National Mental Health Development Unit

Improving Mental Well-being Through Impact Assessment

A summary of the development and application of a Mental Well-being Impact Assessment Tool

Anthea Cooke and Jude Stansfield, **September 2009**

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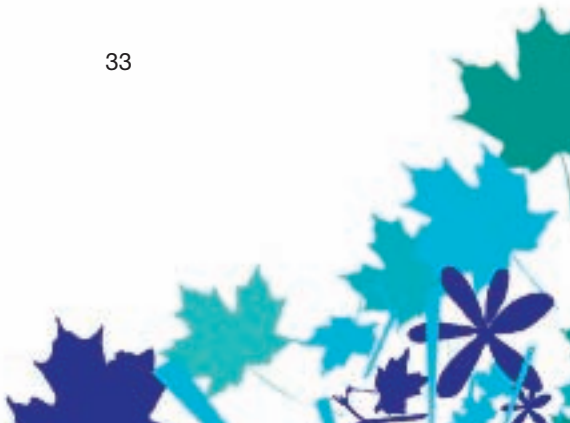

Foreword

‘Mental health is everybody’s business’ is a phrase we hear more and more, and with interest in mental health and its promotion increasing all the time, there is a need to find ways that help translate this interest and good intentions into action. This is the business and purpose of Mental Wellbeing Impact Assessment (MWIA). The work set out here helps in encouraging, engaging and enabling all sectors and agencies large and small to play their part in improving mental health and wellbeing for people, their families, communities and businesses.

Colleagues across the UK, Europe and further afield have been engaged in developing MWIA and are keen that the work continues to build on the experience, capability and learning that has begun. The aim now is to reach more areas, more people, more agencies and more communities. There is much more to do, to share and learn.

The work presented here offers an exciting opportunity to help impact positively for better mental health. Its application and value has been well tested over the last few years and the results and improvements are impressive. MWIA has the potential to make a significant difference to the lives and well-being of communities.

Through the newly established National Mental Health Development Unit in England, we will be supporting further MWIA development and its use. We encourage you to work with us and others to engage more communities and areas in developing this practice.

Gregor Henderson
Wellbeing and Population Mental Health Programme
National Mental Health Development Unit

1 INTRODUCTION

"Improving mental well-being through impact assessment"

Mental health and well-being underpins the health and functioning of all individuals and communities. It affects us economically and socially. Good mental health and well-being enables individuals, families, communities and organisations to flourish. Without it, we experience poor health, isolation, discord, underachievement, unemployment and exclusion.

This report summarises how a new improvement tool – Mental Well-being Impact Assessment (MWIA) brings a comprehensive well-being focus to policies, programmes, services and projects. MWIA is defined as a process that 'uses a combination of methods, procedures and tools to assess the potential for a policy, service, programme or project' (hereafter referred to as proposals) to impact on the mental well-being of a population. MWIA makes evidence based recommendations to strengthen the positive impacts and mitigate against the negative impacts, and encourages a process to develop indicators to measure impacts.

MWIA theory and practice has been developed by a partnership in England that has been building MWIA practice and has produced a toolkit to support the process. The tool provides a robust and evidence based process based on what determines mental well-being.

In response to emerging policy and best practice the National Mental Health Development Unit (NMHDU) recognises MWIA as a key improvement tool to enable organisations to improve mental health and well-being and also to improve mental well-being literacy.

It will be supporting its application in England through its well-being programme and sponsorship of the MWIA partnership and the current development plan. The HIA Gateway website is now hosting a section dedicated to MWIA including MWIA reports on a wide range of topics, and a range of sources of evidence useful for impact on mental well-being. *www.hiagateway.org.uk*

This report covers the rationale and development process of MWIA, summarises the outcomes from this process and showcases a number of case studies to illustrate the benefits and outcomes from undertaking an assessment (using the MWIA toolkit). It summarises the potential impacts on mental well-being of a range of proposals. These proposals often target issues related to social determinants such as employment, housing, or support services for 'vulnerable' people. The outcomes from an internal evaluation of the MWIA project have been integrated into the text to share our learning.

The policy context for this work

The term 'well-being' has gained currency in recent years, and is incorporated into almost all aspects of government policy, including health, children and young people (in the 2003 *Every Child Matters* framework), the place-shaping role of local government (the 2006 Local Government White Paper *Strong and Prosperous Communities*), work and productivity (*Health, Work & Well-being* 2007), and sustainable development (*Securing the Future*, 2005). In the 2007 spending review, government departments incorporated specific well-being targets in their new Public Service Agreements.

The Government Office for Science's *Foresight Review on Mental Capital and Well-being* (2008) cemented cross government commitment to addressing well-being. It defined well-being as "a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community". (Foresight Mental Capital and Wellbeing Project (2008) Final Project report (London: The Government Office for Science).

