more
396 individualised approach, identifying their role as variable depending on the patients’ needs.

397
398 *“It would be useful to have a ... [volunteer] who is able to give some realistic feedback...
399 If you just have someone who is like completely accepting in a way that other people, in the general
400 population aren’t you’re not actually getting any realistic feedback.”*

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

1
2
3 402 In Porto, views ranged from prioritising a more social element, such as ‘provide
4 403 company and support the patient’ to ‘do social activities’ and facilitate them to acquire
5 404 competencies, or just giving ‘new and unique experiences’, even if for a brief interaction. It
6 405 was felt that even if participants did not learn anything long-term, the experience would
7 406 still be beneficial and worthwhile for the patient. There was also a sense of the volunteer as
8 407 a ‘healthy role model’, a standard that the patient could look up to, and a temporary
9 408 ‘transition figure’ for the patient, who has an impact that remains beyond the end of the
10 409 relationship. Thus, the patient could put into practice the skills they acquired in their real
11 410 world, encouraging them to ‘rediscover the meaning of life’. These positive and hopeful
12 411 views of encouraging the acquisition of further skills and autonomy were in contrast to the
13 412 perception of the volunteer as the one that should monitor and ‘keep an eye’ on the patient.
14 413

15 414 *“The surveillance would end up being a consequence of the company. As long as the patient feels*
16 415 *that he is accompanied, that can protect him.”*

17 416 **(Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)**
18 417

19 418 In Brussels, the sub-themes varied from practical support, i.e. ‘accompany the
20 419 patients’, ‘do social activities’ and ‘help the patients’, or somehow ‘instil ideas in the
21 420 patients’ to not having a specific pre-defined objective and giving hope to the patients.
22 421 Other views seemed to show an expectation that the volunteers would be different and
23 422 somehow better than the rest of society, e.g. less judgemental, less stigmatising. They would
24 423 therefore be ‘offering something that the services don’t have’. Of note in Brussels, several
25 424 quotes were quite reflexive, on occasion seeming to represent idealised views of the role of
26 425 the volunteer, and there were fewer concerns expressed about potential harms of
27 426 volunteering when compared with the focus groups from the other sites.
28 427

29 428 *“We give hope. This is very important hope, especially for mental health after the person can*
30 429 *return thanks to this hope in a longer programme where they will be helped by other professionals and*
31 430 *other volunteers for example.”*

32 431 **(Brussels Volunteers Focus Group 2, Participant 8)**
33 432

34 433 In all sites, there were views that the role of the volunteer should be instrumental,
35 434 providing practical support in conducting social activities and, in addition, collaborating
36 435 with services.
37 436

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

439

440 **Every relationship has a different character**

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

447 **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

			(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)

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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.

456

457

“...like person-centred. So it depends on who you’re supporting and what their needs may be.”

458

(London Volunteer Focus Group 1, Participant 3)

459

460

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.

466

467

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

469

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

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471

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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1
2
3 474 the relationship, whereby the relationship exists because of the mental illness. It was felt
4
5 475 that the space that the volunteer occupies in the lives of the patients is disproportionately
6
7 476 large compared to the space that the patients may occupy in volunteers' lives. Some
8
9 477 described its boundaries as a finite relationship and some have also spoken about
10
11 478 demanding a duration and engagement from the volunteers. Others described that the
12
13 479 relationship may have more or less distance or proximity, pointing out that there may need
14
15 480 to be a randomness for the relationship to work, given that it involves two individuals that
16
17 481 may or may not get along. Furthermore, it is a relationship commonly with a predetermined
18
19 482 end.

20
21 484 *"The ... space that the volunteer holds in the patient's life is disproportionately large compared to*
22
23 485 *the space that the patient holds in the life of the volunteer."*

24 486 **(Brussels Mental Health Professionals Focus Group 2, Participant 9, Psychiatrist)**

25 487
26 488 Across sites, there was a view that it is not a naturally formed relationship, although
27
28 489 it may be a reciprocal, two-way relationship with both sides benefiting. Much discussion
29
30 490 occurred about the nature of the relationship being more or less artificial or more or less
31
32 491 of a friendship, reflecting that the presence of many rules may make it challenging to create
33
34 492 a friendship.

35 36 493 **To volunteer is to face challenges**

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39 494 Several challenges, both barriers and risks, were related to the provision of
40
41 495 volunteering, many of which were somewhat specific to the local context (Table 8). The
42
43 496 barriers described were at the organisational or individual level, preventing, either
44
45 497 conceptually or practically, the establishment of volunteering or people taking steps to
46
47 498 volunteer. The possibility of potential risks to those involved was raised, i.e. relating to the
48
49 499 patient, the volunteer, the organisation or the society. These concerns covered
50
51 500 relationships that were not in the right format, too intense, or toxic.

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506 **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'écourent 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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3 508 In London, much of the discussion was about the selection of volunteers; it is
4
5 509 considered difficult and time consuming with regards to bureaucracy and the Disclosure
6
7 510 and Barring Service (DBS) checks. Once selected, other challenges were identified, such as
8
9 511 the risk of selecting untrustworthy volunteers and the potential for volunteers to
10
11 512 undermine clinicians' work. Other challenges that emerged in the discussions concerned
12
13 513 practicalities, either as a result of dealing with physical distances or differences of culture,
14
15 514 religion and language. Some felt it could seem awkward to provide friends to patients.
16
17 515 Other risks were centred around the format and the delivery of the relationship with overly
18
19 516 high expectations of volunteers, not having the right relationship format or
20
21 517 professionalising volunteers. Other concerns raised were more emotional, such as dealing
22
23 518 with the end of such a relationship.

24 519
25 520 *"A slightly odd idea, to...artificially create, or provide friends to people; ...that's not how it works; and*
26 521 *either you advise someone to go to speak to someone or meet with someone.*
27 522 *You don't create friends for people..."*

28 523 **(London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)**

29 524
30
31 525 In Porto, many raised the lack of education and stigma of mental illness as a barrier
32
33 526 for volunteering, which also extended to volunteers owing to their proximity to the
34
35 527 patients. The fact that it was perceived as a novelty, the lack of resources and long distances
36
37 528 were other barriers noticed. There was discussion and concerns about practicalities such
38
39 529 as difficulties in dealing with patient behaviour, problems of the actual relationship, e.g.
40
41 530 being 'toxic' to the patients, having patients and volunteers overinvolved with each other,
42
43 531 or exposing patients to risky behaviours. There were also concerns about volunteers
44
45 532 carrying out an unpaid professional job, or patients becoming dependent on volunteers.

46 533
47 534 *"People who... would be available twenty-four hours ... I don't know how healthy that was for the*
48 535 *volunteer. It would stop... it would not be volunteering anymore, it would be a way of living..."*

49 536 **(Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)**

50 537
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52
53 538 In Brussels, the structural barriers described were the stigma of mental health, the
54
55 539 negative image of volunteering, the lack of political and financial recognition of
56
57 540 volunteering, and the fact that there are different languages officially spoken in the city, i.e.
58
59 541 French and Dutch, and the complexity that this brings. The potential risks mentioned were
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542 volunteers wanting to do their own version of volunteering and not following the

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3 543 organisation's rules, the risk of over-professionalising volunteers who ended up being an
4
5 544 unpaid worker, and patients being a burden to the volunteers, who may not know what to
6
7 545 do if patients became ill. There were concerns around the format of the relationship with
8
9 546 volunteers not listening to the patients, manipulating the patient and the risk of ending and
10
11 547 breaking the relationship.

12 548 *"Unfortunately, volunteering does not have a very good image."*

13 549 **(Brussels Volunteers Focus Group 1, Participant 1)**
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15 550

16 551 In London and Porto there was the concern that distances may be difficult and act
17
18 552 as a barrier for people to meet in person. In London and Brussels discussions raised
19
20 553 challenges about dealing with different cultures and languages. In all sites, participants
21
22 554 described the stigma of mental health as a challenge for volunteering.
23
24 555

26 556 **Technology has potential in volunteering**

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29 557 The potential role of technology in volunteering in mental health was described in
30
31 558 different ways, indicating both its advantages and disadvantages (Table 9).
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34 559 **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 nécessaire 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 peut 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)

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3 578 In Porto, views varied as to whether technology was a complement or a replacement
4
5 579 to the physical relationship, with some considering face-to-face communication preferable.
6
7 580 Some saw technology as a tool for patients to acquire digital skills, others mentioned that
8
9 581 less frequent contact would be required. It has been suggested that technology may be
10
11 582 helpful by sharing encouraging information to patients, such as a song or a picture, and that
12
13 583 it may enable monitoring of communication between patients and volunteers. The
14
15 584 difficulties to establish boundaries through technology were raised, e.g. patients calling
16
17 585 volunteers during non-social hours, although some provided suggestions on how to limit
18
19 586 this. There was a strong view against having an app only for patients and volunteers.

20
21 588 *"I'm concerned of finding separate ways for this [communication]... when maybe the interest*
22
23 589 *would be teaching the patient to use common tools, and not perpetuating the idea that I am a*
24
25 590 *volunteer and he is a patient, and our relationship is different from the others, and we even have a*
26
27 591 *different app to talk... I would prefer that the patients use the tools that other people do... because that*
28
29 592 *[a separate app] perpetuates the idea that I'm sick and the others are normal."*

30
31 593 **(Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)**

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33 594
34 595 In Brussels, views varied from technology bringing people together, being
35
36 596 complementary to the face-to-face interactions, where a brief telephone contact may feel
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38 597 sufficient and that over the phone, each person occupies a different role, one being the
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40 598 caller, the other the listener. It has been reasoned that an advantage of technology is that
41
42 599 there is better control over what is said and it may be good for those who have face-to-face
43
44 600 anxiety. Others thought that technology may replace the face-to-face relationship, that it
45
46 601 may risk losing transparency with the institution, or could be invasive.

47
48 602
49 603 *"Putting technology at the service of the human being it allows more. I work all over the planet*
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51 604 *with Skype, it allows... but what is crazy... it cuts the distances."*

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53 605 **(Brussels Volunteer Focus Group 2, Participant 6)**

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55 606
56 607 In all sites, participants shared both advantages and disadvantages of the use of
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58 608 technology, although overall optimism prevailed over scepticism. In both London and
59
60 609 Brussels participants emphasised the potential advantage of technology for those who have
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62 610 anxiety in face-to-face interactions.

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3 **613 Volunteering impacts us all**
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6 **614** Several ways in which volunteering can have impact were discussed (Table 10).
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8 **615** These included the consequences on patients, volunteers, mental health professionals, as
9
10 **616** well as the impact on wider society.
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12 **617** *Table 9. Theme: 'Volunteering impacts us all' and its sub-themes*
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	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)

57 **618**

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59 **619**

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7 622 In London, volunteering was perceived as having a positive impact on patients'
8 623 recovery, improving their quality of life and reducing their social isolation. Volunteering
9 624 was also deemed to have consequences for volunteers, making them feel useful, increasing
10 625 their knowledge about mental health and being a levelling experience for them. As for the
11 626 impact on the mental health professionals' workload, some thought it could decrease if
12 627 patients improved clinically. The possibility was raised that workload could increase if
13 628 clinicians had the added task of monitoring the relationship. Some thought because of the
14 629 latter, it may not have any overall effect on clinician's workload. There were views about
15 630 the impact this may have in services with different people working together, and at the
16 631 wider society level, reducing stigma.

17 632 *"The benefits are quite crucial I think, for me ... Improving quality of life in terms of socialisation and*
18 633 *getting involved in activities – or even if it just means being able to go out in the community and have*
19 634 *fresh air, because there are some clients with mental illness that to go out alone, they are quite*
20 635 *frightened to go out and worried that something might happen to them – you know, just to get out and*
21 636 *get fresh air is, is advantage for them."*

22 637 **(London Mental Health Professionals Focus Group 2, Participant 5, Nurse)**

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25 638 In Porto, participants thought volunteering could be helpful in the social integration
26 639 and social acquisitions of patients, with some stating that patients always benefit, even
27 640 when they do not notice it. In regard to benefits for volunteers, some pointed out that it
28 641 would provide them with contact with a different reality, others highlighted that it would
29 642 occupy volunteers and provide them with a new experience, and mentioned the satisfaction
30 643 they may gain by helping others. The potential impact of volunteers in releasing the tension
31 644 from patients' family members and in reducing the workload of health professionals was
32 645 also mentioned.

