STORIES FROM NAFSIYAT

Using narrative research to understand client experiences of using the service

Nafsiyat
Intercultural
Therapy Centre

CONTENTS

A report from Natassia Brenman* in collaboration with the Nafsiyat research team…

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A word from Baffour Ababio, Senior Psychotherapist

In 1982, Nafsiyat was established against a set of views, primarily that psychotherapy was unsuitable for black and ethnic minority people. This narrative research report builds on a tradition of research at Nafsiyat. Sharon Moorhouse's research (1992) brought forward findings attesting to clients from BAME communities benefitting from intercultural therapy. In scoping the experience of the client's Nafsiyat therapeutic journey, this contemporary report validates the earlier research findings and to an extent, perhaps, the views about therapeutic efficacy anecdotally held by the clinical team at Nafsiyat. It attempts to illuminate and enrich the intercultural, intersubjective space evoked between client and therapist (and the service). It does this by highlighting the following themes;

The dynamics of the use of mother tongue in the therapy (of therapeutic value for several clients) – deployed it will appear, in part, to avoid the pitfalls of the therapeutic dyad being lost in translation. It however, also raises questions, of anxiety, of vulnerability, heightened by the pair coming from the same 'community' and conversing via a uniform mother tongue in the therapy. A way through this, the researchers found, was to vary the matching process (placing together clients and therapists from different cultural/linguistic communities). This apparently, facilitates openness and loosens the constrains of shame on the client's narrative keeping the mystification of the therapist relatively intact. What of avoidance? Could this conscious, cultural/linguistic, mixed matching available only to bilingual clients act to conceal and avoid issues whilst also contemporaneously opening the space? Where does that leave monolingual clients? The current service offer is short term (12 sessions). The research findings suggest moving towards an assorted offer; short term, medium- and long-term therapy contracts. The prevailing funding climate, although privileging the status quo, might be persuaded by the useful (financial and therapeutic) benefits/findings of reports of this kind to facilitate a mixed service offer. Some client voices in the report raise a correlated issue; the disquiet experienced whilst waiting for the assessment consultation and to commence their therapy. An unease linked, in part, to the finite resource in a charity endeavouring to respond to the growths in demand. These expressions of client trepidation could arguably also be reflections of aspects of their past and concurrent experiences of waiting(s), for meetings, interviews and interrogations.

The research concludes with the rather interesting issue of client feedback. It unveils the reluctance of recent migrants to critique the service in contrast to second and third generation populations who appear to give feedback with greater ease (the factor of class, though not mentioned might be implicated). The researchers posit cultural factors to explain this reluctance, which seems plausible. However, could the client's migratory stresses, their experience of economic, social deprivation and racism colliding with 'pre-existing' cultural factors paint a more realistic picture, especially now, within a fevered Brexit context? The matter of eliciting feedback could perhaps be built into the entire journey the client undertakes at Nafsiyat. From assessment to treatment, where power dynamics/differentials are addressed through out? Could critical feedback be detoxified from gratitude and seen as the client's way of giving back to the Nafsiyat community that they have become a part of? Maybe.

Introduction

This project came about as a part of a push to think creatively about different ways of evidencing the work that Nafsiyat does. Whilst there is a formal system for quantitatively monitoring therapy outcomes in place, there was a curiosity amongst staff to capture more in-depth information about the process of accessing and progressing through therapy. Anecdotal evidence from staff at Nafsiyat told us that 'recovery' is not always the most appropriate measure for the impact of their work, given the complexity of the problems they work with and the limited time they have with each client. We were therefore interested in collecting some more experiential data from clients, which could tell us about their responses to intercultural therapy at different stages along their journey.

