Supporting Mental Health in a Public Library Context: A Mixed Methods Brief Evaluation

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ABSTRACT

An ongoing consideration of community mental health services is how to optimize outreach to best support a wellness approach. Public libraries provide a potential site for mental health services due to use by a diverse range of patrons. The purpose of this study was to explore a mental health wellness hub situated in a core urban library. Following a mixed methods approach, the study explores: (1) the desirability of this form of co-location; (2) the impact on library staff; and (3) how this hub integrated, or not, with the broader mental health system. Ultimately, findings demonstrated a significantly positive experience by patrons, mental health hub staff, and library staff.

Keywords: mental health, outreach, library services, community mental health

RÉSUMÉ

L'une des principales préoccupations des services communautaires de santé mentale est l'optimisation de la sensibilisation pour soutenir plus efficacement une démarche de mieux-être. Les bibliothèques municipales constituent des sites potentiels pour les services de santé mentale en raison de leur fréquentation par un large éventail d'usagers. Cette étude visait l'exploration d'un centre de mieux-être en santé mentale situé dans une bibliothèque centrale urbaine. Suivant une approche à méthodes mixtes, l'étude explore :

1) le caractère souhaitable de cette forme de centre co-implanté ; 2) l'incidence sur le personnel de la bibliothèque ; et 3) la façon dont ce centre s'intègre, ou non, au système général de santé mentale. En conclusion, l'étude montre que les usagers, le personnel du centre de santé mentale et celui de la bibliothèque ont vécu une expérience très positive.

Mots clés : santé mentale ; sensibilisation ; services de bibliothèque ; santé mentale communautaire

Supporting wellness in a community context is an important role of community mental health services (Sterling et al., 2010). Wellness services cross different levels of prevention supporting primary prevention of mental illness, early intervention as a crisis is unfolding, or supporting long-term recovery journeys (Kirmayer et al., 2009). One of the complexities of community wellness is siting services so that they have the highest impact across these different levels of prevention. This study explored the implementation of a community wellness hub, (the Hub), provided by a community mental health organization within a public library in Ontario, Canada. With an overarching purpose of considering the optimal siting of community mental health outreach programs, three research questions are addressed: (1) How do community members perceive accessing mental health services within a public library? (2) Does co-siting mental health and library services have an impact on library staff? and, (3) How does this model of community mental health outreach fit within the broader network of mental health services?

The Hub represented a mutual collaboration to support the differing but related needs of the community mental health provider and the library. The mental health organization was looking for ways to reach a greater breadth of their catchment area than can be achieved by providing services within their business offices. The particular branch of the library board involved was looking for greater assistance with patrons who were perceived as having behaviours related to mental health challenges that were difficult for their staff to address. Housing the Hub within the library was therefore seen as a potential model by which to both connect patrons directly with mental health services and to reduce the incidents on site whereby library staff ended up involving security or police to deal with a patron in crisis.

The Hub was established on the second floor of the library branch with the public name "The Welcome Centre." This branch, located in the centre of a mid-sized urban area, is highly utilized by both patrons with a services card and by others. During the year in which the study was conducted, 2018, the library served approximately 2,137 patrons per day. At this time the library was staffed with 40–45 staff who directly served the public (e.g., lending services, children's library) and approximately 75 staff who worked behind the scenes (e.g., administration, human resources). Library services are diverse at this location, including a large book collection, magazines, a significant number of computer stations, meeting rooms, some social services, event facilities, public washrooms, and more. The Hub was situated in a clearly visible location for anyone using the library stairs, in an area with significant space for staff to sit and for patrons to stop to talk. The Hub was open on Wednesdays during work hours and staffed by two members of the mental health organization's wellness team, both of whom were trained mental health workers. The Hub was grounded in a psychosocial rehabilitation model (Bachrach, 1992), which means actively involving individuals in addressing their own needs. The staff role in this context can include connecting patrons to existing services, being a supportive

listener, or mitigating mental health crises as they unfold. While Hub staff were available to patrons, they were also available to support library staff with advice around supporting patrons displaying symptoms of mental illnesses. This model is congruent with a strategic focus in Ontario on integrated community hubs to support individuals across a diversity of health and social needs (Pitre, 2015).

REVIEW OF THE LITERATURE

Community hubs are considered to be common access points to public services, such as health, social services, culture, art, education, and recreation (Pitre, 2015). These hubs are noted as gathering spaces where people can connect, learn, rest, grow, or meet daily needs (Pitre, 2015). Integrating mental health services into community hubs supports better access to mental health care (Malachowski et al., 2019). In particular, where community mental health is still often primarily focused on assessment, diagnosis, and treatment of mental illness (Thornicroft et al., 2016), hubs offer a platform designed for a health promotion angle supporting wellness and recovery rather than a strictly disease orientation (Premier's Community Hubs Framework Advisory Group, 2015). However, most of the research into community mental health promotion has focused on school-based services for youth (Clarke et al., 2015). While technological interventions (Forsman et al., 2016) and workplace interventions (Huang et al., 2015) have received some attention, a need for further research about promoting mental health through physical community hubs has been identified (Abdel-Baki et al., 2019).

Public libraries, as currently structured, contain many of the key elements of community hubs, being spaces where people gather to access information, technology, free programming, and connections to resources. However, in serving the public as low barrier spaces, libraries are often serving patrons with complex health and social needs (Coleman et al., 2020), such as concurrent mental health and addiction challenges (Ayers, 2006), housing loss (Freeman & Blomley, 2019; Reith & Huncar, 2014) and poverty (Hill & Tamminen, 2020). Over the last two decades, many North American libraries have responded to the changing trends and needs of patrons (Freeman & Blomley, 2019; Schweizer, 2018). Once considered "problem patrons" (Chattoo, 2002; Richter et al., 2019) who were frequently responded to with the use of security staff (Shuman, 1999) or police (Wright, 2002), many such libraries have reformed their approach and response (Coleman et al., 2020; Schweizer, 2018). In addition to training librarians (Hill & Tamminen, 2020; Osa, 2002), partnerships with existing community organizations or services (e.g., social workers, public health departments) have optimized libraries' ability to move beyond traditional roles (e.g., information sharing) to mirror a community hub and promote wellness (Coleman et al., 2020; Philbin et al., 2019; Whiteman et al., 2018). Amidst a paucity of research, heightened demands, and funding challenges, libraries—the "living rooms of the community" (Pateman, 2014, para. 11)—are seeking innovative, community centred, and research informed strategies to adequately meet the needs of today's diverse patrons (Canadian Urban Library Research Council [CULRC], 2011; Schwizer, 2018; Williment, 2009).