33
34
35 646 *"A volunteer who has [this] experience, not only in mental health but in any other contact, we win, the*
36 647 *person who gives... because giving is much more rewarding than receiving ..."*

37 648 **(Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)**

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40 649 In Brussels, views were shared about different ways through which volunteering
41 650 would have a therapeutic effect for patients, e.g. through patients realising that they are
42 651 more than a disease. Some of the participants mentioned that volunteers would feel useful,
43 652 may gain a professional experience, and learn from patients. Many considered that

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3 653 volunteering may reduce the workload of mental health professionals and support the
4
5 654 wider society making it inclusive.
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7 655 *“For me volunteering is also a personal need to contribute usefully to find a place in society to transmit*
8
9 656 *knowledge that we have ... it is really to exercise the ... useful role in the society”*
10 657 **(Brussels Volunteers Focus Group 2, Participant 7)**
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12 658 In all sites participants shared that they felt that volunteering impacted not only the
13
14 659 patients, but also the volunteers, mental health professionals, carers and the wider society.
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16 660 Views regarding the potential impact of reducing stigma that might come about through
17
18 661 volunteering were present in all the discussions.
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20 21 662 **Discussion**

22 23 24 663 **Main findings**

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27 664 Whilst these focus groups were conducted in three European countries chosen for
28
29 665 their differences, overall, there were striking commonalities across the findings. Although
30
31 666 two types of groups composed of mental health professionals and volunteers were
32
33 667 organised, there were overlaps as some participants in the mental health professionals’
34
35 668 groups had experience in volunteering, and some participants in the volunteers’ groups
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37 669 had a professional background in mental health.

38 670 In this study, occupational homogeneity within each focus group was envisioned by
39
40 671 organising the focus groups for mental health professionals and volunteers separately.
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42 672 However, there was heterogeneity within each group; within the mental health
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44 673 professionals’ groups, participants had different professional roles, and within the
45
46 674 volunteer groups, not everyone had experience in volunteering in mental health.

47 675 Overall, there was more homogeneity amongst the mental health professionals,
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49 676 whereas the focus groups with volunteers were more heterogeneous. The differences in
50
51 677 the local context of these three countries was reflected in the vocalisation of distinct
52
53 678 challenges. The provision of volunteering in mental health in the UK is widespread, in
54
55 679 Belgium it has links with health care services and in Portugal it barely exists. This
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57 680 familiarity in the UK with volunteering translated into participants reporting more
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59 681 concerns relating to practicalities, in Porto issues raised were related to local barriers and
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682 dealing with the unknown, and in Brussels, participants were calling for more

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3 683 infrastructural support i.e. in policies and funds. Overall, participants largely reported that
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5 684 volunteering in mental health may be a helpful resource for people with mental illness and
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7 685 did not express much resistance against it, although it was considered that volunteers
8
9 686 should be in contact with mental health services. On occasion there was a dissonance
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11 687 reflecting an underlying tension of paternalism in considering responsibility of the
12
13 688 volunteer or the organisation vs. autonomy as core values of people with mental illness. In
14
15 689 theory, participants approved of the use of volunteering in mental health. In practice,
16
17 690 several questions were raised about how to overcome barriers and mitigate perceived
18
19 691 risks, encouraging volunteering to become more inclusive. Stigma was both a barrier as
20
21 692 well as a potential outcome for society, with all sites perceiving that volunteering could lead
22
23 693 to reducing stigma. The various attitudes towards the connotation of the term
24
25 694 'volunteering' in the three languages may have influenced the later discussion of the actual
26
27 695 behaviours that were labelled as acts of 'volunteering'. One of the main findings of this
28
29 696 study was that volunteering is not one single entity and that is strongly connected to the
30
31 697 sociocultural context, albeit with commonalities across countries.

32 33 34 698 **Strengths and limitations**

35
36 699 This study has been the first to explore the views of mental health care professionals
37
38 700 and volunteers regarding the provision of volunteering in mental health across European
39
40 701 countries in different regions with varied sociocultural contexts. The benefits of this multi-
41
42 702 perspective approach, i.e. focusing on three different countries and two groups of
43
44 703 stakeholders, are well described, especially in the field of intimate relationships [22]. It
45
46 704 offers a richer understanding of stakeholders' opinions and an improved portrayal of the
47
48 705 complexity of relationship dynamics.

49
50 706 The methodology used was consistent across sites in terms of recruitment and
51
52 707 acknowledgement of participation. In contrast, other international focus groups conducted
53
54 708 in eight European countries which explored what good health and good care process means
55
56 709 to people with multimorbidities, adopted more flexibility in their methodological approach
57
58 710 across the sites. Participants were reimbursed for their travel costs in some countries,
59
60 711 whereas in others a gratuity was provided either as a token of appreciation or to aid
712
713 recruitment. In some cases, participants were emailed after the meeting to thank them for
their participation; in one country participants were sent notes [23].

1
2
3 714 A large sample of mental health professionals and volunteers was recruited,
4
5 715 enabling the capture of a rich picture of the stakeholders' views from different
6
7 716 backgrounds. The focus groups' composition was largely reflective of the health care and
8
9 717 volunteering services organisation in each country. In all three nations, mixed focus groups
10
11 718 were composed of different mental health professionals. They were integrated as a group
12
13 719 as they share understandings and experiences concerning mental health care provision.
14
15 720 Their role was to explore the diversity of views as professionals working in mental health,
16
17 721 rather than to establish any kind of 'representativeness'.

17 722 Conducting this study as a multi-country collaboration was helpful as the research
18
19 723 team members could interact and learn from each other. The research team was multi-
20
21 724 disciplinary, with a background in psychiatry and psychology, and some without
22
23 725 experience in volunteering in mental health. This diversity enabled the interpretation to be
24
25 726 informed by different perspectives. The fact that in all sites a second researcher, who co-
26
27 727 facilitated the focus groups discussion, coded all the data is a major strength and provides
28
29 728 robustness to the analysis. The pilot stage exploring the feasibility of organising such focus
30
31 729 groups is another strength of this study. This allowed assessment of the potential
32
33 730 challenges in the recruitment and interview phase, analysis and study materials as well as
34
35 731 providing an appreciation of the facilitator's workload.

35 732 Despite its originality, this study also has some limitations.

36
37 733 Whilst focus groups were conducted in three European cities, some of the
38
39 734 participants recruited, especially volunteers, were based in other parts of that country.
40
41 735 However, this information was not acquired, which could have been particularly relevant
42
43 736 in Belgium to explore potential differences between views in the Flemish and Walloon
44
45 737 regions.

45 738 The large amount of data gathered provided opportunities for a broad analysis
46
47 739 across countries, but there was limited capacity for detailed examination of the differences
48
49 740 between mental health professionals and volunteers. In the current analysis the focus was
50
51 741 on drawing out salient analytical points that were illuminated by the breadth of the data
52
53 742 [24].

54 743 Finally, although participants were given a brief description of volunteering in
55
56 744 mental health before the beginning of the focus groups, it is unclear whether having a more
57
58 745 comprehensive understanding or previous personal experience either on volunteering
59
60

1
2
3 746 programmes or as a patient in mental health influenced their expressed views, although no
4
5 747 information regarding the latter was requested for this study.
6
7

8 748 **Comparison with the literature**

9

10 749 The findings of these focus groups allude to six main overarching themes.

11 750 The first theme highlights that there is a framework on which volunteering is
12
13 751 organised. It addresses several matters that a volunteering organisation may focus on, from
14
15 752 the selection and motivations of volunteers to other aspects of dealing with those
16
17 753 volunteers recruited to an organisation, e.g. training of volunteers and the format of the
18
19 754 relationships established. Much of the current literature is focused on volunteers'
20
21 755 experiences, motivations and organisational descriptions of the programmes [25-27].
22
23 756 Volunteering programmes are dependent on staff management and the volunteers; they
24
25 757 therefore require financial and human resources. Important variations were noted
26
27 758 regarding how this framework was described, in some cases pointing to a lack of
28
29 759 recognition and resources, whereas in others, showing preoccupation with dealing with the
30
31 760 unknown.

32 761 The second theme highlights a wide range of perceptions of the volunteer role,
33
34 762 labelled as multifaceted. It suggests that there is a broad flexibility in the understanding of
35
36 763 what a volunteer should do, which in turn may mean that a large number of people may be
37
38 764 suitable to be a volunteer. The perspectives on this ranged from a more passive role, of
39
40 765 being with the patient and offering hope, to a more active role, such as doing social activities
41
42 766 and practising social skills. This emphasis of 'being there' or 'doing for' is similar to that
43
44 767 which has been described in other research, e.g. in a qualitative study in mental health with
45
46 768 volunteers and patients from 12 UK volunteering mental health programmes [28]. These
47
48 769 findings support that the manner in which volunteer roles are adopted may impact
49
50 770 differently on the patient. In all sites, many participants discussed that volunteers should
51
52 771 collaborate with services. A qualitative study conducted in Finland about the perceptions
53
54 772 of volunteers by health care staff showed that attitudes were positive to conditional; these
55
56 773 approaches varied from holistic to task-centred or patient-centred [29]. Equally, a former
57
58 774 study conducted in the USA explored the impact of using volunteers to improve patient
59
60 775 satisfaction in hospitals and cost-effectiveness. They reported that volunteers appeared to
776 enhance patient satisfaction and reduced costs [30].

1
2
3 777 The third theme describes that every relationship has a different character,
4
5 778 categorising relationships in several types of formats. Essentially, they fall into two
6
7 779 extremes, i.e. a more formal relationship that has a contract and is closer to a professional
8
9 780 one, and a more informal interaction similar to or indeed a friendship. A former review of
10
11 781 the term befriending has already described the spectrum of such relationships [1].

12 782 The fourth theme highlights the challenges faced by a volunteer, i.e. the barriers and
13
14 783 risks. It describes different obstacles that prevent people from volunteering together with
15
16 784 the perceived risks to those who volunteer. Previous research describing the barriers to
17
18 785 the use of web-based communication in voluntary associations has pointed to the size and
19
20 786 complexity of associations and to the obstacle of an age-based digital divide, e.g. to have a
21
22 787 profile on a social network site [31]. A rapid review of barriers to volunteering for
23
24 788 potentially disadvantaged groups and implications for health inequalities suggested that
25
26 789 although different demographic groups may experience specific barriers to volunteering,
27
28 790 there were areas of commonality. These included personal resources, i.e. skills,
29
30 791 qualifications, time, financial cost, health or physical functioning, transportation or social
31
32 792 connections, and institutional factors, such as volunteer management, access to
33
34 793 opportunities, lack of appropriate support and a stigmatising or exclusionary context [32].
35
36 794 A further study described specific impediments for older people becoming volunteers [33],
37
38 795 e.g. their own health, perceiving volunteering as an unworthy cause or as an unknown
39
40 796 prospect.

41 797 The fifth theme, exploring the potential advantages and disadvantages of technology
42
43 798 use in volunteering, overlaps with former insights into patient-clinician communication
44
45 799 through technology. It highlighted similar enthusiasms and scepticisms. Potential benefits
46
47 800 and problems of the human-machine interface were previously described, as well as the
48
49 801 appropriateness of a specific technology in a specific situation [34]. Amongst these ongoing
50
51 802 debates, some argued that the potential advantages outweigh the disadvantages [35].
52
53 803 Overall, these findings show an interest in utilising digital platforms as a resource for
54
55 804 volunteering, which aligns with the views offered in previous literature [36, 37]. A
56
57 805 qualitative analysis of social and digital inclusion, experienced by digital champion
58
59 806 volunteers in Newcastle, reported four categories of motivations leading to successful
60
807 volunteering, i.e. the individual, people, employment and environmental factors [38].

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

1
2
3 810 families and the wider society. The broader impact of volunteering beyond the aimed effect
4
5 811 in patients has been earlier described in a systematic review that postulates that it is a
6
7 812 public health intervention [39].
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9 813

10 814 **Implications of the findings**

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12
13
14 815 These findings represent the views of mental health professionals and volunteers
15
16 816 and may be used to inform the development and organisation of current and future
17
18 817 volunteering programmes.

19 818 Since this study was based in HICs in Europe, it is unknown whether these findings
20
21 819 would also apply to LMICs; this should be investigated further. Additionally, it is uncertain
22
23 820 how specific these results are to this sample and to these cities. Future studies should
24
25 821 explore whether these findings differ for participants in the rest of the countries and
26
27 822 abroad.

28 823 The variability of opinions suggests that volunteering programmes should be
29
30 824 offered in different formats and with enough flexibility to incorporate individual
31
32 825 preferences. An important point was the strong belief that there is potential with
33
34 826 technology. This can help with the development of a new intervention to facilitate digital
35
36 827 forms of volunteering.