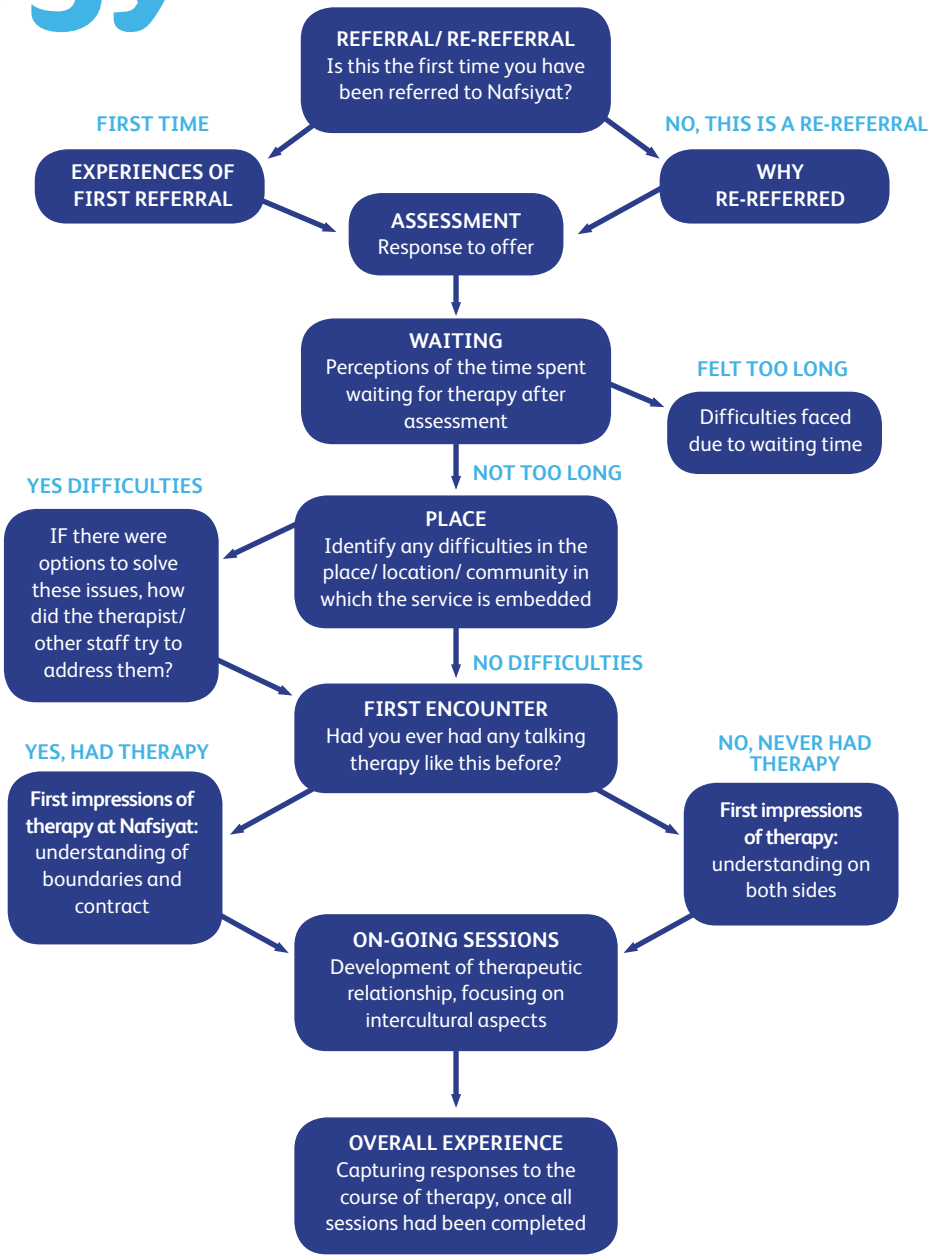
The project started with a small-scale pilot, conducted in the autumn of 2016, which expanded when we formed a research team in order to reach out to a more diverse sample of the client group and develop our methods. The goal was to establish a core team of multi-lingual, multidisciplinary staff and volunteers, and a feasible system of collecting and analysing qualitative data about client experiences of the service. Our team consists of two doctoral students, both trained in qualitative research methods in intercultural settings, a psychology graduate currently volunteering at Nafsiyat and in psychotherapy training, and a link worker with many years of experience working in advice roles with migrant and refugee communities.