Within Europe, the World Health Organisation (WHO) and the European commission emphasise the contribution of mental health to future health and prosperity. Mental health impact assessment is recognised as an important action to improve population health.

The European Union Mental Health Action Plan for Europe (WHO 2005)[1] calls for action to "assess the potential impact of any new policy on the mental well-being of the population before its introduction and evaluate its results afterwards." (p.4). This is reiterated in the European Union Green Paper on mental health and subsequent European Pact for Mental Health and Well-being, which is likely to make a further contribution to raising the profile of mental health. (*http://ec.europe.eu/health/ph determinants/life style/mental/mental health.en.htm*)

The WHO report *Mental health, resilience and inequalities* (Friedli 2009) identifies, in addition to specific interventions, that "a key goal is to encourage policy makers across all sectors to think in terms of mental health impact".[2]

Benefits of MWIA

The MWIA process enables a shift in thinking and resources to improving well-being. It will contribute to shifting systems from those that concentrate on managing the consequences of poor well-being (high crime, unemployment, illness, intolerance, underachievement) to ones that tackle its determinants: control, resilience, participation and inclusion.

The outcomes from undertaking MWIA have been positive and suggest that MWIA has a central role to play in:

- Re-focusing efforts to create better and new services and responses to improve well-being
- Developing shared understandings and coherence of mental well-being with a range of stakeholders

1 *WHO, 2005, A Mental Health Action Plan for Europe: Facing the challenges, building solutions, WHO DH, 1999, National Service Framework for Mental Health, DH*

2 *Friedli L., 2009, Mental health, resilience and inequalities, Denmark: World Health Organization*

- Ensuring policies, programmes and projects have a positive impact on mental well-being
- Actively engaging all partners in service development and fostering co-production of mental well-being, and
- Supporting community needs assessment and the development of relevant and meaningful local indicators.

What has been delivered

A partnership of organisations (*Appendix 1*) in the North West and West Midlands of England and London collaborated and developed Mental Well-being Impact Assessment between 2005 and 2009 (*Appendix 2* gives an overview of the development process). The work was based on, and developed in partnership with, an earlier Lambeth and Lewisham MWIA initiative that took place between 2001 and 2005. The toolkit was developed and piloted with local stakeholders and used in a ground-breaking comprehensive impact assessment with Liverpool 08 European Capital of Culture. There have been a number of regionally funded MWIA capacity building programmes between 2006 and 2008 to support the implementation of MWIA as well as to pilot and refine the toolkit. This exciting project has already received national and international interest through dissemination and discussion at conferences, in journal articles and through website access.

The partnership is enthusiastic about sharing the process and outcomes from the work. It intends to support implementation of key cross government policy in addressing mental well-being and in enabling localities to maximise the potential of existing work that can have a positive impact on community well-being. MWIA provides a unique and robust improvement tool to do this.

Outputs from using the MWIA toolkit include:

- At least 300 rapid Mental Well-being Impact Assessments undertaken
- One comprehensive MWIA on Liverpool 08 European Capital of Culture (*www.liverpool08.com*) identifying 33 recommendations now being taken forward
- Policies, services, programmes and projects (proposals) being improved as a result of recommendations from MWIA
- Indicators of Mental Well-being used to measure the impact of proposals and used to demonstrate benefits of proposals and support funding applications
- 978 downloads of the MWIA toolkit from the website when launched
- 1500 hard copies of the MWIA toolkit distributed
- 52 teams of three or more people from various organisations trained and supported in undertaking MWIA
- First national MWIA networking event with trained practitioners held in late 2008
- MWIA presented at 10 national and international conferences
- Three journal articles published
- MWIA is being tested as a tool for whole system reform, and on mental health services
- MWIA has collaborated with WHO, EC and European partners, governments in New Zealand and Canada
- MWIA is now promoted through the HIA Gateway website *www.hiagateway.org.uk.*

Impact of undertaking an MWIA suggests it:

- Promotes awareness and understanding of mental well-being
- Provides a robust and practical process for service improvement and stakeholder engagement, and
- Identifies recommendations and indicators that have gone on to be implemented and monitored.

2 OVERVIEW OF THE MWIA TOOLKIT

Why impact assessment, Health Impact Assessment (HIA) and MWIA?

HIA has been established in the UK and other 'developed' countries during the last 15 years. Its purpose is to predict potential health consequences of policies and projects. HIA has been enthusiastically adopted by governments, statutory and non-statutory organisations including the UK nations and most recently endorsed by the European Directive for Strategic Environmental Assessment recommending the application of HIA.

When the MWIA toolkit was first being developed in 2004 a weakness of HIA methodologies was the primary focus on physical health impacts of policies and projects, at the expense of mental well-being impacts. An earlier literature search prior to the Lewisham and Lambeth work (Kings Fund, 2003) showed little work on mental health impact assessment. So to confirm the need to go forward with developing a specific MWIA toolkit the partnership commissioned a review of existing HIA and other related toolkits/guidelines. A set of criteria were identified by the steering group drawing on what was understood to be important in promoting and protecting mental health and well-being and best practice in terms of HIA Screening process.