37 38 828 **Conclusions**

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40
41 829 Mental health professionals and volunteers see benefits in offering volunteering in
42
43 830 mental health to their patients. The variability of their views suggests a need for flexibility
44
45 831 and innovation in the design and models of programmes offered to patients and volunteers.
46
47 832 It is possible, however, that a single intervention based on the common principles could
48
49 833 suit different European countries without requiring significant customisation for each
50
51 834 country.

52 835 **Contributorship statement** MPC designed the study, led the recruitment of participants,
53
54 836 coordinated the study, managed the study team, facilitated the focus groups, led the
55
56 837 analysis of the data and drafted the manuscript. MC, FM and ST co-facilitated the focus
57
58 838 groups and supported with the data analysis. All authors approved the final version of the
59
60 839 manuscript.

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 846 the study and collection, analysis of data or writing the manuscript.

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 848 (Reference number: QMREC1665a).

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

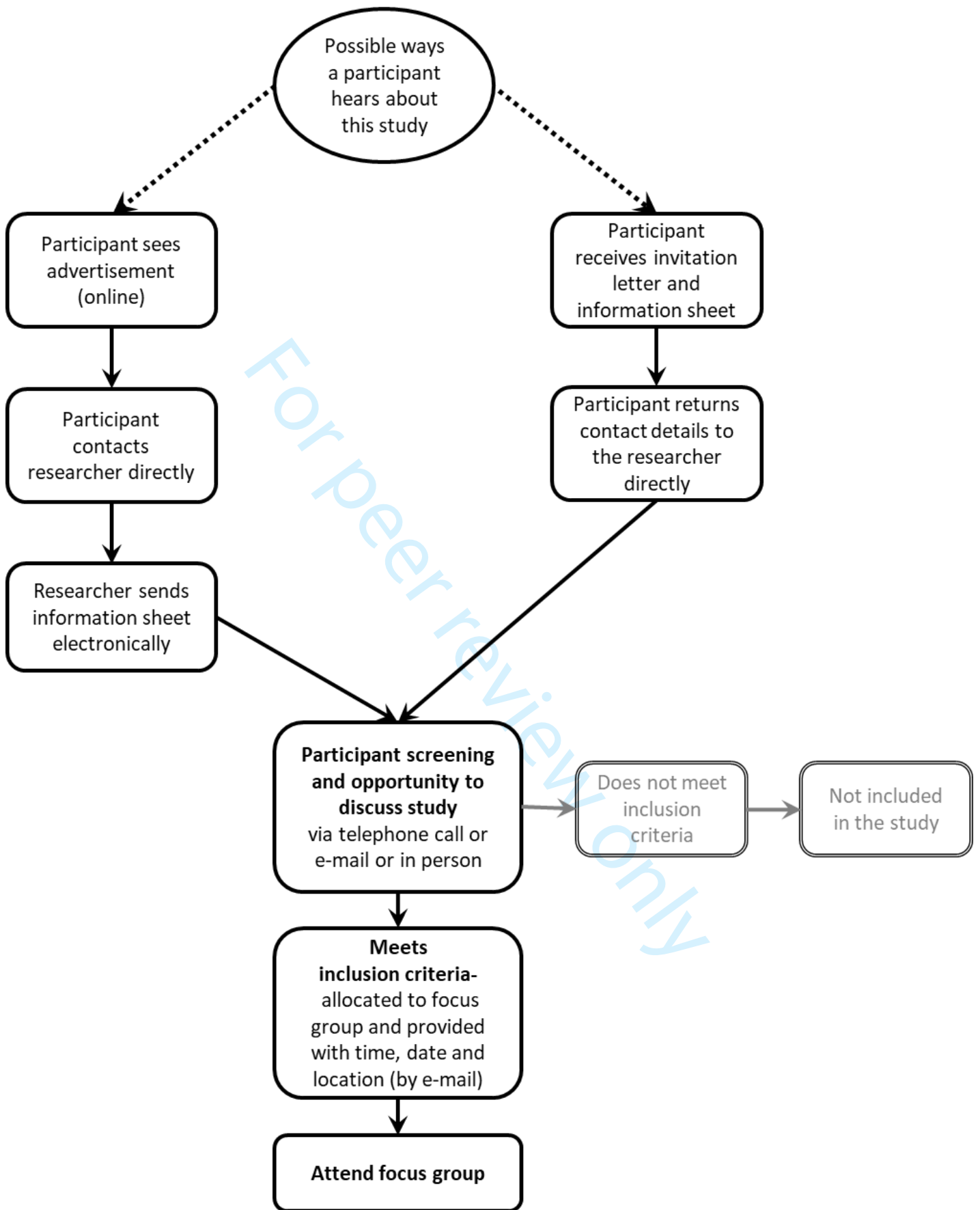
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For peer review only



1.1. Volunteers should be selected and assessed/ Volunteers selected, but based on which criteria/ Volunteers may be unsuitable

1 “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)

2 “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)

5 “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

8 “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)

10 “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)

13 “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

16 “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)

18 “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)

20 “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 évidemment 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

24 “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)

26 “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)

27 “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’intérieur de l’hôpital et celui à domicile ou chez l’autre. Je pense que le pair-aidant ou le bénévole 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 médical a la fois, mais on doit toujours être dans un cadre précis.” (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

31 “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)

34 “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 específicas.” (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)

38 “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)

40 “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

1 "I had a right to choose whether or not I want to work with her. Because I have my own... BMJ Open
Volunteers Focus Group 1, Participant 5)

2 "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
3 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,
4 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)

5 "Il faudrait peut-être alors 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
6 d'attention plus particulière et nécessitant peut-être plus de connaissances." (Brussels Volunteers Focus Group 1, Participant 3)

7 **Theme 2. The role of the volunteer is multifaceted**

8 **2.1. Be with/ Provide company and support the patient/ Accompany patients**

9 "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)

10 "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
11 companhia a essas pessoas também as ajuda a sentirem-se melhores." (Porto Volunteers Focus Group 1, Participant 4)

12 "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
13 société." (Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)

14 **2.2. Do social activities with**

15 "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
16 Group 3, Participant 10, Psychiatrist)

17 "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,
18 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
19 Health Professionals Focus Group 4, Participant 13, Psychiatrist in training)

20 "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
21 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
22 Focus Group 4, Participant 2, Occupational Therapist)

23 **2.3. Practice social skills/ Provide competencies/ Helping patients**

24 "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
25 6, Social Worker)

26 "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
27 Professionals Focus Group 1, Participant 3, Psychiatrist in training)

28 "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
29 d'abord." (Brussels Volunteers Focus Group 1, Participant 1)

30 **2.4. Give hope to/ Support patients to rediscover life/ Give hope and return to who they were before the illness**

31 "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)

32 "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
33 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
34 incentivo... E eu encontro n pessoas que só iriam beneficiar." (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in Training)

35 "Quand c'est ponctuel avec un peu de chance nous donnons l'espoir. C'est très important l'espoir, spécialement pour la santé mentale après la personne peut rentrer grâce à cet espoir dans un
36 programme plus long ou elle va être aide d'autres professionnels et d'autres bénévoles par exemple." (Brussels Volunteers Focus Group 2, Participant 8, Volunteer)

37 **2.5. Address patients' needs/ To keep an eye on the patient/ Respond to a need and offer what services don't**

38 "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
39 Health Professionals Focus Group 1, Participant 4, Social Worker)

40 "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
41 8, Psychologist)

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“Let’s see if it can respond to a need, or we see it elsewhere. It explained that the psychiatric system doesn’t provide what they need. “Ce qu’il y a clairement un besoin 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

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“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)

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“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

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“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)

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“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)

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“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

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“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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“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)

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“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

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“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)

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“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)

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“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

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“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)

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“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)

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“Mais si le bénévolat se décline 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

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“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)

1 “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 o outro.” (Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)

2 “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 **3.3. It is reciprocal/ A reciprocal exchange/ A reciprocal relationship**

4 “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)

5 “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)

6 “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)

7 **3.4. It is patient-centred/ In limbo between a friend and a professional/ A relationship between two people**

8 “Like person-centred. So it depends on who you're supporting and what their needs may be.” (London Volunteers Focus Group 1, Participant 3)

9 “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)

10 “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)

11 **3.5. Not one size fits all/ A relationship hard to predict / The volunteer occupies a larger space in patients' lives**

12 “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)

13 “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)

14 “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)

15 **3.6. It is time-limited/ It may or may not have a maximum time/ A finite relationship**

16 “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)

17 “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)

18 “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)

19 **3.7. Explicit boundaries/ It is a contract/ The relationship exists because of the mental illness**

20 “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)

21 “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)

22 “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)

23 **3.8. Fluid boundaries/ Became a friendship/ With distance or proximity**

24 “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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“*Te amo amigos que eram sem abrigo que, dormiam na rua mesmo, quando se tornaram meus amigos em 5 anos, e são meus amigos ainda, e que eu acompanhei em [voluntariado].*” (Porto Volunteers Focus Group 2, Participant 5)

1 “*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)

2 **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**

3 “*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)

5 “*Depois há o problema, pode nem ser tanto da confidencialidade, mas pode ser da confiança, isto é um voluntário que um dia saíba 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)

7 “*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)

9 **Theme 4. To volunteer is to face challenges**

10 **4.1. Stigma is a big issue / Lack of education and stigma of mental illness/ Mental health stigma**

11 “*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)

14 “*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)

19 “*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)

21 **4.2. Odd or artificial idea to provide friends to people/ Being a novelty/ Bad image of volunteering**

22 “*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)

24 “*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)

27 “*Malheureusement le bénévolat n’a pas une très bonne image.*” (Brussels Volunteers Focus Group 1, Participant 1)

29 **4.3. Bureaucracy and time to get a DBS check/ Lack of resources/ Lack of recognition**

30 “*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)

31 “*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)

33 “*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)

35 **4.4. Problem with distances and transports/ Long distances/ Complexity of dealing with the different languages in the country**

37 “*Distance and transport in general. And actually the London problem I guess.*” (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)

38 “*E é de longe.*” (Porto Mental Health Professionals Focus Group 3, Participant 11, Social Worker)

39 “*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 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)

1 “Talvez vejo muitas situações em que levar para um sítio de risco de consumo de drogas pode ser perigoso, 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)

2 “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)

3 **4.10. Volunteers that undermine clinicians’ work/ Relationship is ‘toxic’ to the patient/ Manipulate the patient**

4 “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)

5 “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)

6 “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 comment on dit ça ...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)

7 **4.11. To end the relationship/ Being dependent on the volunteer/ Risk of breaking the relationship**

8 “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)

9 “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)

10 “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)

11 **Theme 5. Technology has potential in volunteering**

12 **5.1. Enables human contact / Tool for patients to acquire skills/ Brings people together**

13 “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)

14 “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)

15 “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)

16 **5.2. It is an add on to the relationship/ It complements the physical relationship/ Complementary to the face-to-face relationship**

17 “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)

18 “Acho que as relações têm que ser humanas acima de tudo, interação sempre, presencial, pessoal...” (Porto Volunteers Focus Group 2, Participant 5)

19 “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)

20 **5.3. Link people in different cities/ Connects people/ Overcomes distances**

21 “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)

22 “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 Mental Health Professionals 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’à un certain moment ça flambe. Parfois trois minutes c’est complètement 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 c'est la peur peut être balayé, c'est un peu le fait que le bénévole en santé mentale est d'un rôle 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

1 "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)

3 "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)

7 "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

1 "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)

14 "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)

16 "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

20 "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)

21 "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)

23 "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

27 "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)

30 "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)

33 "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 problème 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 to feel useful

36 "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)

37 "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)

39 "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 société, 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)

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		
<i>Personal Characteristics</i>		
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
<i>Relationship with participants</i>		
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		
<i>Theoretical framework</i>		
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

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

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

BMJ Open

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

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3
4 1 **Title:** Stakeholders' views on volunteering in mental health – an
5 2 international focus group study
6
7

8 3 **Authors:**

9
10 4 Mariana Pinto da Costa^{1,2,3,4}, Maev Conneely³, Fábio Monteiro da Silva², Sarah Toner³
11
12 5

13 6 **Affiliations:**

14
15 7 ¹Institute of Biomedical Sciences Abel Salazar, University of Porto, Porto, Portugal
16

17 8 ²Hospital de Magalhães Lemos, Porto, Portugal
18

19 9 ³Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services
20 10 Development, Queen Mary University of London, London, UK
21

22 11 ⁴Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United
23 12 Kingdom
24

25 13

26
27 14 Corresponding author

28 15 Dr Mariana Pinto da Costa

29 16 Postal Address: Rua de Jorge Viterbo Ferreira nº 228, 4050-313 Porto, Portugal
30

31 17 mariana.pintodacosta@gmail.com
32

33 18 Tel: 00351220428000
34
35

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39 22

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30 Abstract

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

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

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

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

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

49

50

51 Strengths and limitations of this study

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

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65 Introduction

1
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3 66 Within different countries, volunteering may exist to varying degrees. It may have
4
5 67 diverse purposes and structures, aiming to provide different types of relationships from
6
7 68 friendships to more professional therapeutic interactions [1]. Across the world there are
8
9 69 different paradigms underlying volunteering [2, 3]. The non-profit paradigm is the
10
11 70 dominant view in the United Kingdom (UK) and other Western high income societies,
12
13 71 whilst the civil society paradigm is the common lens through which volunteering is seen in
14
15 72 Southern Low and Middle Income Countries (LMICs) [2]. Previous research has sought to
16
17 73 comprehend the common core principles in the general public's understanding of
18
19 74 volunteering across countries [4-6]. Research conducted in eight countries on the public
20
21 75 perception of volunteering showed that there was a general consensus concerning the
22
23 76 definition of what constitutes a volunteer [7]. The three main defining principles that form
24
25 77 the essence of volunteering are: absence of remuneration, free will and benefit to others [5,
26
27 78 8].