We chose to use narrative research as a framework for the project, because of its focus on preserving the participant's voice as they recount an event as it unfolds over time (Rowe, 2011). This focus on personal narrative is also very much in the spirit of the psychotherapeutic approach within Nafsiyat (Kareem and Littlewood, 2000) and has long been central to anthropological research on (mental) health and illness (Kleinman 1988). It is a flexible method, which attends to cultural scripts as well as personal and interpersonal levels of constructing stories (Murray, 2000).

Methodology

Development of methods and piloting

We used semi-structured qualitative interviews following a narrative format to collect our data. From observations and consultations with Nafsiyat staff, a flow chart was developed, which charted the client journey from referral though to the end of their sessions. This formed the basis of the overall 'narrative event' that we wanted to capture and formed the basis for our topic guide for interviews.



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The flow chart was developed after a pilot was conducted with five clients. Although the pilot interviews only focused on the stages up to 'first impressions of therapy', and did not ask about the overall experience of intercultural therapy, we have decided to present findings from both the pilot and main study here.

Methodology

Interviews

In the pilot phase, we recruited participants who had attended approximately 6 sessions, and for the main interviews, we expanded this to participants who had finished all of their sessions. We contacted people via therapists, who (with the permission of their clients) passed on the details of those who they thought would be appropriate and happy to be involved. After this, therapists had no more involvement with the research so that clients felt as free as possible to give honest feedback. We interviewed 12 people in total (5 for the pilot and 7 for the main interviews) from a diverse range of backgrounds. The majority of the people we spoke to were women (11) and one was a man. 3 participants were Turkish, 2 were Bangladeshi, 1 was Iranian, 1 was Jamaican, 1 was Nigerian-British, 1 was British (and of Afro-Caribbean decent), 1 was Eritrean, and 1 was Palestinian. Some were newer migrants, with one woman who had been trafficked, whilst others had lived in the UK for many years or had been born here.

The interviews were one-to-one interactions, carried out in a language that the client felt comfortable with speaking. Most were done face to face at Nafsiyat but two were telephone interviews.

Writing up and analysis

Because none of the interviews were audio recorded (for reasons of sensitivity to the client group and feasibility), each interview was written up from notes and memory in a structured format after it took place. We called these write-ups ‘narrative reports’ (inspired by Greenhalgh et al, 2005). We analysed the narratives collaboratively, using both the text-based reports and the experiences of interviewers, drawn out through group discussion. We identified themes that emerged across some or all narratives, as well as overarching narratives that unfolded within individual interviews. We present these findings below, after giving an example case study based on one of our narrative reports. We see this as an individual case, but note that many features of her narrative rang true for others we spoke to.

Findings

This case study is a distilled version of the full narrative reports we worked with and analysed, which we hope gives a flavour of the 'narrative events' that formed the basis of our data set.

Soraya had finished her sessions with Nafsiyat in the spring of 2017, not long before sharing this story. She is an Iranian woman in her late 50s and these sessions were her first experience of one-to-one psychotherapy, although she had once attended some group therapy at the Refugee Therapy Centre. It wasn't the first she'd heard of Nafsiyat, however. In 2014, she sought help from her GP and was referred to the service, without quite knowing what to expect. It turned out she wasn't at all ready for therapy back then and so she stopped going after a couple of sessions.

This time, however, Soraya was very happy to be accepted back to Nafsiyat and to see a therapist who spoke her mother tongue. The experience of going to an assessment where she felt completely understood invoked the feeling that she was "loved" in that moment. However, after this, waiting for her therapy felt like it took a long time; she felt very nervous, as well as excited, to start. But the waiting time had been explained to her and, she added, she was used to having to wait for services, particularly when they come free of charge.