Eight tools were selected for review. A list of these and a copy of the criteria is presented in *Appendix 3*.

The findings suggested:

- evidence to demonstrate that without a specific focus on mental wellbeing there was limited scope for existing toolkits to identify impact on mental wellbeing
- further work was needed to identify suitable 'screening' questions on community impacts re wellbeing
- it was important to build on existing best practice and not to draft a new tool from scratch.
- a need for further collaboration with policy makers to integrate mental well-being into existing impact assessments, and
- a strong case for developing/building on one toolkit for MWIA – revising the Lewisham & Lambeth MWIA toolkit building in the best of all those reviewed.

Work began in 2005 to develop the MWIA toolkit (outlined in section one of this report). The MWIA toolkit is designed to provide information and an assessment framework based on the current evidence base on those population groups we should prioritise for promoting mental well-being, and a set of 'protective factors' to promote and protect mental well-being.

Mental well-being, population groups and protective factors evidence

The partnership commissioned an external review of the published literature on promoting and protecting mental well-being to provide a credible evidence base for the assessment criteria. This review is published within the MWIA toolkit (2007) and updated in 2009 to include latest evidence and thinking. The MWIA assessment criteria cover population groups and protective factors. The protective factors have been tested out and refined in over 100 MWIA pilot sessions to incorporate a wide range of people's experiences and views about what is important to them in promoting and protecting their mental well-being.

During the workshops conducted for this research project, participants explored definitions of mental well-being.

The definition consistently preferred was:

"Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation."

(Coggins & Cooke 2004)

This definition was favoured for its lack of jargon, holistic approach, and because people were able to relate to it.

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups.

The evidence base suggests a four factor framework for identifying and assessing protective factors for mental well-being, adapted from Making It Happen (Department of Health 2001). These were derived from studies on the impact of process (i.e. how an intervention/ programme is delivered) on outcomes. The latest review of the evidence base confirmed these four factors remain relevant and are applicable across the spectrum of social determinants of health. In this analysis, how an intervention is delivered may be just as significant as what is delivered, because of the importance of subjective patient/client experience.

The four 'protective' factors are:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation
- Promoting inclusion.

The social determinants of mental health and well-being were linked to these protective factors and incorporated into the assessment tables. You can find these, along with further information, in Part 2 of the MWIA toolkit, as well as references that provides the evidence base for these links.

The MWIA framework

The MWIA framework was adapted from The Merseyside Guidelines for HIA, Scott-Samuel,A., Birley,M.,Arden,K. (2001) The Merseyside Guidelines for Health Impact Assessment. IMPACT.

The evaluation suggested that the methodology provides a useful framework. It can be used on a wide variety of proposals, it's technicality is a strength and gives a validity to the process.

The tables of protective factors are evidence-based and useful in other contexts and produced in an area where there is little established theory. The MWIA toolkit raises awareness and encourages discussion about what mental well-being is.

Work continues to improve and simplify the language and process. A version for using with young people and one for primary schools are currently being piloted.

Screening is designed to be a 'stand alone' process, used by three or four people, to make an initial assessment of the potential impact on mental well-being of the project, and assist with deciding if further in-depth MWIA would be helpful.

Rapid or Comprehensive MWIA process: includes scoping (planning your MWIA), appraisal (gathering and assessing the evidence), formulating recommendations and monitoring and evaluating your MWIA. This can be used for a range of MWIA's from rapid to a comprehensive (see Glossary). It includes full instructions on running stakeholder workshops.

Identify indicators describes one model of working with stakeholders to measure the subsequent impact of the policy, programme or project. This is an optional stage and is intended to promote discussion and awareness of the need to monitor the subsequent impact of the proposal on mental well-being following the MWIA process.

Assessment tables are a set of evidence based explanations of how population characteristics, social determinants and protective factors impact on mental well-being.

Templates of workshop preparation guidance, sample invitations, facilitators notes, exercises and other templates for users to apply or adapt for use in working with stakeholders to undertake a rapid or comprehensive MWIA.

The MWIA framework which is used throughout the toolkit:

PROCEDURES	METHODS	SECTION
Introduction to MWIA – to be read before undertaking an MWIA.		Introduction
	Screening Use the screening toolkit to identify which proposals you want to take a more in-depth assessment of.	Part 1/2 – Screening
Formation of steering group & terms of reference.	**Scoping** Including initial policy appraisal, community profile, options for geographical boundaries & assessment of impacts.	Part 2/3 – Assessment
Agree aims, objectives, project management & communications for the MWIA.	**Appraisal process – gathering & assessing the evidence** • Community profiling • Stakeholder and key informant • Research such as Literature search.	
On-going communication and involvement of decision makers.	Identification of potential positive or negative impacts	
Presentation of MWIA to decision makers.	**Identification of recommendations and writing of report.**	Part 4 – Developing indicators
Identification of information systems to collect indicators.	**Identification of indicators** for monitoring impacts of proposal on mental well-being and implementation of recommendations.	
Evaluate and document the HIA process.		
The Appendices contain sets of templates and instructions for undertaking various stages of the MWIA process.		