26 79 In mental health, two stakeholders who are key in the provision of volunteering
27
28 80 support are the mental health professionals and the volunteers themselves. The former can
29
30 81 encourage participation or even prescribe these initiatives to their patients, whereas the
31
32 82 latter constitute the 'active ingredients' of volunteering, offering their free time to support
33
34 83 and maintain contact with patients. Volunteers' roles seem to vary and their individual
35
36 84 characteristics may be linked to cultural, religious and social context. Therefore, differences
37
38 85 within communities and countries may affect volunteer-patient relationships and impact
39
40 86 how volunteering is perceived and provided. Usually, these volunteer-patient interactions
41
42 87 take place in person, but some communities and countries may face barriers to establishing
43
44 88 face-to-face encounters. The majority of the research conducted has either evaluated public
45
46 89 perceptions of volunteering or described the actual characteristics of volunteers; there is a
47
48 90 dearth of information regarding mental health professionals' and volunteers' views, which
49
50 91 are valuable.

49 92 In Europe, even though countries have been closely connected through the
50
51 93 European Union (EU), the landscape of volunteering in mental health varies across nations
52
53 94 [9]. In the UK there are more than three million volunteers [10, 11], representing a vital
54
55 95 resource for communities [12] with several volunteering programmes offered mostly by
56
57 96 the third sector [13]. In Belgium, the opportunities available seem to have close links with
58
59 97 health care structures [14, 15], whereas in Portugal volunteering in mental health barely
60
61 98 exists [16, 17]. The existing differences may reflect wider societal diversity, and mental

1
2
3 99 health services structure. The UK, an island lying off the North Western coast, is influenced
4
5 100 by Anglican values and London is shaped by a multicultural ambience; Belgium, positioned
6
7 101 in Central Europe is the heart of many European institutions, its nationals are multi-lingual,
8
9 102 with most of the population speaking both French and Dutch; whereas Portugal, located in
10
11 103 Southern Europe, holds Catholic and Mediterranean cultural roots. These socio-
12
13 104 geographical diverse countries spanning the North, Central and South Europe were chosen
14
15 105 for this international focus group study because of their dissimilar traditions of
16
17 106 volunteering in mental health.

17 107 The objectives of this study were to explore the views of mental health professionals
18
19 108 and volunteers from three European countries on: the purpose, benefits and challenges of
20
21 109 volunteering in mental health; the character of these one-to-one relationships; and the
22
23 110 formats in which these contacts should be made.

111 **Methods**

112 **Study design**

113 This was an international cross-cultural, multi-lingual focus group study. As
114 described elsewhere, this qualitative study was conducted in two stages, i.e. a pilot phase
115 and the main study [18].
116

117 **Research team**

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

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

126 **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)

128 **Recruitment**

129 Figure 1 summarises recruitment for this study.

130 *Figure 1. Study scheme diagram*

131

132 *[Insert Figure 1]*

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

139 For the main study, mental health professionals and volunteers were recruited from
140 3 European countries. In London, an e-mail with information about the study was sent to
141 mental health staff working at the East London NHS Foundation Trust (ELFT) which is a
142 Mental Health Trust; in Brussels, the invitation was sent to clinicians via local contacts from
143 the Université Catholique de Louvain (UCL); in Porto this information was sent to the
144 mental health staff working at Hospital de Magalhães Lemos, a psychiatric hospital.
145 Volunteers were recruited from health care organisations, non-governmental
146 organisations (NGOs) or volunteering and community associations. In addition, planned
147 snowball sampling was used whilst inviting potential participants to share the invitation
148 with their contacts. An e-mail with information about the study was sent to volunteering
149 organisations in the UK, Portugal, and Belgium. These volunteering organisations then
150 disseminated information about the study through their networks, via e-mail, websites, or
151 social media.

152

153 **Eligibility criteria**

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

1
2
3 157 professionals focus groups. People with 18 years or over, experience in volunteering and
4
5 158 capacity to provide informed consent were deemed eligible for the volunteers focus groups.
6
7 159

8 9 160 **Participant identification and consent**

11
12 161 Potential participants received an invitation letter and information sheet about the
13
14 162 study by e-mail. Via e-mail, phone, or in person, the lead author discussed the study details
15
16 163 with the potential participants, checked the inclusion criteria were met, and discussed
17
18 164 practical information about location and times, to be confirmed in writing. On the day of
19
20 165 the focus group, informed consent was obtained from participants. They were also asked
21
22 166 to complete a brief questionnaire regarding their socio-demographic characteristics.
23
24 167

25 26 168 **Sampling considerations**

27
28
29 169 Separate focus groups for mental health professionals and volunteers were hosted
30
31 170 in order to ensure equal voices and sufficient homogeneity of the group composition. This
32
33 171 aimed to encourage participants to express their views freely, and avoid group dynamics
34
35 172 which could inhibit an open discussion.

36 173 In this study, a minimum of two and a maximum of four focus groups per country
37
38 174 would be conducted to provide enough coverage of the topics, and to ensure that all areas
39
40 175 could be explored in detail. Focus groups were planned with between four to eight
41
42 176 participants. This was deemed a manageable number of people to enable a group
43
44 177 discussion and to capture a range of views from individuals from different backgrounds,
45
46 178 whilst providing sufficient data to gain an understanding of the experiences and views of
47
48 179 mental health professionals and volunteers on volunteering in mental health.
49
50 180

51 181 **Procedures**

52
53 182 Firstly, the views of international mental health researchers and psychiatrists from
54
55 183 different European countries were sought in order to understand and to scope out the
56
57 184 diversity of viewpoints and to allow refinements in the topic guide. Once the pilot stage was
58
59 185 complete, this methodology was applied in three European countries. This facilitated a
60

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

188 **Instruments**

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

194 **Structure of the focus groups and their facilitation**

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

199 **Setting**

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

213

214

215 **Data recording, transcription and analysis**

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

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

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

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

1
2
3 247 selection of participants' quotes in English translated by the lead author; the detailed
4
5 248 analysis with participants' quotes in tables in the original languages (Portuguese and
6
7 249 French) is available in Appendix 1. This article follows the Consolidated Criteria for
8
9 250 Reporting Qualitative Research (COREQ) guidelines to structure the study reporting [20].
10
11 251 The authors acknowledge the potential impact of their own characteristics in the reflexivity
12
13 252 of the research process (Table 1).
14
15
16

17 254 **Robustness assessment of the synthesis**

18
19
20 255 To ensure external validity, the preliminary findings were presented to an audience
21
22 256 of clinicians at the EPA Congress and to volunteers at the Befriending Networks Congress.
23
24 257 This 'member checking' [21] aimed to ensure that a range of viewpoints from clinicians and
25
26 258 volunteers were taken into consideration, minimising bias in the interpretation of results.
27
28 259 No specific suggestions for changes were made at these events.
29
30

31 261 **Patient and public involvement**

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33
34 262 Volunteer associations and mental health professional associations were involved
35
36 263 in the recruitment and the dissemination of this focus groups study. Patients were not
37
38 264 involved in the recruitment of this focus group study.
39
40

41 265 **Results**

42
43
44 266 Twenty-four focus groups were conducted between January 2016 and September
45
46 267 2017, with a total of 119 participants consisting of 35 international mental health
47
48 268 researchers and psychiatrists in the pilot stage, and 32 volunteers and 52 mental health
49
50 269 professionals across the three European cities for the main study. None of the participants
51
52 270 withdrew consent.

53 271 In the pilot stage, there were four focus groups with international mental health
54
55 272 researchers, totalling 25 participants, and two focus groups composed of 10 international
56
57 273 psychiatrists, conducted in English. In the main study, four focus groups with mental health
58
59 274 professionals were conducted in each city: Brussels, London and Porto, with a total of 20,
60

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

290

291

292 *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						
<i>Healthcare professionals</i>						
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
<i>Managers and senior officials</i>						
Educational Manager	1	9.1	0	0	0	0
<i>Teaching and educational professionals</i>						
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
<i>Research professionals</i>						
Researcher	3	27.3	0	0	0	0
<i>Security professionals</i>						
Security	0	0	0	0	1	8.3
<i>Secretarial professionals</i>						
Receptionist	0	0	0	0	1	8.3
<i>Information technology professionals</i>						
IT Technician	0	0	1	11.1	0	0
<i>Media professionals</i>						
Journalist	1	9.1	0	0	0	0
<i>Sales, marketing and related professionals</i>						
Vendor	2	18.2	0	0	0	0
Marketing professional	0	0	1	11.1	0	0
<i>Cleaning professionals</i>						
Street cleaner	0	0	0	0	1	8.3
<i>Road transport/drivers</i>						
Driver Instructor	0	0	1	11.1	0	0
<i>Civil servants</i>	1	9.1	1	11.1	0	0
<i>Students</i>	0	0	1	11.1	0	0
<i>Retired</i>	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 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.

314 **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 <i>a priori</i> selection (Il y a une sélection <i>a priori</i>)
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)

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

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3 325 holding a view that matching should be based on shared interests and that volunteers
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5 326 should have the right to be re-matched.
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8 328 *“But I think in the UK there is a culture of volunteering, like it’s quite strong – people rely on that quite*
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10 329 *a lot.”*

11 330 **(London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)**

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15 332 In Porto there was much questioning about the exact criteria that should be used to
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17 333 select volunteers, with others mentioning that it is a paradox to select volunteers. Views
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19 334 also covered the rules and structure for volunteering, with some suggesting that a regular
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21 335 risk assessment to check on volunteers should be done before and throughout. Beyond the
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23 336 notion that volunteers want to help others, some proposed that volunteers’ motivations
24
25 337 could also be to gain something. There was also a discussion about whether training may
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27 338 or may not be important depending on the degree of training, as it may vary from simply
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29 339 receiving information to undergoing more thorough training, ultimately leading to the
30
31 340 acquisition of skills. In relation to matching, it was suggested that this was based on the
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33 341 characteristics of patients and volunteers.
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35 342
36 343 *“When a person says - to volunteer is not to expect anything in return - it’s a bit of a lie,*
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38 344 *because a person always ends up having something in return, isn’t it? Even if it’s just to feel good, like...*
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40 345 *I helped this person and I feel good, so ... I already won.”*

41 346 **(Porto Volunteer Focus Group 1, Participant 1)**

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43 348 In Brussels there were different views with some considering that volunteers should
44
45 349 be selected and others deeming that there is already an ‘a priori’ selection, in that those
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47 350 individuals who take the initiative to volunteer already represent a self-selection for taking
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49 351 such role. Some described the potential motivations of volunteers as being to help others,
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51 352 to save others or to participate in a collective citizenship. Some have raised the issue that
52
53 353 the organisational framework should have specific values and that the relationship was
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55 354 triangular, involving the volunteer, the volunteering organisation and the patient, focusing
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57 355 on the importance of an appropriate matching. The discussion around training was also
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59 356 present, describing its advantages and disadvantages, with views expressed both in favour
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357 and against training for volunteers.
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3 359 *“Obviously it is a bond between two individuals but that this type of link can be fruitful only if it's*
4 *always three. The three being symbolic, but notably is the presence of an institution.”*

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6 361 **(Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)**

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10 363 In all sites there was much discussion about the importance of selecting volunteers
11 364 and how to select them, and whether or not volunteers should be trained.