Including interdisciplinary roles, such as social workers, in public libraries has shown promise for individual patrons and at a broader system level (Coleman et al., 2020; Schweizer, 2018). For example, results from four Canadian urban public libraries with on-site social workers (either through community organization partnership or library-employed staff) found that library social work had benefit in reducing patron social exclusion, housing instability, poverty, mental health concerns, and substance misuse, while also enhancing

social work participation in community-based responses to broader social challenges (Schweizer, 2018). Another recent study examined a year-long initiative which aimed to provide librarian education, fund a homeless prevention outreach worker, organize a community safety model plan, programming for home-less patrons, and establish and promote a community hub within the Mississauga, Ontario library system (Hill & Tamminen, 2020). The Mississauga community hub was located at the central library and provided barrier-free access to a place to rest, housing resources, computers, food security, and other support services (Hill & Tamminen, 2020). Like many other North American library initiatives (Coleman et al., 2020; Fraga, 2016; Ramsay, 2014; Reith & Huncar, 2014), this study saw an improvement in staff knowledge, comfort, and skills; patron interactions, collaboration, service awareness and use also saw improvement (Hill & Tamminen, 2020; Schweizer, 2018). The addition of library support services also strengthens the relation-ship between the library and associated community partner(s) and has an influence on other patrons, such as increased knowledge about community social issues, decreased stigma, and positive perceptions of the library (Coleman et al., 2020).

Given that the community hub model co-located within a library is a recently emerging community response throughout Canada, further evaluative research is needed to understand their effectiveness (Hill & Tamminen, 2020; Foster, 2016; Schweizer, 2018). Given the public visibility within public libraries, and particularly those that support a large number of patrons, it is possible that this form of co-location would deter community members from being comfortable in seeking help. In this study, the Hub was highly visible within the library meaning that other patrons could observe those who stopped to speak with Hub staff. Another point of consideration is the potential for positive or negative impacts on library staff. Should community mental health services in a hub model attract significant interest from community members experiencing mental health crises, it is conceivable that this could lead to increased concerns of library staff. On the other hand, if the Hub is found to positively support mental health promotion, staff might feel better supported and more able to focus on traditional library services. A final consideration is to think about how mental health services fit within community-wide systems of mental health provision. This Hub model may be redundant, disconnected, or a positive addition and a point of connection in the London, Ontario community.

OBJECTIVES

Following the call for further research, the objective of this study was to consider the optimal siting of community mental health outreach programs in a London, Ontario library. As indicated previously, the three research questions are (1) How do community members perceive accessing mental health services within a public library? (2) Does co-siting mental health and library services have an impact on library staff? (3) How does this model of community mental health outreach fit within the broader network of mental health services? The study's priority was depth of knowledge versus breadth of data, which is congruent with this service only being offered at a single site at the time of data collection. Therefore, priority was given to the experiences of patrons, Hub staff, and library staff. Findings provide information both locally as the mental health organization and library board consider further collaboration across library sites, as well as to com-munity mental health providers nationally as they seek to optimize the reach of their mental health promotion and prevention outreach services.

THEORETICAL PERSPECTIVE

This study was guided by a critical intersectional perspective (McCall, 2005). Intersectionality theory addresses the diverse social, political, and cultural sources of inequities recognizing the contextual nature of inequities and how these intersect (Hankivsky et al., 2014). This theoretical perspective has been utilized with curriculum evaluation (Muntinga et al., 2016) and policy evaluation (Hankivsky et al., 2014), and underpinned the exploration of the collaboration herein. It is this nuanced perspective around potential forms and sources of marginalization that led members of the research team to an interest in supportive models of mental health services for those living at the margins. In particular, as libraries offer a safer space for persons who are multiply excluded from private and many other public spaces (Brewster, 2014), there was an interest in considering whether libraries are a potential site for community mental health outreach.

The Hub itself was grounded in the recovery model of mental health. A recovery orientation involves a strengths-based approach to mental health as a life-long journey to living successfully in the community (Mental Health Commission of Canada, 2015). Resources required to make this model successful include community-based wellness supports or programs that target all levels of prevention (i.e., primary, secondary, and tertiary; Mental Health Commission of Canada, 2015). One of the significant benefits of a recovery orientation is shifting away from biases of mental illness as a static state and supporting an optimistic sense of change towards wellness. In terms of application of the perspective, the Hub was supported by the presence of a logic model (Figure 1). This allowed the research team to focus both quantitative and qualitative data collection around the proposed activities and outcomes of the Hub, thereby supporting the development of interview guides.
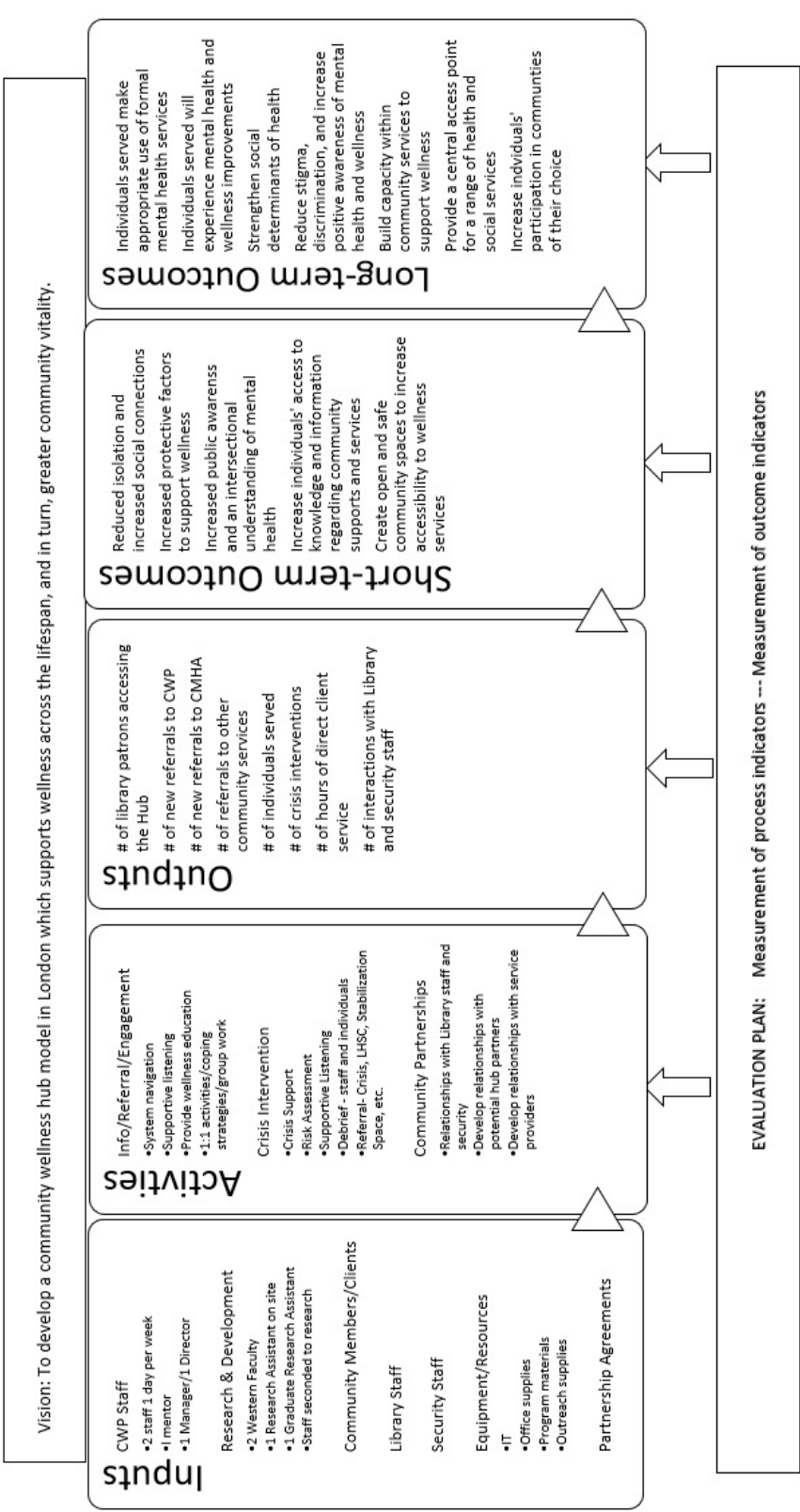
METHODOLOGY AND METHODS