3 PUTTING MWIA INTO PRACTICE

In developing the MWIA toolkit over 300 MWIAs – varying from half day workshops to a comprehensive year long programme – were undertaken to test, refine and identify potential impacts on mental well-being of policies, programmes, projects and services. Settings included local neighbourhoods, teams of workers in the public sector, local authorities, cultural programmes and many others. Participants included members of the public, service users, service providers, planners, funders and politicians.

MWIA examples are presented below to illustrate:

- The added value of undertaking MWIA
- The flexibility of application for the toolkit
- The findings and outcomes of the MWIA, and
- To showcase the willingness and commitment shown by those involved in piloting the toolkit.

CASE STUDY

A prospective MWIA on a policy strategy: Warrington Local Area Agreement (LAA) policy

(First Phase of NW Pioneers, 2006).
This was undertaken using an early draft version of the MWIA toolkit and involved a Stakeholder workshop.
This case study shows how an MWIA can be used to inform policies before they are agreed and implemented.

> **Location:** Warrington, North West England

> **Subject for MWIA:** Local Area Agreement (LAA) submission

> **Why did you select this for an MWIA?** Warrington Local Authority volunteered to participate in the first phase of piloting the revised MWIA toolkit in the north west of England. Staff were interested in furthering understanding and interventions to improving mental well-being alongside physical health focusing on their LAA submission. They also wanted the MWIA process to assist them in the development of the role of Local Authorities in the promotion of well-being in the whole community, not just those people receiving social care services. The MWIA findings were to be included in their Corporate Plan.

> **How did you do your MWIA?**
The MWIA was undertaken in two stages:

1) An initial half day workshop using parts 1 and 2 of the MWIA toolkit was attended by range of 'stakeholders' including service users to 'screen' the 4 blocks of the LAA. Participants discussed and listened to views on the population groups I to be targeted by the LAA and identified gaps. They looked at how the LAA theme

might address issues related to mental well-being such as control over finances and employment opportunities. Participants identified further work needed to fully understand that more vulnerable to poorer mental well-being. They prioritised two LAA blocks – Healthier Communities and Older People, and Economic Development where they wanted to undertake a Rapid MWIA.

2) A Rapid MWIA was undertaken by a wider range of stakeholders attending a whole day's workshop. The structure of the day was taken from the MWIA toolkit as follows:

- Developing a shared understanding of what mental well-being meant to them
- Working in groups they identified and prioritised the population groups they felt should be the target of their LAA block
- In groups they worked their way through the protective factors to identify the likely impact of their planned interventions, where the gaps were, recommendations that make the most of opportunities to make a positive impact and reduce any potential negative impacts on mental well-being.
- A brief discussion was held on any possible indicators they already used or could develop to measure the subsequent impact.

> What were the top 4 priority well-being impacts?

Protective Factor	Component *e.g. having a valued role, learning and development*
Control	Being able to influence decisions over personal finance
Resilience and community assets	Communication skills
Participation	A sense of belonging
Inclusion	Access to information about services

> What has been the outcome for the MWIA?

Developed some specific indicators re employer activity, financial independence and other improvements. Report made to the Local Authority Corporate Management Board and into the LAA blocks. It also made a positive contribution to the Adult social care self assessment with the Commission for Social Care Inspectorate.

The Local Strategic Partnership (LSP) in Warrington supported further MWIA work to assist in selecting indicators for the new LAA. A workshop was attended by Council and PCT representatives who undertook public health analysis and Council Management Information to audit their information against findings from the MWIA workshop outcomes. Many of the pre-selected 35 indicators were confirmed especially in relation to economic development, regeneration and transport. They also recommended developing additional local mental well-being indicators. These recommendations were taken up in part by the LSP with amendments and encouragement given for the MWIA work to continue.

A key by-product of this process was to inform the Joint Strategic Needs Assessment (JSNA). The information on mental well-being was included and there are plans to benchmark and take forward the measurement of improved mental well being in Warrington. We are targeting:

- People with serious mental illness (SMI)
- People who access primary care mental health services, and
- The rest of the population.

> **What worked well?** We learned the importance of bringing people together to think about the context, definitions and outcomes required. Also in sharing thinking about how to jointly consider mental wellbeing alongside physical health

> **What worked less well?** None identified.

> **Any other comments?** "Hard work but beneficial. Especially important to use this nationally led and evidence based tool kit. Also crucial for CSIP support to maintain momentum. This has been and is a crucial approach to promoting mental wellbeing across health and social care. More please."