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16 366 **The role of the volunteer is multifaceted**

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19 367 There was a wide range of perceptions of the role of the volunteer, with multiple
20 368 responsibilities attributed to it and a lack of consensus, which is reflected in the labelling
21 369 of this theme (Table 6).

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24 370 The role of the volunteer was seen overall as providing support to the patient, but
25 371 the ways to achieve this were quite diverse from a more passive role, i.e. 'be with' and 'give
26 372 hope', to a more active role, i.e. 'do social activities' and 'practice social skills'. There was
27
28 373 particular focus on the expectations relating to communication with the patient, i.e. 'give
29 374 patients realistic feedback' and 'educate the patient', and also highlighting that this entailed
30 375 a person-centred approach, i.e. 'addressing patients' needs' and a social element, such as to
31 376 'provide company' and 'support the patient'.

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37 377 In addition to the direct role of the volunteer towards the patient, an expectation of
38 378 a more institutional responsibility towards others, where the volunteers 'collaborate with
39 379 services' was listed in all three sites. Although several different roles were described across
40 380 the three sites, some mentioned that even if the volunteer did not have a pre-defined
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42 381 objective, their role could still have a therapeutic effect.

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389 **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)

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

396
397 *“It would be useful to have a ... [volunteer] who is able to give some realistic feedback...
398 If you just have someone who is like completely accepting in a way that other people, in the general
399 population aren’t you’re not actually getting any realistic feedback.”*

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

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3 401 In Porto, views ranged from prioritising a more social element, such as 'provide
4 402 company and support the patient' to 'do social activities' and facilitate them to acquire
5 403 competencies, or just giving 'new and unique experiences', even if for a brief interaction. It
6 404 was felt that even if participants did not learn anything long-term, the experience would
7 405 still be beneficial and worthwhile for the patient. There was also a sense of the volunteer
8 406 as a 'healthy role model', a standard that the patient could look up to, and a temporary
9 407 'transition figure' for the patient, who has an impact that remains beyond the end of the
10 408 relationship. Thus, the patient could put into practice the skills they acquired in their real
11 409 world, encouraging them to 'rediscover the meaning of life'. These positive and hopeful
12 410 views of encouraging the acquisition of further skills and autonomy were in contrast to the
13 411 perception of the volunteer as the one that should monitor and 'keep an eye' on the patient.
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24 413 *"The surveillance would end up being a consequence of the company. As long as the patient feels*
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26 414 *that he is accompanied, that can protect him."*

27 415 **(Porto Mental Health Professionals Focus Group 2, Participant 8, Psychologist)**
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31 417 In Brussels, the sub-themes varied from practical support, i.e. 'accompany the
32 418 patients', 'do social activities' and 'help the patients', or somehow 'instil ideas in the
33 419 patients' to not having a specific pre-defined objective and giving hope to the patients.
34 420 Other views seemed to show an expectation that the volunteers would be different and
35 421 somehow better than the rest of society, e.g. less judgemental, less stigmatising. They would
36 422 therefore be 'offering something that the services don't have'. Of note in Brussels, several
37 423 quotes were quite reflexive, on occasion seeming to represent idealised views of the role of
38 424 the volunteer, and there were fewer concerns expressed about potential harms of
39 425 volunteering when compared with the focus groups from the other sites.
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48 427 *"We give hope. This is very important hope, especially for mental health after the person can*
49 428 *return thanks to this hope in a longer programme where they will be helped by other professionals and*
50 429 *other volunteers for example."*

51 430 **(Brussels Volunteers Focus Group 2, Participant 8)**
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56 431 In all sites, there were views that the role of the volunteer should be instrumental,
57 432 providing practical support in conducting social activities and, in addition, collaborating
58 433 with services.
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3 434 In Porto and Brussels there were some views about the role of the volunteer as a
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5 435 means to control the patients, either 'keeping an eye' on them in Porto, or 'instilling ideas
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7 436 into patients' in Brussels. In London this was not expressed in such a way, but rather giving
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9 437 'patients realistic feedback', as opposed to overprotecting them or mistreating them.

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11 12 13 439 **Every relationship has a different character**

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16 440 There were various views about the character of the relationship, ranging from two
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18 441 extremes; a more formal relationship 'with a contract', to a more informal 'friendship',
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20 442 which has led to labelling this theme as 'Every relationship has a different character' (Table
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22 443 7). In the focus groups different participants held distinct views about the character of the
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24 444 relationship and equally, each participant believed that every relationship would be
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26 445 different.

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464 **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)

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

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5 474 *"...like person-centred. So it depends on who you're supporting and what their needs may be."*

6 475 **(London Volunteer Focus Group 1, Participant 3)**

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10 477 In Porto, views varied about the character of the relationship, from a friendship by
11 478 decree, a reciprocal relationship or a helping relationship, and it may be in limbo between
12 479 a friend and a professional. It was considered that this relationship may be difficult to
13 480 predict, it may or may not evolve, and it may or may not have a maximum time period. Some
14 481 have described it as a relationship with boundaries, with some calling it 'a contract', and
15 482 others raised the concern that trust is broken if the confidentiality is breached.

16 483
17 484
18 485 *"The volunteer... is a kind of intermediary between friend and professional... who is neither a
19 486 professional nor a friend... is there in limbo."*

20 487
21 488 **(Porto Mental Health Professionals Focus Group 1, Participant 3, Psychiatrist in training)**

22 489
23 490 In Brussels, views varied as to whether such a relationship was or was not a
24 491 friendship, with some describing it as a reciprocal relationship and others believing there
25 492 was some connection or 'bond'. Some felt it was important to emphasise the dynamics of
26 493 the relationship, whereby the relationship exists because of the mental illness. It was felt
27 494 that the space that the volunteer occupies in the lives of the patients is disproportionately
28 495 large compared to the space that the patients may occupy in volunteers' lives. Some
29 496 described its boundaries as a finite relationship and some have also spoken about
30 497 demanding a duration and engagement from the volunteers. Others described that the
31 498 relationship may have more or less distance or proximity, pointing out that there may need
32 499 to be a randomness for the relationship to work, given that it involves two individuals that
33 500 may or may not get along. Furthermore, it is a relationship commonly with a predetermined
34 501 end.

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

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

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

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

510

511 **To volunteer is to face challenges**

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

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520 **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)

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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3 541 patients. The fact that it was perceived as a novelty, the lack of resources and long distances
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5 542 were other barriers noticed. There was discussion and concerns about practicalities such
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7 543 as difficulties in dealing with patient behaviour, problems of the actual relationship, e.g.
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9 544 being 'toxic' to the patients, having patients and volunteers overinvolved with each other,
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11 545 or exposing patients to risky behaviours. There were also concerns about volunteers
12 546 carrying out an unpaid professional job, or patients becoming dependent on volunteers.
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14 547
15 548 *"People who... would be available twenty-four hours ... I don't know how healthy that was for the*
16 549 *volunteer. It would stop... it would not be volunteering anymore, it would be a way of living..."*
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18 550 **(Porto Mental Health Professionals Focus Group 3, Participant 12, Psychiatrist in training)**
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21 552 In Brussels, the structural barriers described were the stigma of mental health, the
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23 553 negative image of volunteering, the lack of political and financial recognition of
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25 554 volunteering, and the fact that there are different languages officially spoken in the city, i.e.
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27 555 French and Dutch, and the complexity that this brings. The potential risks mentioned were
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29 556 volunteers wanting to do their own version of volunteering and not following the
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31 557 organisation's rules, the risk of over-professionalising volunteers who ended up being an
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33 558 unpaid worker, and patients being a burden to the volunteers, who may not know what to
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35 559 do if patients became ill. There were concerns around the format of the relationship with
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37 560 volunteers not listening to the patients, manipulating the patient and the risk of ending and
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39 561 breaking the relationship.

40 562 *"Unfortunately, volunteering does not have a very good image."*
41 563 **(Brussels Volunteers Focus Group 1, Participant 1)**
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43 565 In London and Porto there was the concern that distances may be difficult and act
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45 566 as a barrier for people to meet in person. In London and Brussels discussions raised
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47 567 challenges about dealing with different cultures and languages. In all sites, participants
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49 568 described the stigma of mental health as a challenge for volunteering.
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52 53 570 **Technology has potential in volunteering**

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56 571 The potential role of technology in volunteering in mental health was described in
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58 572 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 nécessaire 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 peut être envahissante)

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3 576 In London, technology was seen as a tool that can help people, with some viewing it
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5 577 as an enabler of human contact and linking people in different cities, whereas others
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7 578 deemed it takes away human interaction. Similarly, some thought of technology as an add-
8
9 579 on to the relationship whilst others felt it risks what is essential, i.e. the relationship. It has
10
11 580 been suggested that technology may provide people more control in what is said, enabling
12
13 581 additional time to think and respond, which may be good for people that have anxiety
14
15 582 around face-to-face contact. Of note, one of the participants highlighted that the different
16
17 583 types of communication would allow different forms of human contact, which offer
18
19 584 different amounts of access to the other person. In addition, there were concerns that
20
21 585 technology could enhance the risk of patients becoming more paranoid.

22
23 587 *“If you're telling people who might have paranoia that they are gonna be monitored, you're gonna*
24
25 588 *affect that relationship and it's going to affect how people communicate with each other or how often,*
26
27 589 *and I don't think that's a good idea, to monitor that.”*

28
29 590 **(London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)**

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31 592 In Porto, views varied as to whether technology was a complement or a replacement
32
33 593 to the physical relationship, with some considering face-to-face communication preferable.
34
35 594 Some saw technology as a tool for patients to acquire digital skills, while others mentioned
36
37 595 that less frequent contact would be required. It has been suggested that technology may be
38
39 596 helpful by sharing encouraging information to patients, such as a song or a picture, and that
40
41 597 it may enable monitoring of communication between patients and volunteers. The
42
43 598 difficulties to establish boundaries through technology were raised, e.g. patients calling
44
45 600 volunteers during non-social hours, although some provided suggestions on how to limit
46
47 601 this. There was a strong view against having an app only for patients and volunteers.

48
49 602 *“I'm concerned of finding separate ways for this [communication]... when maybe the interest*
50
51 603 *would be teaching the patient to use common tools, and not perpetuating the idea that I am a*
52
53 604 *volunteer and he is a patient, and our relationship is different from the others, and we even have a*
54
55 605 *different app to talk... I would prefer that the patients use the tools that other people do... because that*
56
57 606 *[a separate app] perpetuates the idea that I'm sick and the others are normal.”*

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59 607 **(Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)**

60
61 609 In Brussels, views varied from technology bringing people together, being
62
63 610 complementary to the face-to-face interactions, where a brief telephone contact may feel
64
65 611 sufficient and that over the phone, each person occupies a different role, one being the

1
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3 612 caller, the other the listener. It has been reasoned that an advantage of technology is that
4
5 613 there is better control over what is said and it may be good for those who have face-to-face
6
7 614 anxiety. Others thought that technology may replace the face-to-face relationship, that it
8
9 615 may risk losing transparency with the institution, or could be invasive.

10 616

11
12 617 *“Putting technology at the service of the human being it allows more. I work all over the planet*
13 618 *with Skype, it allows... but what is crazy... it cuts the distances.”*

14 619 **(Brussels Volunteer Focus Group 2, Participant 6)**

15 620

16
17 621 In all sites, participants shared both advantages and disadvantages of the use of
18
19 622 technology, although overall optimism prevailed over scepticism. In both London and
20
21 623 Brussels participants emphasised the potential advantage of technology for those who have
22
23 624 anxiety in face-to-face interactions.

24 625

25 626

26 27 28 29 627 **Volunteering impacts us all**

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32 628 Several ways in which volunteering can have impact were discussed (Table 10).
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34 629 These included the consequences on patients, volunteers, mental health professionals, as
35
36 630 well as the impact on wider society.

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643 **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 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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2
3 652 clinicians had the added task of monitoring the relationship. Some thought because of the
4
5 653 latter, it may not have any overall effect on clinician's workload. There were views about
6
7 654 the impact this may have in services with different people working together, and at the
8
9 655 wider society level, reducing stigma.