When she did start therapy, all of her nervousness dissolved and she immediately trusted her therapist. She found she could speak openly about difficult issues, something she was unable to do in the group therapy. In fact she was happy about almost everything about her experience, except for one thing hanging over it. Throughout her account of the therapy, she repeated how disappointed she was not to be able to continue at Nafsiyat at the end of the 12 sessions.

Soraya had been fascinated by her therapist's ability to help her identify and unpick vital issues she had not been able to see or even think about before. She wished she could continue working with this person, discovering how to see her life in a new light.

Themes at different stages of the narrative

Before therapy starts...

The familiar and the unknown

Most of the people we spoke to for this project had been referred to Nafsiyat through their GP or local IAPT service and came to the service knowing only that they wanted to talk with someone in a therapeutic setting. For some, it was a case of having received short courses of therapy before (though IAPT services or other community organisations) and feeling that they needed more. However, for others, the referral was much more of a leap into the unknown. One young woman from Bangladesh had once had some psychotherapy in a hospital setting many years ago but had had a bad experience, with a "pushy" therapist. Nevertheless, she had approached her GP when her depression returned and, because she had known him to give "proper advice" in the past, she decided to trust him and try coming to Nafsiyat. A sense of mistrust, stemming from previous negative experiences in mental health settings, was not uncommon. As is outlined below, however, mistrust rarely bore out in the narratives and staff at Nafsiyat were very successful in gaining the trust of vulnerable clients.

For two of the people we spoke to, Nafsiyat had become a familiar place, and a place they had actively wanted to return to. One had requested her referral from her GP after having accessed two courses of therapy from Nafsiyat in the past. Going to new places made her anxious and nervous so familiarity was important to her. Another woman had received a phone-call offering her six more sessions some time after her therapy finished, which made her made her feel like someone was still thinking of her. This sense of being remembered and of unmet needs being recognised was echoed in another woman's story of being followed up after she'd not been able to attend her sessions due being in surgery from complications related to her experience of being trafficked.

Themes at different stages of the narrative

Before therapy starts...

Waiting: managing uncertainty and normalizing long waiting times

One thing that we learned from the pilot study was that people were more concerned about the waiting time between being referred (or self referring) and getting an assessment, than the time between assessment and starting therapy. This appeared to be linked to the uncertainty that is felt before being accepted for therapy and knowing that sessions will start within a finite amount of time. One woman was very worried about not being accepted for therapy, which made the lead-up to her assessment nerve-wracking and brought a sense of relief when she was finally accepted. Another talked about anxious thoughts that built up during this time: "how much will I have to reveal of myself? How much will I be exposed?" (Pilot interview participant, Jamaica). Several people brought up the importance of being kept informed about how long the wait will or could be.

Waiting for therapy is an expected, although often very difficult, part of the process of accessing the service. Whilst four of our participants said that the waiting had not been a problem for them, the others found it to be too long, each describing their distress or frustration in different ways. One person, who accessed the service in 2015 before the systems were in place to manage waiting times, had waited over six months for an assessment and another five months for her first session, calling it simply "quite a long wait". One young British woman, originally from Nigeria, had only waited two months for an assessment and four weeks more until her first session, but had had a particularly difficult time trying to access care from other mainstream settings. She was explicit in her dissatisfaction with how long she had had to wait before getting into her actual therapy sessions, saying it was "like being in a black hole".

A more common theme was people acknowledging the difficult reality of the wait but accepting this as normal. This Iranian woman in her late 50s, said of her waiting time:

> *"I am familiar with such things and I know that I have to wait a long time when services are provided for free"*

This attitude was more pronounced amongst newer migrants than those who had been born in the UK and tended to have more confidence in giving critical feedback.

Themes at different stages of the narrative

Assessments and decision-making...