Source: *Roger Milns, Head of Service Mental Health, Learning Disability and Corporate Services, Warrington Council.*

CASE STUDY

A prospective MWIA on two of the LAA Indicators prior to the implementation of the policy

(Third phase of NW Pioneers, 2008)
This involved using the published MWIA toolkit and included a community profile, literature review as well as the stakeholder workshop.
This case study shows how an MWIA can be used to inform policies before they are agreed and implemented.

> **Location:** Lancashire

> **Subject for MWIA:** The whole Lancashire LAA – indicator by indicator
Two workshops undertaken so far:

- National Indicator (NI) 153 – working age people claiming out of work benefits in the worst performing neighbourhoods
- NI 50 – Emotional Health of Children and Young People

> **Why did you select this for an MWIA?** To make sure that mental health is recognised as a cross-thematic issue within the whole LAA – not just a health and social care or well-being issue. To increase mental health awareness across the whole range of policy makers in the county. As lead for NI 119 (self reported measure of well-being) we want to develop a cross-thematic action plan to address community well-being with sign-up and ownership across the whole LAA.

> **How did you do your MWIA?** We worked with each LAA thematic group to identify priority indicators around mental health (using the desk top screening tool). We then completed the community profiling and collation of the evidence base. This linked into the joint strategic needs assessment process and organised a multi- agency stakeholder event for each indicator. The first (NI 153) had 25 attendees and the second (NI 50) had over 40.
We are still compiling data from the NI 50 workshop The results below relate to NI 153.

> **What were the top 4 priority well-being impacts?**

Protective Factor	Component *e.g. having a valued role, learning and development*
Control	Support to maintain independent living; Skills and attributes
Resilience and community assets	Learning and development; problem solving, decision making and communication skills
Participation	Enough money to live on, opportunities to get involved
Inclusion	Tackling inequalities

> **What has been the outcome for the MWIA?** NI 153 – Identified priority actions such as – addressing personal development, confidence and self-esteem rather than focusing on vocational skills when supporting people back to work, working with employers to increase their mental health awareness, skills and how to support the mental health of employees.
NI 50 – We provided a draft action plan to impact assess. This was further developed in the workshop and a range of sub-indicators was developed.

> **What worked well?** Raising awareness of mental health for a range of individuals and agencies for whom this was a new experience, then influencing their agendas because of this new knowledge.
The workshop was not long enough and felt rushed.
The action plan for NI 50 is robust and all participants contributed – there is a much greater sense of ownership and joined up working opportunities.

> **What worked less well?** We were too ambitious for the first workshop . We tried to create an action plan from a blank sheet of paper, which was very hard work and confusing for most people.

> **Any other comments?** The second workshop – where we presented the community profile, the evidence base and an outline action plan – was much more successful. We allowed more time for discussion and had more facilitators .
We will use this format for the rest of the events and impact assess the whole LAA document to influence action planning now and in the future.

Source: *Hilary Abernethy – Senior Public Health Improvement Specialist (NHS North Lancashire) and NI 119 Lead – Lancashire LAA.*

CASESTUDY

A prospective and comprehensive MWIA on a programme: Liverpool 08 European Capital of Culture (2007)

This was a major comprehensive MWIA using a worked up draft version of the toolkit. It involved a community profile, literature review and working with stakeholders.
This case study has been included to demonstrate how an MWIA can be applied to a major programme to undertake a comprehensive assessment.

> **Location:** Liverpool, North West England

> **Subject for MWIA:** The Liverpool 08 European Capital of Culture Company was developing a wide range of programmes designed to promote culture as well as regenerate areas of Liverpool as 08 European Capital of Culture. The Company was committed to commission the first Comprehensive MWIA ever as well as assisting with piloting the evolving MWIA toolkit.

> **Why did you select this for an MWIA?** The objectives were to:

- Assess the impact of a wide range of Culture Company) strategies, policies and projects upon factors likely to promote and protect mental well-being, enhance control, increase resilience, facilitate participation and promote social inclusion
- Select, screen and assess a range of programmes reflecting the range of Culture Company objectives
- Engage with the Culture Company, their stakeholders, and members of the community in assessing potential impacts on mental well-being, developing indicators of these impacts, and formulating recommendations, and

- Pilot the newly developed MWIA toolkit, and contribute to its development through evaluating the experiences of those using it and participating in the project.

> How did you do your MWIA?

Screening

A 'screening' stage of 16 projects and policies looked at the effects that the programme could have on mental well-being, and was used to decide whether a more intensive assessment should be carried out.