10
11 656 *"The benefits are quite crucial I think, for me ... Improving quality of life in terms of socialisation and*
12
13 657 *getting involved in activities – or even if it just means being able to go out in the community and have*
14 658 *fresh air, because there are some clients with mental illness that to go out alone, they are quite*
15 659 *frightened to go out and worried that something might happen to them – you know, just to get out and*
16 660 *get fresh air is, is advantage for them."*

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18 661 **(London Mental Health Professionals Focus Group 2, Participant 5, Nurse)**

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20 662 In Porto, participants thought volunteering could be helpful in the social integration
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22 663 and social acquisitions of patients, with some stating that patients always benefit, even
23
24 664 when they do not notice it. In regard to benefits for volunteers, some pointed out that it
25
26 665 would provide them with contact with a different reality, others highlighted that it would
27
28 666 occupy volunteers and provide them with a new experience, and mentioned the satisfaction
29
30 667 they may gain by helping others. The potential impact of volunteers in releasing the tension
31
32 668 from patients' family members and in reducing the workload of health professionals was
33
34 669 also mentioned.

35 670 *"A volunteer who has [this] experience, not only in mental health but in any other contact, we win, the*
36 671 *person who gives... because giving is much more rewarding than receiving ..."*

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38 672 **(Porto Mental Health Professionals Focus Group 1, Participant 4, Psychiatrist in training)**

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40 673 In Brussels, views were shared about different ways through which volunteering
41
42 674 would have a therapeutic effect for patients, e.g. through patients realising that they are
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44 675 more than a disease. Some of the participants mentioned that volunteers would feel useful,
45
46 676 may gain professional experience, and learn from patients. Many stated that volunteering
47
48 677 may reduce the workload of mental health professionals and support the wider society
49
50 678 making it inclusive.

51 679 *"For me volunteering is also a personal need to contribute usefully to find a place in society to transmit*
52
53 680 *knowledge that we have ... it is really to exercise the ... useful role in the society"*

54 681 **(Brussels Volunteers Focus Group 2, Participant 7)**

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57 682 In all sites participants shared that they felt that volunteering impacted not only the
58
59 683 patients, but also the volunteers, mental health professionals, carers and the wider society.
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3 684 Views regarding the potential impact of reducing stigma that might come about through
4
5 685 volunteering were present in all the discussions.
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8 686 **Discussion**

10 687 **Main findings**

14 688 Whilst these focus groups were conducted in three European countries chosen for
15
16 689 their differences, overall, there were striking commonalities across the findings. Although
17
18 690 two types of groups composed of mental health professionals and volunteers were
19
20 691 organised, there were overlaps as some participants in the mental health professionals'
21
22 692 groups had experience in volunteering, and some participants in the volunteers' groups
23
24 693 had a professional background in mental health.

25 694 In this study, occupational homogeneity within each focus group was envisioned by
26
27 695 organising the focus groups for mental health professionals and volunteers separately.
28
29 696 However, there was heterogeneity within each group; within the mental health
30
31 697 professionals' groups, participants had different professional roles, and within the
32
33 698 volunteer groups, not everyone had experience in volunteering in mental health.

34 699 Overall, there was more homogeneity amongst the mental health professionals,
35
36 700 whereas the focus groups with volunteers were more heterogeneous. The differences in
37
38 701 the local context of these three countries was reflected in the vocalisation of distinct
39
40 702 challenges. The provision of volunteering in mental health in the UK is widespread, in
41
42 703 Belgium it has links with health care services and in Portugal it barely exists. This
43
44 704 familiarity in the UK with volunteering translated into participants reporting more
45
46 705 concerns relating to practicalities, in Porto issues raised were related to local barriers and
47
48 706 dealing with the unknown, and in Brussels, participants were calling for more
49
50 707 infrastructural support i.e. in policies and funds. Overall, participants largely reported that
51
52 708 volunteering in mental health may be a helpful resource for people with mental illness and
53
54 709 did not express much resistance against it, although it was considered that volunteers
55
56 710 should be in contact with mental health services. On occasion there was a dissonance
57
58 711 reflecting an underlying tension of paternalism in considering the responsibility of the
59
60 712 volunteer or the organisation vs. autonomy as core values of people with mental illness. In
713 theory, participants approved of the use of volunteering in mental health. In practice,
714 several questions were raised about how to overcome barriers and mitigate perceived

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3 715 risks, encouraging volunteering to become more inclusive. Stigma was both a barrier as
4
5 716 well as a potential outcome for society, with all sites perceiving that volunteering could lead
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7 717 to reducing stigma. The various attitudes towards the connotation of the term
8
9 718 'volunteering' in the three languages may have influenced the later discussion of the actual
10
11 719 behaviours that were labelled as acts of 'volunteering'. One of the main findings of this
12
13 720 study was that volunteering is not one single entity and that it is strongly connected to the
14
15 721 sociocultural context, albeit with commonalities across countries.
16
17 722

18 723 **Strengths and limitations**

21 724 This study has been the first to explore the views of mental health care professionals
22
23 725 and volunteers regarding the provision of volunteering in mental health across European
24
25 726 countries in different regions with varied sociocultural contexts. The benefits of this multi-
26
27 727 perspective approach, i.e. focusing on three different countries and two groups of
28
29 728 stakeholders, are well described, especially in the field of intimate relationships [22]. It
30
31 729 offers a richer understanding of stakeholders' opinions and an improved portrayal of the
32
33 730 complexity of relationship dynamics.

34 731 The methodology used was consistent across sites in terms of recruitment and
35
36 732 acknowledgement of participation. In contrast, other international focus groups conducted
37
38 733 in eight European countries which explored what good health and good care process means
39
40 734 to people with multimorbidities adopted more flexibility in their methodological approach
41
42 735 across the sites. Participants were reimbursed for their travel costs in some countries,
43
44 736 whereas in others a gratuity was provided either as a token of appreciation or to aid
45
46 737 recruitment. In some cases, participants were emailed after the meeting to thank them for
47
48 738 their participation; in one country participants were sent notes [23].

49 739 A large sample of mental health professionals and volunteers was recruited,
50
51 740 enabling the capture of a rich picture of the stakeholders' views from different
52
53 741 backgrounds. The focus groups' composition was largely reflective of the health care and
54
55 742 volunteering services organisation in each country. In all three nations, mixed focus groups
56
57 743 were composed of different mental health professionals. They were integrated as a group
58
59 744 as they share understandings and experiences concerning mental health care provision.
60
745 Their role was to explore the diversity of views as professionals working in mental health,
746 rather than to establish any kind of 'representativeness'.

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3 747 Conducting this study as a multi-country collaboration was helpful as the research
4
5 748 team members could interact and learn from each other. The research team was multi-
6
7 749 disciplinary, with a background in psychiatry and psychology, and different experiences in
8
9 750 volunteering in mental health. This diversity enabled the interpretation to be informed by
10
11 751 different perspectives. The fact that in all sites a second researcher, who co-facilitated the
12
13 752 focus groups discussion, coded all the data is a major strength and provides robustness to
14
15 753 the analysis. The pilot stage exploring the feasibility of organising such focus groups is
16
17 754 another strength of this study. This allowed assessment of the potential challenges in the
18
19 755 recruitment and interview phase, analysis and study materials as well as providing an
20
21 756 appreciation of the facilitator's workload.

22 757 Despite its originality, this study also has some limitations.

23 758 Whilst focus groups were conducted in three European cities, some of the
24
25 759 participants recruited, especially volunteers, were based in other parts of that country.
26
27 760 However, this information was not acquired, which could have been particularly relevant
28
29 761 in Belgium to explore potential differences between views in the Flemish and Walloon
30
31 762 regions.

32 763 The large amount of data gathered provided opportunities for a broad analysis
33
34 764 across countries, but there was limited capacity for detailed examination of the differences
35
36 765 between mental health professionals and volunteers. In the current analysis the focus was
37
38 766 on drawing out salient analytical points that were illuminated by the breadth of the data
39
40 767 [24].

41 768 Finally, although participants were given a brief description of volunteering in
42
43 769 mental health before the beginning of the focus groups, it is unclear whether having a more
44
45 770 comprehensive understanding or previous personal experience either on volunteering
46
47 771 programmes or as a patient in mental health influenced their expressed views, although no
48
49 772 information regarding the latter was requested for this study.

50 773 **Comparison with the literature**

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52
53 774 The findings of these focus groups allude to six main overarching themes.

54
55 775 The first theme highlights that there is a framework on which volunteering is
56
57 776 organised. It addresses several matters that a volunteering organisation may focus on, from
58
59 777 the selection and motivations of volunteers to other aspects of dealing with those
60
61 778 volunteers recruited to an organisation, e.g. training of volunteers and the format of the

1
2
3 779 relationships established. Much of the current literature is focused on volunteers'
4
5 780 experiences, motivations and organisational descriptions of the programmes [25-27].
6
7 781 Volunteering programmes are dependent on staff management and the volunteers; they
8
9 782 therefore require financial and human resources. Important variations were noted
10
11 783 regarding how this framework was described, in some cases pointing to a lack of
12
13 784 recognition and resources, whereas in others, showing preoccupation with dealing with the
14
15 785 unknown.

15 786 The second theme highlights a wide range of perceptions of the volunteer role,
16
17 787 labelled as multifaceted. It suggests that there is a broad flexibility in the understanding of
18
19 788 what a volunteer should do, which in turn may mean that a large number of people may be
20
21 789 suitable to be a volunteer. The perspectives on this ranged from a more passive role, of
22
23 790 being with the patient and offering hope, to a more active role, such as doing social activities
24
25 791 and practising social skills. This emphasis of 'being there' or 'doing for' is similar to that
26
27 792 which has been described in other research, e.g. in a qualitative study in mental health with
28
29 793 volunteers and patients from 12 UK volunteering mental health programmes [28]. These
30
31 794 findings support that the manner in which volunteer roles are adopted may impact
32
33 795 differently on the patient. In all sites, many participants discussed that volunteers should
34
35 796 collaborate with services. A qualitative study conducted in Finland about the perceptions
36
37 797 of volunteers by health care staff showed that attitudes were positive to conditional; these
38
39 798 approaches varied from holistic to task-centred or patient-centred [29]. Equally, a former
40
41 800 study conducted in the USA explored the impact of using volunteers to improve patient
42
43 801 satisfaction in hospitals and cost-effectiveness. They reported that volunteers appeared to
44
45 802 enhance patient satisfaction and reduced costs [30].

44 802 The third theme describes that every relationship has a different character,
45
46 803 categorising relationships in several types of formats. Essentially, they fall into two
47
48 804 extremes, i.e. a more formal relationship that has a contract and is closer to a professional
49
50 805 one, and a more informal interaction similar to or indeed a friendship. A former review of
51
52 806 the term befriending has already described the spectrum of such relationships [1].

52 807 The fourth theme highlights the challenges faced by a volunteer, i.e. the barriers and
53
54 808 risks. It describes different obstacles that prevent people from volunteering together with
55
56 809 the perceived risks to those who volunteer. Previous research describing the barriers to
57
58 810 the use of web-based communication in voluntary associations has pointed to the size and
59
60 811 complexity of associations and to the obstacle of an age-based digital divide, e.g. to have a

1
2
3 812 profile on a social network site [31]. A rapid review of barriers to volunteering for
4
5 813 potentially disadvantaged groups and implications for health inequalities suggested that
6
7 814 although different demographic groups may experience specific barriers to volunteering,
8
9 815 there were areas of commonality. These included personal resources, i.e. skills,
10
11 816 qualifications, time, financial cost, health or physical functioning, transportation or social
12
13 817 connections, and institutional factors, such as volunteer management, access to
14
15 818 opportunities, lack of appropriate support and a stigmatising or exclusionary context [32].
16
17 819 A further study described specific impediments for older people becoming volunteers [33],
18
19 820 e.g. their own health, perceiving volunteering as an unworthy cause or as an unknown
20
21 821 prospect.

22
23 822 The fifth theme, exploring the potential advantages and disadvantages of technology
24
25 823 use in volunteering, overlaps with former insights into patient-clinician communication
26
27 824 through technology. It highlighted similar enthusiasms and scepticisms. Potential benefits
28
29 825 and problems of the human-machine interface were previously described, as well as the
30
31 826 appropriateness of a specific technology in a specific situation [34]. Amongst these ongoing
32
33 827 debates, some argued that the potential advantages outweigh the disadvantages [35].
34
35 828 Overall, these findings show an interest in utilising digital platforms as a resource for
36
37 829 volunteering, which aligns with the views offered in previous literature [36, 37]. A
38
39 830 qualitative analysis of social and digital inclusion, experienced by digital champion
40
41 831 volunteers in Newcastle, reported four categories of motivations leading to successful
42
43 832 volunteering, i.e. the individual, people, employment and environmental factors [38].