This study followed a mixed methods evaluation approach, in particular a QUAL-Quan design (Cresswell & Plano Clark, 2007), in which priority is given to qualitative data with quantitative data being a supportive element. Data was collected throughout 2018. The qualitative portion was interpretive, utilizing thematic analysis, and addressed all three research questions. Braun and Clarke's (2006) stepwise approach to thematic analysis was utilized, with participation from four members of the research team. The quantitative portion was descriptive, focused on perceptions of library patrons who interacted with Hub staff. This focused only on the first research question, perceptions of receiving services in a library setting, and supplemented findings from interviews. Research ethics approval (REB #110519) was received for the study from the Research Ethics Board of the university with which the principal investigator is affiliated.

Qualitative Methods

In-depth interviews were conducted with library patrons who accessed the Hub, library staff, community key informants who worked in other local mental health or mixed service organizations, and a member of security staff. A total of 32 interviews were conducted as follows:

- 15 library patrons (of approximately 2,137 daily patrons)
- 14 library staff (of approximately 40–45 patron facing library staff)

Figure 1

Community Wellness Hub (the Hub)—Program Logic Model

Community Wellness Hub – Program Logic Model

Vision: To develop a community wellness hub model in London which supports wellness across the lifespan, and in turn, greater community vitality.

Inputs

CWP Staff
• 2 staff 1 day per week
• 1 mentor
• 1 Manager/1 Director

Research & Development
• 2 Western Faculty
• 1 Research Assistant on site
• 1 Graduate Research Assistant
• Staff seconded to research

Community Members/Clients

Library Staff

Security Staff

Equipment/Resources
• IT
• Office supplies
• Program materials
• Outreach supplies

Partnership Agreements

Activities

Info/Referral/Engagement
• System navigation
• Supportive Listening
• Provide wellness education
• 1:1 activities/coping strategies/group work

Crisis Intervention
• Crisis Support
• Risk Assessment
• Supportive Listening
• Debrief - staff and individuals
• Referral- Crisis, LHSC, Stabilization Space, etc.

Community Partnerships
• Relationships with Library staff and security
• Develop relationships with potential hub partners
• Develop relationships with service providers

Outputs

of library patrons accessing the Hub

# of new referrals to CWP

# of new referrals to CMHA

# of referrals to other community services

# of individuals served

# of crisis interventions

# of hours of direct client service

# of interactions with Library and security staff

Short-term Outcomes

Reduced isolation and increased social connections

Increased protective factors to support wellness

Increased public awareness and an intersectional understanding of mental health

Increase individuals' access to knowledge and information regarding community supports and services

Create open and safe community spaces to increase accessibility to wellness services

Long-term Outcomes

Individuals served make appropriate use of formal mental health services

Individuals served will experience mental health and wellness improvements

Strengthen social determinants of health

Reduce stigma, discrimination, and increase positive awareness of mental health and wellness

Build capacity within community services to support wellness

Provide a central access point for a range of health and social services

Increase individuals' participation in communities of their choice

EVALUATION PLAN: Measurement of process indicators --- Measurement of outcome indicators

- 2 community key informants
- 1 contracted security staff member

All participants were recruited at the library site, apart from the two community key informants. These key informants were identified by asking Hub staff where they made or received most of their referrals, then following up with these organizations to identify any staff interested in participating. Sampling for library staff who directly served the public continued until all those staff who were interested in participating had a chance to do so. Representative sampling for patrons was complete when it was identified by research team members doing the interviews that they perceived that no new topics were being discussed. This was used as a form of saturation without doing a detailed analysis of the transcripts, as formal analysis occurred after data collection. Because the research assistant was integrated regularly in the library space for the duration of the project, staff were already familiar with them. This pre-relationship building helped support recruitment efforts.

All participants completed written consent to participate and be audio-recorded in advance of their interview. Interviews were completed in-person and one-to-one with a member of the research team. The interviews followed pre-determined interview guides (Appendix A & B) but with flexibility to follow discussion threads for further inquiry and to validate/seek clarity of participant responses. Most interviews took place in a private study room at the library, although some patrons chose to be interviewed at library tables in open public areas. Interviews took between 15 and 90 minutes, with the majority lasting around 30 minutes. These were audio-recorded and transcribed verbatim to support analysis.