In-depth MWIA

After the screening it was agreed that a more intensive assessment should include:

- Comprehensive profiling of the communities involved and affected
- Reviewing the published literature reflecting potential impacts of the arts and culture on health and well-being
- A series of workshops for the projects seen has having the greatest potential to impact on mental well-being. Funders, managers, people with a creative/artistic role, and communities were invited to join in to get as wide a perspective and as many ideas as possible. Eight projects and policies participated in workshops: The Grants programme, G-litter, Four Corners of the City, Mersey Boroughs programme, 08 Volunteers, Chinese New Year, Commercial Partners, and the 08 Vision Document.

> What were the top 4 priority well-being impacts?

Protective Factor – Aspects of the Liverpool Capital of Culture programme covered all protective factors Aspects of the programme that potentially impacted upon mental well-being

- Control
- Resilience and community assets
- Participation
- Inclusion.

Aspects of the programme that potentially impacted upon mental well-being

- Consultation & decision-making
- Challenging discrimination, Inequalities and cultural Attitudes
- Emotional well-being
- Neighbourhood change and crime
- Arts & culture
- Spirituality & connectedness
- Physical health
- Involving communities & bringing people together
- Physical environment & transport
- Cost, income & employment
- Access, advocacy & practical support
- Communication & trust
- Feedback & evaluation
- Legacy & sustainability.

> What has been the outcome for the MWIA?

As expected, both positive and negative impacts of the Liverpool Capital of Culture programme on mental well-being were identified. 14 Themes were identified as emerging from the workshops and screening, and reviewing the research evidence – as listed above.

Development of indicators

Some indicators were developed in stakeholder workshops but there was little time to develop them.

33 Recommendations based on workshop findings, research evidence and analysis of the themes. These highlight areas in which the Culture Company is already investing in the mental well-being of the population, and where this impact could be maximised.

The recommendations influenced the development of Liverpool's Cultural Strategy.

> What worked well?

The benefits of screening

Screening allowed project leads to find out what the MWIA process involved. It often

convinced them of the value of holding a stakeholder workshop. Several project leads said they found it useful to consider the effects of their work upon mental well-being, as there was rarely an opportunity for this in the organisation and delivery of projects. Screening may have led to changes to some proposals. The screening tool provided useful data on effects of proposals upon protective factors, which complemented the workshop data in the overall analysis.

Evaluation

Piloting and evaluate the experiences of those using the MWIA toolkit was important...we asked for feedback from the workshop, screening participants, project leads and workshop facilitators.

Some recurring themes in the feedback were:

Strengths

- Raised awareness and understanding of mental well-being
- A useful process for developing the project
- The value of bringing people together and discussions with a range of stakeholders.

> What worked less well? Suggested improvements to the MWIA and process:

- Simplifying the terminology and the process
- Providing more information in the invitation and introduction of the workshop
- Defining the project being assessed, for example providing a written summary
- Engaging a more representative range of stakeholders in the workshops.

> Any other comments? This was the first, and as far as is known the only comprehensive MWIA. A fulltime researcher workied over 18months with a steering group to oversee the process. It raised awareness and understanding of mental well-being. It taught a lot about developing the MWIA process and simplified the process.

Source: *West, H., Hanna,J., Scott-Samuel,A., Cooke,A. 2007 Liverpool 08 European Capital of Culture: Mental Well-being impact Assessment Executive Summary*

CASE STUDY

A prospective MWIA on a programme: Cheshire local area agreement – Incapacity Benefit

(First phase of NW Pioneers, 2006) This was undertaken using an early draft version of the MWIA toolkit and involved a stakeholder workshop.

This case study has been included to demonstrate how an MWIA can be used to inform a programme before it is agreed and implemented.

> Location: Cheshire, North West England

> Subject for MWIA: Cheshire County Council agreed to join four other local authorities (first phase of the MWIA Pioneers) to help develop the MWIA tool.

> Why did you select this for an MWIA? They thought the MWIA process could help them to better understand the mental health impact of their approach to employment and disability – a current target for Cheshire.

> How did you do your MWIA? A small planning group advised on and organised a Rapid MWIA. There was an interest and need in assisting people with long term illnesses and disabilities to return to volunteering and employment. A one day workshop was arranged and invitations were sent to a wide range of relevant planning groups, services supporting people back into work, local businesses and potential service users and their representatives.

The workshop's aim was to use the tool to identify both positive and negative impacts on the mental well-being of people with disabilities who are being supported back into work with the view of developing further strategies to overcome many of the obstacles that they face.
The workshop was attended by 42 people .
The structure was as follows:

- Developing a shared understanding of what mental well-being meant to them
- Working in groups they identified and prioritised the population groups they felt were the target groups for the programme
- Again, working in groups they worked their way through the mental well-being protective factors to identify the likely impact of their planned interventions in the form of:
  – targets and performance
  – partnership working, and
  – service provision.
  They identified where the gaps were and recommendations that could help to make a positive impact and how to reduce any potential negative impacts on mental well-being, and
- They discussed possible indicators already in use or that could be developed to measure the subsequent impact.

> What were the top 4 priority well-being impacts?

