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| **1. Advocacy Outreach Process** |

1.1 Outreach advocacy is both reactive and proactive; we respond to invitations to make outreach visits and contact relevant groups, organisation and services directly for one off or regular visits by a member of our advocacy team. As a result we attend; team meetings, community groups, social groups, drop-ins, service user forums and meetings, local LGBTQ scene venues and facilitate information stalls at community, health and wellbeing events

The value and benefit in regular visits to local services, organisations, social and community groups and scene venues are:

* to introduce and promote mental health advocacy
* to explain the advocacy process to individuals or groups considering advocacy
* to signpost and offer brief interventions to people who need or want advocacy
* to distribute information about local mental health services, LGBTQ services, organisations and other advocacy service providers
* to promote other mental health services offered by MindOut

Taking advocacy out into the community has given us opportunities to:

* talk to people about advocacy
* introduce MindOut services
* speak about LGBTQ mental health
* reduce mental health stigma
* offer emotional support
* meet people who need support but might not usually make contact with mental health services or not identify as having mental health concerns are unsure whether advocacy is for them
* make our services more accessible and introduce advocacy to people who may experience barriers to accessing advocacy e.g people whose first language isn’t English or people who may need non instructed advocacy
* respond to people in crisis or distress
* build links with other service providers, organisations and the community

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| **2. Outreach Priority** |

2.1 Weekly advocacy team meetings offer an opportunity to:

* review current advocacy commitments and debrief about any recent outreach work
* consider new outreach requests
* monitor use of the advocacy service and consider visiting services, organisations, groups or events attended by people who are not accessing or are under-represented in the service e.g. BAME people, older people, people with learning disabilities, trans people, non-mental health service users etc