Data analysis followed the six steps indicated by Braun and Clarke (2006): familiarization, initial codes, initial themes, revising themes, defining themes, and writing and revising a report. Initially, four members of the research team familiarized themselves with and reviewed the transcripts, which were then coded by the lead investigator and research assistant. The research team then met on several occasions to develop, revise, and define the themes that were proposed from the data. If there was disagreement about the themes, the members of the research team presented their rationale, and the group worked together to achieve consensus. With interdisciplinary team members, different theoretical perspectives were present in considering the qualitative data, of form of triangulation in analysis (Patton, 2002). Next, the research team utilized an additional method of triangulation (Patton, 2002) by considering the quantitative data relative to the patron qualitative findings. Consistency was found between the qualitative and quantitative data, with patrons expressing their overall satisfaction with the Hub. The triangulation methods utilized is congruent with Lincoln & Guba's (1985) concept of "credibility." Thick description was established as the research team analyzed the data in its unique context and considered potential transferability (Lincoln & Guba, 1985) of the Hub initiative to other settings.

Quantitative Methods

Surveys were conducted at the Hub over a four-month period. Patrons who were observed dialoguing with Hub staff were afterwards asked by a research assistant if they would complete a survey related to their experience. The survey contained seven questions regarding their impressions of accessing services through the Hub. The survey was developed collaboratively with Hub staff to ensure the questions were congruent

with program goals. A 7-point scale was used congruent with psychometric scale recommendations (Raykov & Marcoulides, 2011). Uptake was somewhat low as making the request after contact with the Hub meant patrons were already "on their way" when asked to do the survey, even though it was quite brief. In total, 25 surveys were completed. No demographic information was collected as the focus was on quick interactions to capture general impressions. On average, surveys took 2–3 minutes to complete.

FINDINGS

Qualitative Findings

There was strong consistency across participants of all types on several issues: (1) the need for more community mental health supports, (2) the value of libraries as spaces for folks with complex health and social needs, and (3) the Hub as a valuable addition to the library space. However, participants did wrestle somewhat with the nuance of what the role is for library staff in terms of supporting the mental health needs of patrons, and what the role of Hub staff is in terms of responding to crisis. Through our analysis we have organized the findings around three themes, which are congruent with the three research questions:

1. a context of a community mental health crisis,

2. filling the gaps with relational support, and

3. library staff have needs too.

A Context of a Community Mental Health Crisis

Participants situated the work of the library and Hub staff in a broader community context of a mental health crisis; in particular, inclusive of both mental illness and addiction. It was perceived that community member needs are outpacing available supports and increasingly so. As one staff member stated, "The system isn't able to keep up with the change in needs."

Another staff member stated:

The numbers [of people with mental health concerns] increase and it's just very difficult to keep up, but I think as a city we're recognizing the crisis and the hospital's inability to, kind of, manage people with mental health crises and concurrent disorders. It's a difficult one.

Not only did the Hub staff recognize the lack of available mental health support within the community, but also the timeliness of patrons' needs. A community key informant spoke to the increased urgency they perceived about mental health crises and the work of their own organization:

The numbers of people I think contemplating suicide have risen given street drug use and mental health issues. So, often times, we're dealing with suicide attempts and individuals completing suicide.

This sense of increased urgency was echoed by library staff:

There's always been that segment of the population that's always been here. In terms of, you know, homelessness and also mental illness… we're certainly noticing there's a bump up in that, and we're certainly noticing, maybe because of the opioid crisis, that we see people accelerate their behaviour very quickly. Much more quickly than they used to.

Therefore, the indication was not that there was a change in the library context itself, but that broader community level changes of the gap between need and available care were being felt within the library. The increasing community mental health needs are mirrored by what patrons are experiencing and the types of behaviours and challenges being navigated by library staff. The library becomes a safe place to be for those who are otherwise displaced:

I would say that something that's pretty noticeable is that many people who have nowhere else to go come to the library. So, these are people who might be staying in the shelters overnight and they have no place to go in the daytime, and they come here.

Library staff spoke about some of the more severe incidents they had observed or heard in the library:

I had someone who I think was overdosing at a computer, once a few a years ago, and [he] was actually vomiting on himself and the computer, and no one was reacting around; like they were just continuing business as he was sort of going into shock.

I don't know if they have schizophrenia or a mental health issue, but they have problems controlling the volume of their voice. They'll scream things, yell things, and not necessarily even to a person, just randomly.

There was a couple of incidents where, clearly, [there was] either a reaction to some sort of substance or mental health where violence was formed against another patron, against computers, throwing, smashing, carrying on, and then against just another innocent bystander.

The perception from library staff was that the numbers of patrons in some form of mental health crisis and the severity of incidents had slowly increased over a number of years, again, reflective of broader community trends.

Filling the Gaps with Relational Support

Given this context of increasing mental health support needs, it was unsurprising to find that library staff were overwhelmingly in favour of the Hub being on site and providing support:

[Hub staff] there have done so much. They've been able to come into a situation where we have people very depressed. One man, one day, was feeling quite suicidal, and [Hub staff] was able to [help] right away. And of course, there's nothing better than that.

They're kind of crisis workers as well. So, if we have an issue in the library on the Wednesday they're here we can go and get them and they can speak to the person that's having a problem and refer that way.

Having the (mental health organization) workers here means that we know that we have a fabulous resource for people who need information about services in the city. And, that makes us able to do our jobs better!

Having the [Hub staff] here on Wednesdays, I just, I bow down to them. I'm so grateful that they're here, because then we have, like, we have our regular people here who know that they can go and talk to them.

I would be willing to say, whatever [Hub staff] want, let's give it to them because they're fabulous. They have a great, positive influence here at the library, and I think it probably makes staff feel more comfortable, generally, so, it does lend that stability, as well.

I think it's a huge advantage. We have people who are really stressed out and really, really don't know where to go or to turn, and it's great for us too, to be able to make contact with people directly instead of always just on the phone, or whatever, and find out what services are available.

They're completely awesome, they're super supportive, they make our environment more positive. And, knowing that they're here gives everybody a—rather than security, stability.

Patrons were similarly unanimously positive about supports they received from Hub staff, whether direct supportive listening, or referrals through to other services:

I have some issues that I'm dealing with, and, and [Hub staff] have the resources that I don't have.

There was some things that [Hub staff] were able to expedite for me, which helped me get involved with the grant program. Now I'm going to get optical wear and dental work, so it was really beneficial.