Protective Factor	Component *e.g. having a valued role, learning and development*
Control	Financial control Knowledge and skills Hope and motivation
Resilience and community assets	Social networks Emotional well-being
	Trust and safety
Participation	*Did not discuss as ran out of time*
Inclusion	Stigma, inequality and Discrimination Practical support Tolerance

> What has been the outcome for the MWIA?

The group explored their understanding of mental well-being using one of the exercises in the MWIA toolkit – looking at and prioritising statements.
The **'population groups'** that were a priority to focus upon included:

- Young people
- Older people
- People from certain ethnic groups
- People who are long term unemployed
- People with drug, alcohol or mental health problems
- People with physical disabilities
- Potential employers.

Identified recommendations:

- Training for Jobcentre Plus staff in understanding of mental well-being and being supportive to people
- Employers and benefit advisors should refer people to advise and support on financial management
- Improve education and awareness raising around equality and combating discrimination, develop a better marketing strategy to promote the interests of people with a disability.

The results were shared with the workshop contributors and discussed by the Cheshire Welfare to Work Forum and the Mental Health Employment Forum to inform further action planning around the targets on employment and disability. JobCentrePlus is how to use the report as part of its induction and training of their staff

> **What worked well?** Raised awareness of potential for impact on mental well-being of their clients, and refining understanding of target group needs.

> **What worked less well?** Excellent attendance (more than expected) but the shortage of facilitators made it hard to run small group discussion.

Source: *Evans, K. et al 2007 Cheshire Mental Well-being Impact Assessment Workshop, 21st March 2007 Cheshire County Council*

CASESTUDY

A concurrent MWIA on a project: Carers Learning and Leisure Project in Staffordshire

(West Mids Champion, 2007) A participative learning approach was devised for training three people from five different organisations in the West Midlands funded by CSIP – the West Midlands 'Champions' in 2007. Each team attended two and half days of training spread over three months. They undertook a MWIA with the along with access to MWIA expertise and mentoring.

This case study demonstrates how the MWIA process can be used by a small voluntary organisation to build understanding of roles and impact between users, providers and funders.

> **Location:** Southern Staffordshire, West Midlands, England

> **Subject for MWIA:** The Carers Association Southern Staffordshire (CASS) is an independent voluntary sector organisation, offering free confidential advice, information and emotional support to informal carers of any age living in South Staffordshire..

> **Why did you select this for an MWIA?** CASS volunteered to participate in the MWIA Training project offered by CSIP West Midlands to increase its understanding of their work on the mental well-being of carers and to assist with forthcoming discussions with funding organisations. Their specific objectives were in using MWIA were to:

- Raise awareness about mental well-being and how it affects carers
- Enable stakeholders to identify the impact our service may have on mental well-being
- Explore with stakeholders, the ways of maximising potential positive impacts and minimising negative ones, and
- Develop indicators for the monitoring and evaluation of the process.

> **How did you do your MWIA?**

- A concurrent Rapid MWIA on a carer's project undertaken by a voluntary organisation that participated in a MWIA training programme in the West Midlands
- A community profile, literature review of published evidence of carers mental well-being
- Two MWIA workshops – one with carers the other with funding organisations
- Identified areas to maximise positive impact of the project on the carers mental well-being.

> **What were the top 4 priority well-being impacts?**

Protective Factor	Component *e.g. having a valued role, learning and development*
Control	Opportunities for self help
Resilience and community assets	Social support

Participation	Opportunities to get involved
Inclusion	Practical support

> What has been the outcome for the MWIA? A set of short and medium/long term recommendations have since been developed by CASS. These are being implemented with indicators developed to monitor progress on delivering these, as well some to measure impact on mental well-being of the project.

> What worked well?

- Teamwork – enthusiastic, strong and cohesive, pooled abilities and knowledge effectively
- Carer's focus group and separate colleagues workshop
- Planning
- Good response and attendance from carers
- Planning and support from admin worker and for signing in, time keeping, facilitating focus groups, and
- Evaluation 'tree; for carers and others to place comments or illustrations.

> What worked less well?

- Too few attending at the colleagues and professionals workshop and representation from some areas was missing (mostly due to holidays, other work pressures). Some colleagues made it to the follow up.
- The priority grids were challenging – easier to work with positives and negatives when moved to the written flip charts.

> Any other comments?

- Interesting and attracted a interest from stakeholders
- Useful for taking the project forward and for setting future indicators
- Can be employed in identifying further funding
- The toolkit gave us a good idea of how to go on to do further MWIA, on small (rapid) or larger scale
- Useful to see how negative impacts and consequences might occur from actions overtly beneficial to well-being. For example, when providing opportunities for carers,those cared for can feel resentful and carers feel guilty or disempowered. Carers often feel guilty when taking a 'break'.