Expressing need in a mother tongue

For some, the opportunity to express and explore needs in the assessment was a welcome relief. Several people who had been held back by language barriers in the past expressed a sense of relief when they were able to come and talk about their issues without the aid of a translator. One man from Northern Cyprus, who had been referred after a previous course of therapy with IAPT, said:

> *"I felt relived that I spoke my own language without someone translating back into English I believe I cannot convey my feelings enough via translation. Speaking in Turkish gave me more freedom and trust, I felt understood"*

Others also felt this ability to talk, along with a sense of being cared for just by being asked questions and understood. This was expressed powerfully by the woman in the case study above, who said the assessment made her feel "loved".

For other people, however, expressing needs in a mother tongue was much more complicated. One woman from Algeria met with an assessor who spoke a very different dialect of Arabic than she did. Although she said the assessor gave her time to relax and think, she remembered both of them having trouble understanding one another, which meant she couldn't express her problems clearly. Another two of our participants, both from Bangladesh, had more profound issues with expressing their needs in their mother tongue. They both thought that seeing a Bengali-speaking therapist would make them uncomfortable and more likely to feel judged, and so were grateful for the opportunity to work in English. This dynamic will be explored further in the 'In Therapy' section below.

Themes at different stages of the narrative

Assessments and decision-making...

Tired of expressing needs

Some people found the assessment process very difficult, particularly if other such experiences had been exhausting or traumatic for them in the past. For two of the women we spoke to, previous assessments in mainstream mental health settings featured heavily in their narratives of coming to Nafsiyat and their apprehensions about the initial meeting. The young British-Nigerian woman who was very vocal about her experience of waiting for therapy also talked about her overall sense of being stuck between many services that "all felt like different entities". Although the assessment at Nafsiyat had not been negative in itself, to her it just felt like a repeat of the conversations she had had in the NHS and in subsequent IAPT appointments. These institutional processes profoundly affected her experiences of the assessment, however on reflection, she remembered being stimulated and moved by the assessor's interest in her childhood experiences.

Another woman from Eritrea, who had been trafficked through the Middle East before arriving in the UK, also expressed fatigue at the amount of times she had been asked to express her needs to different professionals in this country. The assessment was hard for her because it meant re-telling her history. She hates her history and was tired of people asking her "what is your story? What happened to you? What have you been through?" And so, when she was able to see the same therapist who assessed her for on-going sessions, she was very relieved. She wouldn't have to repeat herself again, and knew she felt safe with this woman. She felt understood in her assessment, and (like the Cypriot man quoted above) was also relived to have the opportunity talk in any of the three languages she shared with her therapist.

Themes at different stages of the narrative

Assessments and decision-making...

Decision-making

Echoing the pattern we noticed in which newer migrants were more accepting of long waiting times, participants who had not grown up in the UK spoke very little about their role in decision-making about how and with whom their therapy would proceed. An exception was a young woman who was originally Palestinian but had spent most of her life in Sweden, and later, the UK: at first she had been insistent that she saw someone from a middle-Eastern background, but after some negotiation (in which she learned that the wait could be indefinite if she wasn't flexible) she started with an Arabic speaking therapist with a different background. In the end, she was very happy with the therapist, saying: "she understands me- I feel that now- she does understand me".

The others who engaged in such negotiations or requests had all been brought up in the UK. For them, the lack of control in the assessment process was redressed by involvement in decisions such as whether they would like to continue seeing their assessing therapist, or if their therapist should be male or female, or of the same cultural background. One black British woman felt welcomed yet in control when the assessor said to her "it's your session, you don't have to work with me if you don't want to." Involvement in timings and locations didn't often result in their getting what they requested but a willingness to try to be flexible was appreciated.