Sometimes if I am having a particularly difficult day and I happen to be here on a Wednesday, I will make my way over here and sit and talk with somebody and it does help.

On no, they're professional, they're wonderful. The two of them together [Hub staff names] are absolutely, professionally, wonderful, very approachable.

Sometimes like I check in. And, a few times it worked really well because, you know, the fact that I am in medical distress or something and they've, you know, made appropriate phone calls.

Quality relational care was identified by library staff as the key factor that was making the Hub such a success:

They are so positive and they have those smiling faces, and you come in and you know that, we see our patrons interacting with them, and it's a great thing.

You can tell that, you know, they have a deep concern for the people that they're meeting.

I know they're really friendly, they're very patient, they're very busy. I like the fact that they're here.

They have a real openness which I think is attractive to people just moving through the space to engage with them. I think that's a real skill to have.

For the patrons that are experiencing crisis they're getting direct referrals from people that are trained to be non-judgmental and feel that welcoming attitude.

The wellness [Hub] worker was absolutely fantastic in keeping her calm, and just saying well this is what we want to do to help you.

Despite that the Hub was a time limited initiative and operational only one day a week, library staff felt positive about the on-site expertise for patrons in need of mental health and substance use support. Library staff spoke of the stability and security they felt with the Hub staff present, as well as their ability to support patrons in relationship, during crisis, and through the provision of service information and resources. Patrons who received support at the Hub echoed the same sentiments—support in times of distress, connecting to and expediting service access, and relationship. Many skills of the Hub staff were notable; however, it was their capacity to build meaningful, bidirectional relationships with patrons that was thought to be rooted in the Hubs' success.

Library Staff Have Needs Too

The meanings represented in themes one and two come together in the third theme, that library staff are looking for further support in dealing with patrons experiencing mental health concerns or crises. While staff spoke to core values of libraries as welcoming spaces for all people, it was clear that some were feeling stretched thin by some patrons' behaviours:

> You go over to try and talk to them but once it escalates, it's really difficult. It's really difficult to kind of calm them down and then the only thing we can do is call security and security has to kick them out and that's not always the best approach I would think.

> You have wonderful families, you have students, you have seniors who we love, like regular people who are just people wanting to come and use the library who we love. And then, in the middle with that you have very outlandish behaviour, you have behavioural issues. You have police coming here just about every day. We're always writing incident reports.

> I find the hardest part of my job is having to deal with difficult people, difficult situations, and I don't like it.

Library staff were clear about the boundaries of their expertise and that while they could provide many supports to patrons in accessing information, they cannot provide mental health advice:

> We're not trained professionals, as far as mental health or anything, and certainly we're not allowed to give any advice.

> We've had special, day long sessions where [library administration] brought in an expert to talk to us and we've all said it at the end of the day that, that's great, but we're not trained. And, you can talk to us all you want, talk to us and speak to us about mental illness, we see it every day but, we are not trained for this.

> We're not social workers. I find it's hard because, luckily, we have referrals, but, you know, we're not trained in social work, so, hopefully we're doing an okay job.

> We're finally defining that librarians and library staff don't have the training and we are at [a] location that people use because of many different reasons, and we do need that partnership to provide best service.

This, therefore, made the Hub model particularly attractive to library staff, as it meant that trained professionals were available to meet an identified need:

> They [Hub staff] know exactly the resources where the person can go and they can refer. They have time to go and sit and talk to the person.

> With the [Hub] workers here it's really helped because we have been able to have people who are chronically upset, we can say, "We know these people are here on Wednesday, would [you] chat with them?" I thought that is very helpful for us.

> I think having that partnership where there's workers right in the library is phenomenal, like really.

The only limitation identified was that at the time of the evaluation, Hub staff were only on site on Wednesdays during daytime hours:

> Well, Wednesdays, when they are here, things run a lot smoother.

> It's Wednesday today, which is my favourite day because they're [the Hub staff] going to be there and it's just like "oh, this is great," you know.

I just wish it was permanent and it was every day.

They [Hub staff] should be here all the time. I think they're real assets to our organization.

We love having the um wellness workers [Hub staff] here, we love it. We wish they could be here every day. They made such a difference and it's no surprise to us.

Library staff (i.e., librarians and security staff) from this study shared that despite the widening scope of their roles, they are not trained mental health professionals. Respecting the limits of their position, library staff often must opt for less supportive options in difficult patron interaction, such as calling security or police. This does not only cause disruption within the library setting but increases library staff discomfort and workload. Knowing that there are alternative options to support patrons, such as having a full-time co-located Hub model, was discouraging for staff who acknowledged the benefit it brought when present one day a week.

Quantitative Findings

As shown in Table 1 below, patron (n = 25) ratings of the Hub services were very high across all items of the survey tool. All items scored 6.0 or higher out of a possible score of 7.0. The lowest scoring item spoke to how much speaking to staff would affect patrons' wellness, which is unsurprising as some patrons had a single contact with Hub staff, so scored this item lower. That said, a score of 6/7 is still very high. Patrons surveyed were very satisfied with the services of the Hub, which confirms findings from the in-depth interviews.

Table 1

Patron Ratings of the Hub Services

Question	Mean Score (7)
How would you rate your experience of talking with the Hub staff?	6.4
How well did the Hub meet your needs today?	6.2
Were you satisfied with the location of the Hub inside the library?	6.3
How well do you believe that speaking with the Hub staff will affect your personal wellness?	6.0
How likely are you to approach the Hub staff again?	6.4
Overall, how satisfied or dissatisfied are you with the services provided through the Hub?	6.2
How likely is it that you would recommend the Hub?	6.5

DISCUSSION

Accessing Mental Health Outreach Programs in a Library Setting

Across both the qualitative and quantitative data, patrons were very amenable to accessing community mental health support through the Hub. Positive feedback was received from all types of participants and there was overwhelming support to both offer the Hub space more frequently at the current site, as well as expanding it to other library sites within the city. The services mentioned as most helpful at the Hub were supportive listening and referral to community supports and services. Both library staff and the security staff participants mentioned that just having Hub staff on site provided a sense of confidence in addressing the needs of patrons with complex challenges. No major recommendations were made for revisions to the Hub service apart from extending the hours, although there was some question of having an additional more private space to facilitate the supportive listening aspect of the Hub.