44
45 833 The last theme illustrates that volunteering impacts us all, and describes the
46
47 834 potential impacts of volunteering on patients, volunteers, mental health professionals,
48
49 835 families and the wider society. The broader impact of volunteering beyond the aimed effect
50
51 836 in patients has been earlier described in a systematic review that postulates that it is a
52
53 837 public health intervention [39].
54
55 838

56 839 **Implications of the findings**

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58 840 These findings represent the views of mental health professionals and volunteers
59
60 841 and may be used to inform the development and organisation of current and future
842 volunteering programmes.

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2
3 843 Since this study was based in HICs in Europe, it is unknown whether these findings
4
5 844 would also apply to LMICs; this should be investigated further. Additionally, it is uncertain
6
7 845 how specific these results are to this sample and to these cities. Future studies should
8
9 846 explore whether these findings differ for participants in the rest of the countries and
10
11 847 abroad.

12 848 The variability of opinions suggests that volunteering programmes should be
13
14 849 offered in different formats and with enough flexibility to incorporate individual
15
16 850 preferences. An important point was the strong belief that there is potential with
17
18 851 technology. This can help with the development of new interventions to facilitate digital
19
20 852 forms of volunteering.

21 22 853 **Conclusions**

23
24
25 854 Mental health professionals and volunteers consider it beneficial offering
26
27 855 volunteering opportunities to their patients. The variability of their views suggests a need
28
29 856 for flexibility and innovation in the design and models of programmes offered to patients
30
31 857 and volunteers. It is possible, however, that a single intervention based on the common
32
33 858 principles could suit different European countries without requiring significant
34
35 859 customisation for each country.

36 860 **Contributorship statement** MPC designed the study, led the recruitment of participants,
37
38 861 coordinated the study, managed the study team, facilitated the focus groups, led the
39
40 862 analysis of the data and drafted the manuscript. MC, FM and ST co-facilitated the focus
41
42 863 groups and supported with the data analysis. All authors approved the final version of the
43
44 864 manuscript.

45
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47
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51
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53
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55
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57
58 871 the Institute of Biomedical Sciences Abel Salazar at the University of Porto; and by the
59
60 872 European Psychiatric Association.

873 **Ethics approval** This study received approval from Queen Mary University of London
 874 (Reference number: QMREC1665a).

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

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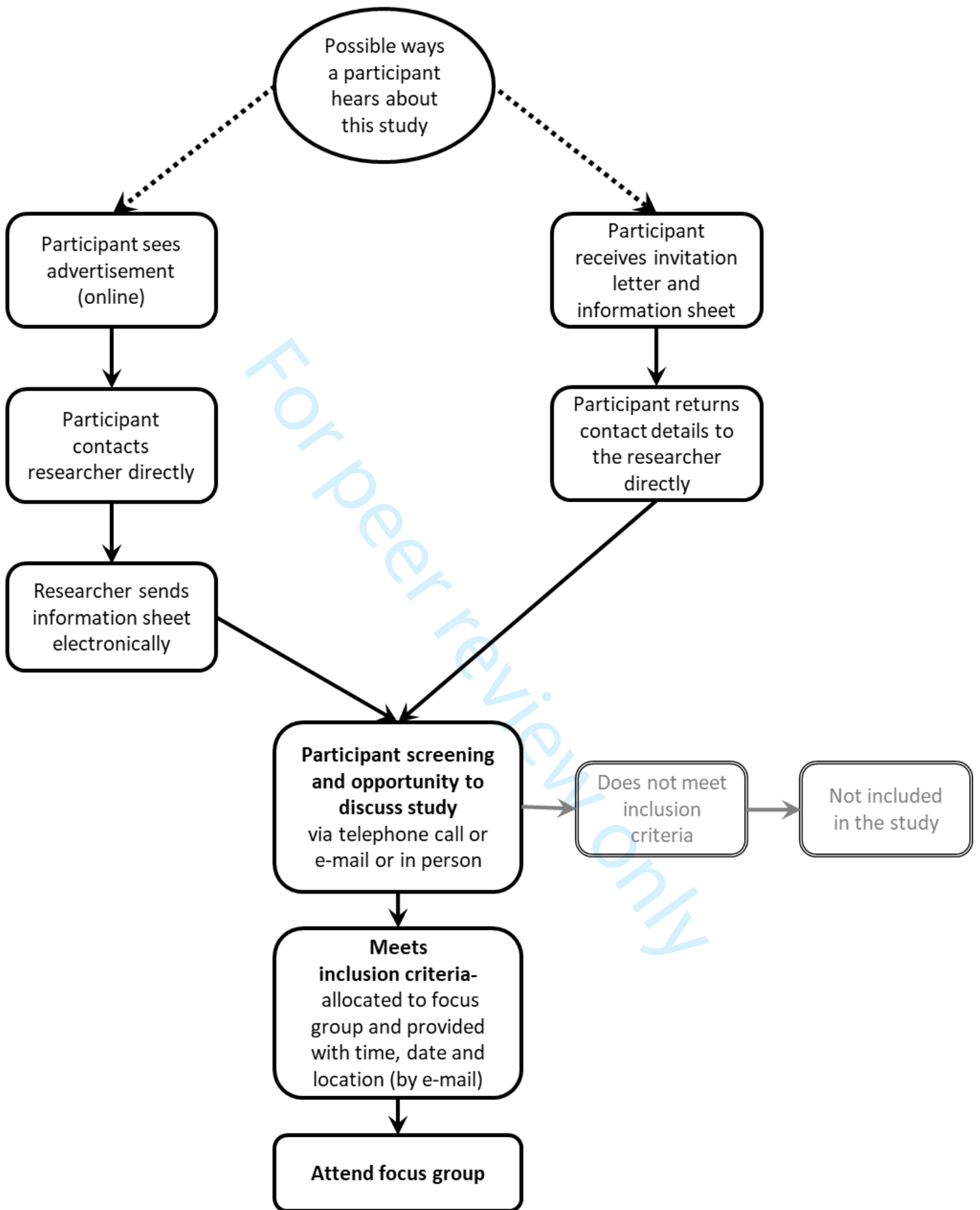
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For peer review only



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 évidemment 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 específicas." (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 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)

1 “Ou est ce que justement il faut éviter de médicalisée les volontaires que c'est bien d'avoir des personnes qui vont rencontrer ces
2 personnes là sans avoir toutes toutes ces choses en tête.” (Brussels Volunteers Focus Group 2, Participant 7)

3 **1.6. Matching and the right to be re-matched/ Matching on the characteristics/ Appropriate matching**

4 “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
5 as well. So that might trigger certain things for me.” (London Volunteers Focus Group 1, Participant 5)

6 “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
7 um voluntário mais assertivo e que saiba dizer não e ... que o ajude a cumprir regras. Se calhar, há outros doentes que precisam de
8 uma pessoa, se calhar, mais carinhosa, mais... calma, mais tranquila, que lhes dê um bocadinho mais de espaço. Portanto, eu acho
9 que, além de ter formação sobre as patologias, se calhar era bom ter um encaixe nos perfis...” (Porto Mental Health Professionals
10 Focus Group 3, Participant 9, Psychiatrist in training)

11 “Il faudrait peut-être alors à ce moment là que des personnes du service hospitalier dirigent le bénévole vers certains patients qui
12 ne sont pas des cas un peu plus lourd et donc qui demande une forme d'attention plus particulière et nécessitant peut-être plus de
13 connaissances.” (Brussels Volunteers Focus Group 1, Participant 3)

14 **1.7. The strong volunteering culture in the UK/ Volunteering with rules and a structure/ Organisational framework with specific
15 values**

16 “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
17 something that is a bit more there.” (London Mental Health Professionals Focus Group 4, Participant 14, Psychiatrist)

18 “Tem que haver realmente uma estrutura por trás para fazer realmente essa formação, essa seleção.” (Porto Mental Health
19 Professionals Focus Group 2, Participant 5, Occupational Therapist)

20 “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
21 ou le service quel qui soit. Maintenant il y a sans doute une différence entre le travail à l'intérieur de l'hôpital et celui à domicile ou
22 chez l'autre. Je pense que le pair-aidant ou le benevol doit toujours rester dans un cadre précis. On peut changer de casquettes en
23 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
24 précis.” (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. 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, spécialement pour la santé mentale après la personne peut rentrer grâce à cet espoir dans un programme plus long ou elle va être aidée 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 forcément. Donc ça c'est quelque chose que peut être..." (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)

2.7. Share experiences/ Provide new experiences/ Relational exchanges

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"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)

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 décline 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 naît aussi pour moi un partage qui est très riche, donc c'est contribuer c'est donner de l'aide, le bénévolat 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 perspectiva, 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

1 “We’re saying it’s a bounded relationship, but actually ...any relationships have boundaries but they’re not often explicit ...which
2 actually is something that some of our...some people we work with struggle with. So it’s just about the explicitness of boundaries
3 isn’t it? and the extent. So they are there in all relationships, even in our, in friendships.” (London Mental Health Professionals
4 Focus Group 1, Participant 3, Occupational Therapist)

5 “Um contrato, pronto... Um compromisso que o voluntário tem sob a alçada desta coisa chamada voluntariado, que tem um
6 conjunto de regras e que é durante aquele tempo, porque durante aquele tempo... As pessoas, depois até podem continuar a relação
7 e continuar a amizade mas aí, se calhar, já não faz sentido sob a alçada destas regras.” (Porto Mental Health Professionals Focus
8 Group 4, Participant 13, Psychiatrist)

9 “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
10 mentale, soit-on est malade mentale, soit-on est proches d’un malade mentale.” (Brussels Mental Health Professionals Focus Group
11 2, Participant 9, Psychiatrist)

12 **3.8. Fluid boundaries/ Became a friendship/ With distance or proximity**

13 “The boundaries are always fluid... I mean they change according to the individual we are working with and I’ve worked like with
14 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”
15 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
16 I would...rarely.” (London Mental Health Professionals Focus Group 1, Participant 3, Occupational Therapist)

17 “Tenho amigos que eram sem abrigo que, dormiam na rua mesmo, quando se tornaram meus amigos, 5 anos, e são meus amigos
18 ainda, e que eu acompanhei em [voluntariado].” (Porto Volunteers Focus Group 2, Participant 5)

19 “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
20 mettre de la proximité.” (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)

21 **3.9. May be compelled to break boundaries/ The trust is broken if the confidentiality is breached/ There is a randomness for the 22 relationship to work**

23 “How you find yourself in very tricky situations. You can end up lending people money because they don’t have money for food, or
24 you know sort of like, you are easily drawn to break boundaries or to break confidentiality.” (London Mental Health Professionals
25 Focus Group 3, Participant 10, Psychiatrist)

26 “Depois há o problema, pode nem ser tanto da confidencialidade, mas pode ser da confiança, isto é um voluntário que um dia saiba
27 alguma informação que a vá transmitir ou à família ou ao médico pode perder completamente a confiança do doente e lá vai o
28 trabalho todo por água abaixo.” (Porto Mental Health Professionals Focus Group 2, Participant 7, Nurse)

29 “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
30 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 contactar, 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)

1 *"Imaginemos que o voluntário... com muito boa vontade introduz outra pessoa, um amigo dele próprio nesta relação de voluntário*
 2 *doente. Preocupa-me mais esta... introdução, porque não existe nenhum controlo. Nós estamos a falar muito da seleção do*
 3 *voluntário, mas ... Isto é uma coisa que não temos controlo e, de facto, parece-me um perigo muito maior introduzir uma terceira*
 4 *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*
 5 *escolheste como voluntário e o doente. Parece-me mais... importante. Porque, por exemplo, imaginemos que o doente ia ter a casa*
 6 *do voluntário. Na casa do voluntário existe a família do voluntário, que não se sabe se será um ambiente propício ou, sequer, se*
 7 *terão abertura para estar com aquele doente. Preocupa-me mais isto, a interação com terceiros do que, propriamente, o local onde*
 8 *estes dois interagem."* (Porto Mental Health Professionals Focus Group 4, Participant 15, Psychiatrist in training)

9 *"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*
 10 *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*
 11 *leur mode. Ça c'est une difficulté."* (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)

12 **4.7. Burden for the volunteers/ Over-involvement of the** 13 **volunteer and the patients/ Being heavy for the volunteer**