Themes at different stages of the narrative

In therapy

Language: Searching for free and meaningful communication

An Algerian woman who had been to a therapist elsewhere (where she communicated with the aid of an interpreter) said the following about her previous sessions compared to her experience at Nafsiyat with an Arabic speaking therapist:

> *"I was going and coming back from therapy with no clear purpose… the therapist at Nafsiyat speaks Arabic and that made therapy more meaningful and useful compared to my previous experience"*

This theme of meaningful communication was strong amongst clients who had felt previous talking therapies had failed to gain traction because of the constraints posed by interpreters or complete barriers to understanding. The Eritrean woman who had complained of being tired of telling and re-telling her story to professionals suggested that part of what was so tiresome was having to go through the GP's in-house interpreter each time. She joked about wanting to say sometimes "can't you just tell her [my interpreter]? She knows everything already!" (Pilot interview participant, Eritrea)

One woman who had had even less access to meaningful communication was the Turkish woman, who had waited almost a year in total for her therapy to start. During this waiting period she was very depressed and on medication after a previous suicide attempt. She spoke of mental health professionals coming to check on her twice a day but because they we English and she didn't understand them, there had been almost no meaningful communication during these visits. Once she started her sessions, however, she said she felt at home and happy to be able to communicate without a translator or her children present. She said Nafsiyat gave her the freedom to express herself independently.

As we touched on in the previous section, meaningful communication doesn't always mean simply matching clients with a therapist who speaks their first language. The two Bangladeshi women who were more comfortable speaking in English than their mother tongue were a case in point. One of these women, focused on the feelings of embarrassment she could avoid by speaking English:

> *"I feel embarrassed sharing my intimate problems and difficulties with someone from my own culture, in my own language."*

The second Bangladeshi woman emphasised the cultural weight that speaking in her own language holds. She was glad to be speaking to someone from a completely different background because they didn't share exactly the same values, which meant she didn't worry about being judged.

Themes at different stages of the narrative

In therapy...

Background and culture: not too close but close enough

A final theme about the alignment of client and therapist cultures came from those who spoke the same language as their therapist but weren't from the same community, or sometimes even the same country or broader cultural group. This theme can be described as "not too close but close enough": a phrase coined by one of the therapists we were in conversation with over the course of this research. An example of this was a Turkish woman who felt supported and understood by speaking to a professional from her culture but has avoided speaking to anyone from within her close community because "there are always judgements and taboos, which put me off". This dynamic was similarly successful for those people who spoke to a therapist from another Arabic-speaking country, and were able to work through differences in dialect (which in the end all could). The narrative of escaping embarrassment as a result of being able to communicate with a therapist, who understands but remains independent and non-judgmental, was therefore a key theme we found in the interviews.

Place

Although we heard some positive feedback about the new centre— particularly the light and space it offers— there were also several difficulties reported. The new location is difficult to get to for some people, particularly in comparison to the old place, which (for those participants who had started their sessions there) was recognised as particularly well connected. Getting lost, predominantly before the first session, was quite common and can be anxiety provoking. We gathered that better signage from the main roads may help guide people to the centre. One person in particular who had existing anxiety issues described feeling mixed up and confused when travelling to new places. Having her therapy at the Hunter Street location meant that she didn't find it too hard to travel there and despite her anxiety she managed to make it to all of her sessions. Two participants considered requesting a change to the time or location but held back to avoid jeopardising the sessions or therapist they had been allocated. Others, however, had no problem getting to the centre and those who live in the area found it particularly easy to travel to.

Themes at different stages of the narrative

After therapy...

Not all of the participants continued their narrative until after the therapy had finished, partly because of the methodological decision to start asking about outcomes came only after the pilot phase. However, two very broad themes came out of those who did talk about the end of their therapy: one of being generally happy with the quality of the sessions (particularly compared to mental health care experiences they'd had elsewhere) and another about feeling that they wanted more sessions than they were offered. Some felt that it had ended as soon as they started feeling better. Aside from this, narratives about the end of therapy differed per individual: One Bangladeshi woman talked about "a huge emotional burden being lifted off my shoulder"; another said that after therapy she felt better and stronger in her personal life and in her own skin; Finally, a woman who had been very isolated and dependent on her children said:

"Talking therapy helped me overcome my barriers and get on with life. Although life is still challenging and tough, I feel much better"

Main interview respondent, Turkey

Overarching Narratives

As well as looking at how people described their experiences at different stages of their journey through therapy, we also attended to overarching narratives that emerged over the course of interviews. This helped us to understand people's stories in the broader contexts of their lives, how patterns of communication developed over the course of therapy (and how this might reflect back on the patterns of storytelling within our own interviews). It also helped us to pick up on surprising or interesting ways in which the therapeutic relationship and process developed, beyond assumptions of linear progress through the stages.