In terms of community wellness models in general, the Hub provides some helpful observations. It was noted that Hub staff often provided support to those who didn't necessarily know they needed it or weren't looking for it in coming to the library. This direct access to a trained mental health professional was different from other parts of the healthcare system that require acuity assessments prior to accessing support, often leading to wait-lists. Throughout Ontario, there is a well-known, and unmet demand for increased mental health services, especially for those most vulnerable who face a myriad of barriers in equitably accessing service (Brien et al., 2015; Government of Ontario, 2019). This proved beneficial regarding what might be termed "pre-crisis" support, or primary prevention, in terms of supporting wellness versus exclusively ad-dressing crisis. Indeed, addressing crisis, while often framed as a potential benefit of the Hub, was in many cases beyond the scope of Hub staff as well. If a patron was suicidal or actively violent, calling security staff and police was still the best response, although Hub staff could at least be present to support other patrons or library staff distressed by such an incident. In a climate of inadequate mental health and addiction servi-ces, the Hub met patrons in their communities and offered primary prevention and early intervention—both identified as key priorities in the 2018 Canadian Mental Health Association (CMHA) report to end mental health care disparity. Situating community mental health services within a library also helps to eliminate some common barriers to accessing care (e.g., wait times, location, income), particularly for those who are marginalized (Brien et al., 2015). Investing in and caring for Canadians' mental wellness requires targeted services like community Hubs that are innovative, low cost, and low barrier (Schwiezer, 2018).

The fit between mental health services and a core-area public library was very positive. The co-located Hub allowed for strengthening of community partnership between the library and a community mental health agency and allowed Hub staff to connect with many community members in a compressed timeframe. Strengthening community partnerships and engagement in social responsibilities are both recommenda-tions from the last decade signaled by experts and government officials in mental health and librarianship fields (CULRC, 2011; Gorham et al., 2016; Mental Health Commission of Canada, 2015; Ontario Ministry of Tourism and Culture, 2008 as cited in Schwiezer, 2018). As it relates to service utilization, library staff noted that Hub staff were often overwhelmingly busy, constantly engaged at the Hub desk itself by patrons, apart from responding to requests to connect with other patrons of concern in other areas of the library. This suggests that libraries should consider providing Hub services (e.g., staffing, hours) that meet the needs of

patrons. Persistent funding challenges for Canadian libraries may be a barrier to implementing community Hubs, elevating the call for continued advocacy and communication of patrons' needs with funders, stakeholders, policymakers, and politicians at all levels of government (Gorham et al., 2016; Rathbun-Grubb & Marshall, 2009).

From the library staff perspective, the Hub provided a support that they knew was needed but were unable to provide themselves. This support generated a strong sense of relief and satisfaction, allowing the library to remain a low barrier site accessible to all community members. This also allowed library staff to clearly define the boundaries of their role and stick to these boundaries. Additionally, library staff felt they were able to reduce their reliance on security staff and more often saw positive outcomes for patrons experiencing challenges; in particular, patrons were able to access relational care from trained mental health professionals, remain in the library, and have facilitated referral to appropriate external supports when required.

Integration with Broader Community Mental Health Services

This Hub model provided a particularly promising addition to the needs of the community in general. Participants identified a growing sense of urgency around supporting mental wellness in community contexts. By engaging with community members in the moment, Hub staff were able to promote wellness (primary prevention), provide referrals when crises were evolving (secondary prevention), and support folks on their journeys of recovery (tertiary prevention). This is a noted complement to existing mental health services where funded services primarily focus on those in acute distress. Perceivably, these forms of low barrier community wellness reduce the burden on these acute services and represent a more upstream approach to mental health (CMHA, 2018). Libraries present a particular opportunity of both engaging with many citizens who might otherwise not reach out for care, and as being spaces that support a disproportionate number of community members who are living on the margins (Brien et al., 2015). Expanding the model across library sites would be an obvious next step towards addressing the complex needs of libraries and their patrons and enhancing equitable access to community mental health support (Schwiezer, 2018). Further, model expansion will create opportunity for ongoing evaluative research and recommendations for practice (Schwiezer, 2018).

Limitations

Other opportunities to improve research of community Hubs co-located in a library are recognized in the study's known limitations. Approaching patrons after they had utilized the Hub's services, meant that many of them were leaving the library, and chose not to participate in data collection, resulting in a low response rate. Potentially asking patrons about their interest in research participation earlier on in the interaction (if appropriate) with Hub staff may have improved response rate. Because the number of patrons who accessed the Hub was not recorded, and participant demographic data was not collected in this study, there is not a clear sense of the volume of service use or who the patrons utilizing the Hub services were. Collecting demographic data in future studies may help adapt and target services to specific patron needs and support funding opportunities. Similarly, incorporating those with lived experience through all phases of Hub implementation, including creating the design and vision can promote a more equitable and successful service design (Mental Health Commission of Canada, 2015; Minkler & Wallerstein, 2001; Park

et al., 2014). Lastly, because the Hub initiative was only piloted in a single setting, findings may not be generalizable to other contexts.

CONCLUSION

A mental health community hub model situated in a library and staffed by trained mental health professionals offered a promising practice to support community mental health outreach workers in accessing a broad population of those in need of a variety of services. This model assists the mental health sector in providing more upstream, health promoting support rather than a sole focus on crisis services. The community mental health organization and library collaboration proved highly effective and satisfying to both patrons and staff members. To our first research question, perceptions of the Hub were very positive across the board, thereby indicating the opportunity for future replication across library sites. To our second research question, library staff benefited significantly from having the Hub on site and were very much interested in expanding the hours of the service. To our third research question, the Hub integrated well with broader mental health systems by providing a low barrier of access to professional supports. Ultimately, it is our recommendation from this study that a mental health wellness model within public libraries be expanded and that this expansion continue to be monitored through research.

APPENDIX A

PATRON INTERVIEW GUIDE

Community Wellness Hub

1. What brings you to the London Public Library (Centre Branch) today?

    a. Do you come often? What services do you access? Do you access other libraries as well?

2. Would you consider the Library a safe space? Why or why not?

3. Did you come to the Library today to access the community wellness hub?

4. Would you share how you heard/learned about the Community Wellness hub?

    a. Was the space easy to locate? Why or why not?

5. Apart from services at the library, are there other public services you like to use?

    a. What are they? How accessible are they? What is important about these services to you?

6. Are there daily/individual needs that you feel are not being adequately addressed by services within the community?

7. Is accessing the Library part of a typical day for you? Is accessing other public services part of a typical day for you?