14 *"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*
 15 *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*
 16 *start to wish to withdraw from that relationship, because it's over-bearing and over-burdening. So I think that there's something*
 17 *about...when you're involved in a befriending project kind of those sorts of boundaries about...if you want to pull out or withdraw*
 18 *from the relationship as well."* (London Mental Health Professionals Focus Group 1, Participant 2, Nurse)

19 *"Haveria algumas pessoas que, se calhar, iam estar vinte e quatro horas disponíveis e não sei até que ponto isso era saudável para*
 20 *o voluntário. Deixava de... Já nem era voluntariado, era um modo de vida..."* (Porto Mental Health Professionals Focus Group 3,
 21 Participant 12, Psychiatrist in training)

22 *"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*
 23 *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*
 24 *l'ami de tout le monde."* (Brussels Volunteers Focus Group 2, Participant 8)

25 **4.8. Risk of over-professionalizing volunteers/ Do a professional job, but not paid/ Risk of being unpaid work**

26 *"To over-professionalise... not to become a professional because of course we don't want and we don't expect [that]."*(London
 27 Mental Health Professionals Focus Group 1, Participant 1, Psychiatrist)

28 *"Eu acho que é um risco, um risco em qualquer voluntariado e a partir do momento em que nós oferecemos uma resposta de forma*
 29 *voluntária, corremos o risco de deixar de haver a pressão sobre essa resposta, sendo uma proposta boa e útil, seja dado de uma*
 30 *forma não voluntária. É como aquela coisa de meter professores voluntários e depois os professores que são professores, e que não*
 31 *são contratados por isso. Não podemos perder a noção, daquilo que é importante oferecer aos doentes, e que não devia estar a ser*
 32 *feito em regime de... voluntariado..."* (Porto Mental Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)

33 *"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-*
 34 *ce qu'on travail entre collègues alors. Mes collègues infirmiers, assistant sociaux, éducateurs, psychologues, psychiatres. Si l'activité*
 35 *devient bénévole, d'une certaine manière bah je supprime mon travail. Donc je soutiens l'idée que je suis dans une société qui dit*
 36 *que mon travail n'a pas de valeur puisqu'il doit être fait gratuitement."*(Brussels Mental Health Professionals Focus Group 2,
 37 Participant 9, Psychiatrist)

38 **4.9. Providing a person to a patient that is not interested/ Exposing patients to risky behaviours/ Volunteers not listening to the** 39 **patients**

40 *"They have the peer support worker, have a befriender, you know you are sending people to these schemes, and ... not everyone*
 41 *wants to have a befriender, not everyone wants to have a peer support worker. The fact that there are schemes outside there, it's*
 42 *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
 43 Health Professionals Focus Group 3, Participant 10, Psychiatrist)

44 *"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*
 45 *e ficasse a dormir montes de horas também pode correr mal."* (Porto Mental Health Professionals Focus Group 4, Participant 16,
 46 Psychiatrist in training)

47 *"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)

48 **4.10. Volunteers that undermine clinicians' work/ Relationship is 'toxic' to the patient/ Manipulate the patient**

49 *"then somebody else, another volunteer who'd had her own experiences, negative experiences of ... NHS services and she was sort*
 50 *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*
 51 *getting in the way of relationships and questioning treatment... so it was undoing a lot of hard work that had been done and made*
 52 *the person feel unsettled and anxious and started questioning herself again. So that wasn't helpful."* (London Mental Health
 53 Professionals Focus Group 4, Participant 15, Social Worker)

54 *"Depois a questão de... ser amigo, e com... alguém que seja, que tenha uma perturbação mental ou uma psicopatologia, até que*
 55 *ponto poderão criar... quase que como que... processos psicoterapêuticos tóxicos ou... pseudo-psicoterapêuticos, exagerando na*
 56 *expressão, até que ponto isso poderá ser prejudicial... para o doente."* (Porto Mental Health Professionals Focus Group 1, Participant
 57 3, Psychiatrist in training)

58 *"Manipuler c'est influencer mais avec une très mauvaise intention de faire mal quoi. Donc c'est retourner la personne et tout ça*
 59 *peu... aller comment on dit ça ...c'est un peu du chantage. Voilà un genre de chantage affectif, c'est très dur le chantage affectif et*
 60

1 *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*
2 *dans ce chantage affectif.”(Brussels Volunteers Focus Group 2, Participant 8)*

3
4 **4.11. To end the relationship/ Being dependent on the volunteer/
5 Risk of breaking the relationship**

6 *“people who have suffered extreme loss, to then get cut short again and lose someone else and you become friends with someone*
7 *that you lose then as well, it just...it feels almost like you could be really traumatised.” (London Volunteers Focus Group 1, Participant*
8 *2)*

9 *“A mim não me faz impressão a amizade. Porque tem que ser uma coisa bilateral e estaria tudo bem. Faz-me impressão é depois,*
10 *se calhar, o doente depois criar uma relação de dependência relativamente ao voluntário. E aí acho que deixa de ser benéfico, não*
11 *é?” (Porto Mental Health Professionals Focus Group 3, Participant 9, Psychiatrist in training)*

12 *“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*
13 *des connaissances, des limites à donner, le danger de rupture.” (Brussels Mental Health Professionals Focus Group 2, Participant*
14 *8, Social worker)*

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For peer review only

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 répondant. Donc voilà je pense que la technologie, oui mais on s'est pas 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 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. 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'à un certain moment ça flambe. Parfois trois minutes c'est complètement 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

1 *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*
 2 *meet in person.”* (London Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist)

3
 4 *“O voluntário todos os dias mandar uma música que gostasse... uma música ou um link giro...”* (Porto Mental Health Professionals
 5 Focus Group 1, Participant 4, Psychiatrist in training)

6 *“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*
 7 *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*
 8 *contre ça encourage certaines personnes qui peut être ne prendrait jamais rendez-vous avec un psy. Dont le face à face est très*
 9 *angoissant.”* (Brussels Mental Health Professionals Focus Group 3, Participant 11, Psychologist)

10 **5.7. Different types of communication may have an increasing human contact/ Face-to-face communication is preferable/ Each**
 11 **person occupies a different role on the phone**

12 *“It’s like four levels isn’t it? You have the written communication with text or email; then you have the phone conversation [over]*
 13 *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*
 14 *information and exchange of communication when you move up from level one to level four.”* (London Mental Health
 15 Professionals Focus Group 3, Participant 11, Psychiatrist)

16 *“Mas, sinceramente, eu acho que isso é importante, mas como uma coisa à parte para situações mais agudas, porque apesar de*
 17 *tudo, o mais importante é ter interação humana, frente a frente com a pessoa. Nós estamos a perder muitas capacidades e até*
 18 *capacidades sociais com muitas pessoas por não interagir frente a frente com as pessoas. Acho que perdemos um bocado se formos*
 19 *só por aí...”* (Porto Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist in training)

20 *“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*
 21 *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*
 22 *ça c’est à maintenir cette affaire.”* (Brussels Mental Health Professionals Focus Group 1, Participant 3, Social Worker)

23 **5.8. Takes away human interaction/ Risk of replacing the physical relationship/ Unnecessary for the relationship**

24 *“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*
 25 *that human face interaction and discussion. So it’s useful to have ... text messages to remind appointments etcetera, but then if we*
 26 *take...if we move from that basic use of technology to more emails, then it becomes like in the office sometimes instead of talking*
 27 *to your colleague you send him an email.”* (London Mental Health Professionals Focus Group 2, Participant 7, Nurse)

28 *“Mas, sinceramente, eu acho que isso é importante, mas como uma coisa à parte para situações mais agudas, porque apesar de*
 29 *tudo, o mais importante é ter interação humana, frente a frente com a pessoa. Nós estamos a perder muitas capacidades e até*
 30 *capacidades sociais com muitas pessoas por não interagir frente a frente com as pessoas. Acho que perdemos um bocado se formos*
 31 *só por aí...”* (Porto Mental Health Professionals Focus Group 3, Participant 10, Psychiatrist in training)

32 *“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*
 33 *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*
 34 *de ces technologies.”*(Brussels Mental Health Professionals Focus Group 4, Participant 19, Nurse)

35 **5.9. Put at risk what is essential, the relationship/ Risk of having an ‘app’ only for patients and volunteers/ Not being transparent**
 36 **with the institution**

37 *“If you are using advanced technology, we may forget about the befriending scheme – because that is not what the purpose is.”*
 38 (London Mental Health Professionals Focus Group 2, Participant 5, Nurse)

39 *“Tenho algum receio, de estar a arranjar caminhos próprios, para aqui... quando, se calhar o interesse, seria ensinar o doente a usar*
 40 *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*
 41 *outras, e nós até temos uma aplicação diferente das outras para falar, percebo as vantagens, mas se calhar preferia que os doentes,*
 42 *usassem as vias que as outras pessoas... porque isto perpetua a ideia de que eu sou doente e os outros são normais.”* (Porto Mental
 43 Health Professionals Focus Group 1, Participant 2, Psychiatrist in training)

44 *“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*
 45 *moi, Facebook, SMS ou autre avec le patient donc c’est de...la non-transparence avec l’institution qui fait confiance pour quelque*
 46 *chose. Qu’est-ce-que cela va provoquer dans la remise en question...”* (Brussels Mental Health Professionals Focus Group 4,
 47 Participant 19, Nurse)

48 **5.10. Patients becoming paranoid / More difficult to establish boundaries / Technology can be invasive**

49 *“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*
 50 *if you’re telling people who might have paranoia that they are gonna be monitored, you’re gonna affect that relationship and it’s*
 51 *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.”*
 52 (London Mental Health Professionals Focus Group 3, Participant 12, Psychologist)

53 *“Não me vai ligar agora às duas da manhã porque não consegue dormir, não é? Isso não tem sentido nenhum.”* (Porto Mental
 54 Health Professionals Focus Group 3, Participant 9)

55 *“À un moment cela peut effectivement avoir un effet de renforcement au niveau de la relation, mais cela peut être très*
 56 *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 problème 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)

1 *"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*
 2 *engagez un bénévole pour faire un travail qui va se rajouter à quelque chose qui manquait donc vous n'aurez pas plus de travail."*
 3 (Brussels Mental Health Professionals Focus Group 2, Participant 5, Social Worker)

4 **6.7. Can be a way of different people working together/ Release tension in relationships with family members/ Support an**
 5 **inclusive society**

6 *"People don't sort of know who you are so you can ask questions that you might feel uncomfortable asking otherwise and getting*
 7 *opinions of lots of different people back."* (London Mental Health Professionals Focus Group 4, Participant 13, Psychiatrist)

8 *"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*
 9 *fica um bocadinho... agressivo... e acho que este doente precisa de muito apoio... uma coisa social... sair de casa, estar com outras*
 10 *peessoas. Também para libertar um pouco a mãe e diminuir a tensão desta relação."* (Porto Mental Health Professionals Focus Group
 11 3, Participant 9, Psychiatrist in training)

12 *"Pour moi le bénévolat c'est aussi un besoin personnel de contribuer utilement de trouver une place dans la société de transmettre*
 13 *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*
 14 *la scoiete, qui soit ponctuelle on qui fait parti d'un programme."* (Brussels Volunteers Focus Group 2, Participant 7)

15 **6.8. Reduce stigma/ Break the stigma in society/ Reduce the stigma**

16 *"I think with the volunteer there's this less stigma attached and they feel less judged by someone who they could probably just be*
 17 *friends with. So I think maybe that's how it might help."* (London Mental Health Professionals Focus Group 3, Participant 12,
 18 Psychologist)

19 *"Porque, porque os doentes mentais são vistos como, há pouco estava a dizer ... como se fossem quase uns bichos, animais, não é*
 20 *nada disso, são pessoas como nós, portanto, eu acho que é um bocadinho quebrar, quebrar esse mito. Ajudá-los, levá-los à rua,*
 21 *passear."* (Porto Volunteers Focus Group 1, Participant 2)

22 *"Reste toujours quelque chose qui est étrange pour beaucoup de gens, et qui est inaccessible quand on a a faire avec une personne*
 23 *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*
 24 *d'avoir ces volontariats mais d'amener les gens dans la société pour normalisée ou en tout cas plus étiqueté, d'une façon...qui*
 25 *réduit la personne."* (Brussels Mental Health Professionals Focus Group 2, Participant 8, Social Worker)

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		
<i>Personal Characteristics</i>		
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
<i>Relationship with participants</i>		
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		
<i>Theoretical framework</i>		
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

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

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