Situating the Nafsiyat experience in a bigger story

Given that many of the people we spoke to had had previous experiences of short term psychotherapy, and everyone had experiences with general health or mental healthcare professionals in the UK, much of people's accounts related to their bigger narrative of care-seeking and receiving, beyond the Nafsiyat experience. The young Nigerian-born British woman who was very critical of her experience of trying to access care, spoke about her waiting time in terms of the moment she referred to her local IAPT service to the moment she started therapy. Although the 'actual' period she was waiting once she had been referred to Nafsiyat was not unusually long (eight weeks for an assessment and four for on-going sessions) this was lost within the bigger story of her getting stuck waiting and being assessed several times within IAPT. This experience at IAPT had further ramifications on her feelings about Nafsiyat, as she didn't believe that the service was for her. She was adamant that her ethnic background was irrelevant, but that IAPT had simply "looked at my demographics put me where the funding was". She felt "pigeonholed" because she perceived the service to be aimed towards forced migrants and vulnerable women, whom she didn't identify with.

Whilst many people's experiences were coloured by prior services accessed, the above case was not typical, with most people finding intercultural therapy at Nafsiyat to be very positive in light of their other experiences. Their stories had the narrative of finding oneself in an accepting and non-judgemental environment, which was important for their engagement in therapy and the results. The theme of non-judgement also corresponded to participants ' experiences outside of health and mental health care settings with several people referring to difficulties they'd had expressing their needs in their own communities. The themes of finding new meanings, and changed understanding emerged as well. Even though most of the participants had accessed mental health services before, according to the participants they had had a new therapeutic experience and connected with their therapist in a different manner. As a result of that, participants reported gaining greater independence and control over their situation, which enabled them to engage better in the therapy and share more.

Overarching Narratives

Speaking freely, overcoming censorship

The theme of searching for free and meaningful communication through language could be extended for several participants to a broader narrative running through their accounts, which was about overcoming a pattern of censorship in their lives. A striking example of this was the Cypriot man, whose daughter had been his translator in his last course of therapy. This meant he would hear that she had held back some of what he said, for fear of them being seen as "inappropriate"; at other times, he would restrain himself from talking openly to avoid judgement. His narrative was one on becoming increasingly more relaxed and free to share his thoughts and feelings, and at the very end of the interview described his Tuesday sessions as "something to wait for". The freedom to speak in such a way was reflected in the interview itself, which was also conducted in his mother-tongue and described by the interviewer as an easy flowing conversation.

The narrative overcoming self-censorship in therapy was important, with others echoing the change in openness that developed over the course of therapy. The woman in the case study above emphasised just how difficult it can be to overcome, by telling us about her first time at Nafsiyat, which she had had to cut short because when she was referred by her GP, she simply hadn't been ready to talk.

Surprises in emerging relationships

People often described being surprised at how connected they felt to their therapist, and how much their therapist seemed to understand them. Sometimes this came out very early on in the process (one client said of her assessing therapist, "we just clicked!") whilst for others this narrative played out more slowly. The young Palestinian woman we spoke to had never accessed psychotherapy before, saying she never expected to cry like the people in therapy she saw on TV. She was very guarded at the assessment, and thought that a therapist who wasn't from Palestine or a neighbouring country could never understand her. However, she described that— to her surprise— she was very much understood by her therapist and over time was able to become open emotionally:

> *"It's like every time we go a little bit deeper, it really helps"* (Pilot interview participant, Palestine)

Key conclusions, implications and ways forward

Overall, the people who we spoke to spoke very positively about the quality of the therapy, describing a journey in which they opened up to their therapist in interesting, sometimes surprising ways. However, this is only a very small "chapter" in their much broader story of their lives and long lines of different health and mental health interventions. People's interactions with referrers, other mental healthcare providers, and the IAPT system have a profound effect on their experience at Nafsiyat. Whilst Nafsiyat is known for engaging very well with the bigger external realities of migration, cultural difference and issues of race and gender, our findings suggest that there is more scope for influencing the ways in which these realities play out within the care system. There were also several ways in which we think these findings have implications for organisational and clinical practice, which we will outline below.