8. Please explain what wellness means to you?

    a. How would you describe your current state of wellness? What would make you feel less well? What would improve your sense of wellness?

Community Wellness Program

9. Was today your first time accessing the CWP desk?

    a. How many other times have you spoken to CWP staff?

    b. What kinds of things do you ask them about?

10. How would you describe your experiences with the CWP today?

11. Did they provide you with any information?

    a. If yes, did you find the information provided to you helpful?

12. If you received any referrals, did you find these to be helpful? Please explain.

    a. Do you think you will follow up with these referrals?

13. Please explain whether the CWP was able to address and meet your daily needs (as described earlier)?

14. Did the CWP program impact your sense of wellness as described above?

15. In approaching CWP staff, did you like the way they talked with you?

    a. Why or why not?

16. Were there any needs that you feel were not adequately addressed during your talk with CWP staff?

17. Would you be likely to approach the desk again? Please explain. For what purpose?

Moving Forward

18. In your opinion is it a good idea to have the CWP inside Public Libraries? Please explain.

19. Would you come to the library more often knowing that the CWP is located at the Centre Branch Library?

20. What are your hopes for the future in terms of your personal wellness?

APPENDIX B

LIBRARY STAFF INTERVIEW GUIDE

1. What is your position and job responsibilities as an employee at the Library?

    a. How long have you worked at the Centre Branch?

2. How would you describe your experience as a staff member at the Centre Branch Library?

    a. Can you describe the overall environment?

    b. Would you like to see changes to the current environment?

    c. If yes, please explain the types of changes.

    d. What aspects of your job (if any) present as most challenging for you?

    e. Why or why not?

3. Have there been past situations that have resulted in a crisis, specifically with library guests? Please explain in detail, situation(s) you have encountered or come across, which relate to your own experience.

    a. If yes, how have you managed these situations?

    b. If yes, have you made referrals to community agencies or services for further support if needed?

    c. If yes, which ones.

    d. If yes, do you feel that Library staff are well equipped to control such situations? Please explain.

    e. If yes, are there specific time(s) in the day when most crises occur or are they scattered throughout the day?

4. Are you familiar with the Community Wellness Hub being run by the Canadian Mental Health Association Staff, located in the Centre Branch Public Library?

    a. If yes, what is your knowledge of the program?

    b. If yes, did you have a chance to meet and introduce yourself with CWP Staff?

    c. If yes, please describe your experience.

    d. If yes, have you referred library guests to the Community Wellness Program?

    e. Has the CWP supported the diversion from contacting emergency personal to attend the Library (e.g., security, London police, ambulance and fire dept.)?

    f. If yes, did the CWP create a sense of stability at the library? Please explain your answer in detail.

    g. If yes, are there any aspects of the community hub that you would like to see changed?

    h. If yes, what aspects of the program do you feel are most important for others to understand?

5. In your opinion, do you believe having a Community Wellness Program inside a Library is an advantage or disadvantage to the overall environment of the library? Please explain your choice.

6. Is there anything else you would like to add/discuss regarding the collaboration between the Community Wellness Program and the Centre Branch Library?

REFERENCES

Abdel-Baki, A., Aubin, D., Morisseau-Guillot, R., Lal, S., Dupont, M. È., Bauco, P., Shah, J. L., Joober, R., Boksa, P., Malla, A., & Iyer, S. N. (2019). Improving mental health services for homeless youth in downtown Montreal, Canada: Partnership between a local network and ACCESS Esprits ouverts (Open Minds), a National Services Transformation Research Initiative. *Early Intervention in Psychiatry, 13*, 20–28.

Ayers, S. (2006). The poor and homeless: An opportunity for libraries to serve. *The Southeastern Librarian, 54*(1), 13.

Bachrach, L. L. (1992). Psychosocial rehabilitation and psychiatry in the care of long-term patients. *American Journal of Psychiatry, 149*(11), 1455–1463.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.

Brewster, L. (2014). The public library as therapeutic landscape: A qualitative case study. *Health & Place, 26*, 94–99.

Brien, S., Grenier, L., Kapral, M., Kurdyak, P., & Vigod, S. (2015). *Taking stock: A report on the quality of mental health and addictions services in Ontario.* An HQO/ICES Report. Toronto, Health Quality Ontario and Institute for Clinical Evaluative Sciences. http://www.hqontario.ca/portals/0/Documents/pr/theme-report-taking-stock-en.pdf

Canadian Mental Health Association. (2018). *Ending the health care disparity in Canada.* https://cmha.ca/ending-health-care-disparity-canada

Canadian Urban Library Research Council [CULRC]. (2011). *An analysis of public library trends.* http://culc.ca/wp-content/uploads/2019/10/CULC-Public-Library-Trends.pdf

Chattoo, C. D. (2002). The problem patron: Is there one in your library? *The Reference Librarian, 36*(75–76), 11–22.

Clarke, A. M., Kuosmanen, T., & Barry, M. M. (2015). A systematic review of online youth mental health promotion and prevention interventions. *Journal of Youth and Adolescence, 44*(1), 90–113.

Coleman, M., Connaway, L. S., & Morga, K. (2020). Public libraries respond to the opioid crisis with their communities: Research findings. *Collaborative Librarianship, 12*(1), COV6. https://go.gale.com/ps/i.do?p=AONE&u=lond95336&id=GALE%7CA628947201&v=2.1&it=r&sid=AONE&asid=0bc21a05

Cresswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed method research*. Thousand Oaks, CA: Sage.

Fraga, J. (2016). *Humanizing homelessness at the San Francisco Public Library. City Lab.* https://www.bloomberg.com/news/articles/2016-03-29/the-social-workers-humanizing-homelessness-at-the-san-francisco-public-library

Forsman, A. K., Nordmyr, J., Park, A., Matosevic, T., McDaid, D., & Wahlbeck, K. (2016). Technology-based interventions for mental health promotion in later life: An evidence review: Anna Forsman. *The European Journal of Public Health, 26*(suppl_1), ckw172–044.

Foster, P. (2016). *Public libraries and community outreach: Program assessment for serving homeless patrons.* https://conservancy.umn.edu/bitstream/handle/11299/180903/Foster_Pamela_Professional_Paper_Final_20160427.pdf?sequence=5

Freeman, L. M., & Blomley, N. (2019). Enacting property: Making space for the public in the municipal library. *Environment and Planning. C, Politics and Space, 37*(2), 199–218.