Managing the realities of high demand and waiting lists

Some of the moments where people were most impressed by the service as a whole was when they felt that they had been remembered and their needs really recognised. We came across examples of clients feeling encouraged by receiving a phone call when they thought they might have been forgotten about, and of people being grateful of being clearly informed of procedures or changes, even if they didn't always manage to remember them. However, the realities of having to wait— sometimes indefinitely— before having contact with a therapist can be one of the hardest parts of the whole process. Whilst it was rare for the clients we spoke with to actively 'complain' about waiting times, we noted that many people struggled to cope with the uncertainty and length of time that they were waiting for therapy after seeking help. As interviewers, we noticed that this pattern of normalising waiting was connected to a cultural unfamiliarity with giving 'feedback' or criticising institutional processes. It was also most common amongst newer migrants, who feel they should simply get used to waiting for a raft of much needed, but difficult to access free services. This is important evidence about the waiting experience, which should be shared with IAPT services when managing waiting lists and communicating the negative effects of keeping these lists open for referrals when there are no further places available for a given contract period.

Key conclusions, implications and ways forward

Attending to what is not communicated as well as what is communicated

The issue mentioned above about the cultural unfamiliarity of feedback practices has important implications about the interpretation of our findings, but also about methods of monitoring client experiences of the service in future. The theme of self-censorship, which we noted in people's narratives of previous therapy experiences was also a feature of our own interviews. We recorded observational data about how people responded to interviews and noted that many of the clients who had not be raised in Western, Euro-American culture were deeply uncomfortable when asked to critique the service they had received. There were silences and evasive responses that our Eritrean and Turkish researchers in particular recognised as participants holding back information that may have been useful to share but would have felt rude or transgressive to do so.

Some of our other findings suggest that these gaps are important to attend to, for example, how in reflecting on decision-making, some people talked of accepting allocations they were concerned about (e.g. the therapist or timing of sessions) for fear of losing their place in therapy. This suggests we as researchers, as well as staff at Nafsiyat, should keep in mind cultural influences on assertiveness, think creatively and sensitively about ways to gather 'feedback', and give opportunities for clients to express needs at later stages in the process of accessing therapy, once trust has been built.

Key conclusions, implications and ways forward

Visibility and articulating what Nafsiyat has to offer

Relief was a key emotion that people spoke about when describing their experience of starting therapy at Nafsiyat. Some also reported being surprised at what the therapy would offer them. Although narratives suggested that staff and therapists explained clearly how the therapy would play out and what clients could expect from it, only one person (who happened to have a friend who was a counsellor) reported having information about the service before she first referred. The woman we describe in the case study, who was referred by a GP when she wasn't ready for therapy, may have been able to make a more informed decision had she known more about what to expect from the service. Others clearly were ready for therapy and had sought out services from other providers, hadn't got the support they needed until being finally referred to Nafsiyat. Finally, one of the most successful aspects of the Nafsiyat experience was the matching of clients with therapists they felt culturally and linguistically comfortable connecting with. There seemed to be a common understanding of the subtle dynamic of "not too close but close enough" but this knowledge often remained tacit (i.e. not explicitly named or explained) in client narratives.

All of this suggests that with more visibility and opportunities to give people a clear message of what Nafsiyat does, people could find their way to the service at a time that feels right to them, perhaps before they enter into services that don't work so well for them. Given the findings about issues of high demand and waiting times, however, any outreach work would need to be coupled with additional resources to help manage the potential for greater interest in the service.

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