Gorham, U., Greene, T. N., & Jaeger, P. T. (Eds.). (2016). *Perspectives on libraries as institutions of human rights and social justice*. https://www.emerald.com/insight/publication/doi/10.1108/S0065-2830201641

Government of Ontario. (2019). *Hallway health care: A system under strain.* https://www.health.gov.on.ca/en/public/publications/premiers_council/docs/premiers_council_report.pdf

Hankivsky, O., Grace, D., Hunting, G., Giesbrecht, M., Fridkin, A., Rudrum, S., … Clark, N. (2014). An intersectionality-based policy analysis framework: Critical reflections on a methodology for advancing equity. *International Journal for Equity in Health*, *13*(1), 119–119. https://doi.org/10.1186/s12939-014-0119-x

Hill, T., & Tamminen, K. A. (2020). Examining the library as a site for intervention: A mixed-methods case study evaluation of the "Innovative Solutions to Homelessness" project. *Journal of Library Administration, 60*(5), 470–492.

Huang, S. L., Li, R. H., Huang, F. Y., & Tang, F. C. (2015). The potential for mindfulness-based intervention in workplace mental health promotion: Results of a randomized controlled trial. *PloS One, 10*(9), e0138089.

Kirmayer, L. J., Whitley, R., & Fauras, V. (2009). *Community team approaches to mental health services and wellness promotion*. Montréal, Canada: Culture & Mental Health Research Unit, Institute of Community & Family Psychiatry, Jewish General Hospital.

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage Publications.

Malachowski, C., Skopyk, S., Toth, K., & MacEachen, E. (2019). The integrated health hub (IHH) model: The evolution of a community based primary care and mental health centre. *Community Mental Health Journal, 55*(4), 578–588.

McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of Women in Culture and Society*, *30*(3), 1771–1800. https://doi.org/10.1086/426800

Mental Health Commission of Canada. (2015). *Guidelines for recovery-oriented practice*. https://www.mentalhealth-commission.ca/sites/default/files/MHCC_RecoveryGuidelines_ENG_0.pdf

Minkler, M., & Wallerstein, N. (2001). Introduction to community based participatory research. In Minkler, M. & Wallerstein, N. (Eds.), *Community based participatory research for health* (pp. 3–26). San Francisco, CA: Jossey Bass.

Muntinga, M. E., Krajenbrink, V. Q. E., Peerdeman, S. M., Croiset, G., & Verdonk, P. (2016). Toward diversity-responsive medical education: Taking an intersectionality-based approach to a curriculum evaluation. *Advances in Health Sciences Education, 21*(3), 541–559.

Osa, J. O. (2002). The difficult patron situation: Competency-based training to empower frontline staff. *The Reference Librarian, 36*(75–76), 265–278.

Park, M. M., Zafran, H., Stewart, J., Salsberg, J., Ells, C., Rouleau, S., … Valente, T. W. (2014). Transforming mental health services: A participatory mixed methods study to promote and evaluate the implementation of recovery-oriented services. *Implementation Science: IS*, *9*(1), 119–119. https://doi.org/10.1186/s13012-014-0119-7

Pateman, J. (2014, November). Open for all? Open Shelf: Ontario Library Association. http://open-shelf.ca/class/

Patton, M. (2002). Enhancing the quality and credibility of qualitative analysis. In Patton, M. (Ed.), *Qualitative research & evaluation methods* (pp. 541–598). Thousand Oaks, CA: Sage Publications.

Philbin, M., Parker, C., Flaherty, M., & Hirsch, J. (2019). Public libraries: A community-level resource to advance population health. *Journal of Community Health, 44*(1), 192–199. https://doi.org/10.1007/s10900-018-0547-4

Pitre, K. (2015). *Community hubs in Ontario: A strategic framework and action plan*. https://dr6j45jk9xcmk.cloudfront.net/documents/4815/community-hubs-a-strategic-framework-and-action.pdf

Premier's Community Hubs Framework Advisory Group. (2015). *Building the evidence base: The foundation for a strong community hub*. https://www.ontario.ca/page/building-evidence-base-foundation-strong-community-hub

Ramsay, C. (2014). *Edmonton Public Library expands program helping homeless*. Global News. https://globalnews.ca/news/1681802/edmonton-public-library-expands-program-helping-homeless/

Rathbun-Grubb, S., & Marshall, G. (2009). Public librarianship as a career: Challenges and prospects. *Library Trends, 58*(2), 263–275. https://doi.org/10.1353/lib.0.0083

Raykov, T., & Marcoulides, G. A. (2011). *Introduction to psychometric theory*. Routledge.

Reith, T., & Huncar, A. (2014). Homeless find hope, refuge and community at public libraries. CBC News. https://www.cbc.ca/news/canada/edmonton/homeless-find-hope-refuge-and-community-at-public-libraries-1.2841221

Richter, S., Bell, J., Jackson, M. K., Lee, L. D., Dashora, P., & Surette, S. (2019). Public library users: Perspectives of socially vulnerable populations. *Journal of Library Administration, 59*(4), 431–441. https://doi.org/10.1080/01930826.2019.1593711

Schweizer, E. (2018). Social workers within Canadian public libraries: A multicase study (master's thesis, graduate studies). https://prism.ucalgary.ca/bitstream/handle/1880/106632/ucalgary_2018_schweizer_elizabeth.pdf?sequence=1&isAllowed=y

Shuman, B. A. (1999). *Library security and safety handbook: Prevention, policies, and procedures*. Chicago: American Library Association.

Sterling, E. W., Silke, A., Tucker, S., Fricks, L., & Druss, B. G. (2010). Integrating wellness, recovery, and self-management for mental health consumers. *Community Mental Health Journal, 46*(2), 130–138.

Thornicroft, G., Deb, T., & Henderson, C. (2016). Community mental health care worldwide: Current status and further developments. *World Psychiatry, 15*(3), 276–286.

Whiteman, E., Dupuis, R., Morgan, A., D'Alonzo, B., Epstein, C., Klusaritz, H., & Cannuscio, C. (2018). Public libraries as partners for health. *Preventing Chronic Disease, 15,* E64–E64. https://doi.org/10.5888/pcd15.170392

Williment, K. W. (2009). It takes a community to create a library. *Partnership: The Canadian Journal of Library and Information Practice and Research*, *4*(1), 2–11.

Wright, J. C. (2002). Partnership with community resources-campus police: Revisiting policies to reflect the 21st century. *The Reference Librarian, 36*(75–76), 287–292.