Source: *Boden, C. et al 2008 Carers Association Southern Staffordshire Learning and Leisure Project Mental Well-being Impact Assessment Report.*

CASE STUDY

A Retrospective MWIA on a project: Changing Minds training course.

(SLAM 2005 – 2006) This was undertaken as part of developing the MWIA toolkit, particularly the indicator development process. **This case study has been included to demonstrate how an MWIA can lead to identifying and monitoring localised indicators of mental well-being on a project.**

> Location: London

> Subject for MWIA: Changing Minds is a nine month part time course to train service users with long term mental health problems to deliver training in their communities from their perspective.

> How did you do your MWIA? MWIAs were conducted with participants from two courses following the end of the programmes delivered in 2004 and 2005. The first MWIA was undertaken four months after the completion of the course. It was run over three mornings across a six-month period bringing together the key stakeholders in the Changing Minds course with 67% of participants service users. 83% on the second MWIA were service users.

> What were the top 4 priority well-being impacts?

Protective Factor	Component *e.g. having a valued role, learning and development*
Control	Ability to make decisions and choices
Resilience and community assets	Self esteem and social networks
Participation	Having a valued role
Inclusion	Challenging discrimination.

> What has been the outcome for the MWIA? Progress and outcomes of subsequent courses were measured using the well-being indicators identified by the MWIA. Each participant completes a questionnaire at the start, middle and end on the following well-being measures:

- Self esteem, including meaning
- Optimism, and
- Access to social support.

Monitoring of having a valued role (through going onto voluntary work, paid employment and training delivery) is done at six and twelve months post graduation.

A baseline assessment of decisions and choices that participants are struggling with is taken at the start of each course, and then returned to at the end to see if there has been a resolution.

Social networks are measured using a visual mapping tool at the start and end of each course.

This enables an evidence base to be built for the impact of Changing Minds on mental well-being, using measures that service users have identified as important to them.

The Changing Minds training course has now been rolled out across 16 London boroughs.

Part of the conditions for running the course is that the mental well-being indicators are collected. This is an exciting development as it gives an opportunity for MWIA indicators to be collected over a period of time. These will show how promoting and protecting mental well-being through such training courses can assist on the journey back to employment for people with mental health problems.

> What worked well? Most of the participants had been together as a group throughout the course and knew each other quite well so conversation flowed very well. Plenty of time was given to over to the workshops.

Source: *Coggins, T (2005) SUTO Mental Well-being Impact Assessment, South London and Maudsley Trust; Coggins, T (2006) SUTO Mental Well-being Impact Assessment, South London and Maudsley Trust*

CASE STUDY

A concurrent MWIA on a project: Clapham Park Time Bank, S. London

(Health First 2005) The MWIA a SLAM project to test early versions of the MWIA toolkit.

This case study is included to demonstrate how an MWIA can raise awareness and understanding of impacts on mental well-being and develop ways to measuring this to assist in fund-raising.

> Location: London

> Subject for MWIA: The Clapham Park Time Bank is designed to support the mental well being of residents in the area. The Time Bank is mainly funded through New Deal for Communities Regeneration funding, and the supplementary fund raising it constantly requires. Time Banks link people locally to share their time and skills.

> Why did you select this for an MWIA? To assist the project identify its potential impact on mental well-being to support its application for further funding– which it achieved.

> How did you do your MWIA?
The Rapid MWIA was undertaken using a workshop approach and included 15 users and 5 Time Bank project staff.
An early version of the MWIA toolkit was used which was worded slightly differently to the recently published version e.g. 'reducing anxiety' was a protective factor rather than 'building resilience' although the main process was similar.

> What were the top 4 priority well-being impacts?

Protective Factor	Component *e.g. having a valued role, learning and development*
Control	Ability to influence
Resilience and community assets	Access to informal support
Participation	Community involvement
Inclusion	

> What has been the outcome for the MWIA? The MWIA supported a successful application for a further 18 months funding for the Time Bank.
Participants identified how the Time bank achieved this impact through logings all hours spent on different activities then categorises into different types. The Timebank broker will create a category around influencing hours and present these as number and a percentage of timebank hours to measure how much the Timebank enables members to influence decisions about the local community. The Time Bank has collected MWIA indicators for two years and used the resident's data to encourage the local community to access funding.

"The whole co-production methodology of the MWIA consolidated the ethos of Time banking and helped core time bank members to take greater control of their lives and community and also made them enthusiastically fight for the Clapham Park Time bank."

> What worked well? The consultation method is crucial to identify the key indicators that contributed to anxiety. The Clapham Park time bank members explored what could reduce anxiety and promote personal development.

"Local authorities place high importance on communities feeling in control over local decisions and participation in local democracy. These are hard to measure other than voter turn out figures (which are often low). The fact that Clapham Park Time Bank could produce real evidence that they are contributing towards this agenda was very helpful."

Source: *Jones, S. 2005 A Rapid MWIA on Clapham Park Timebank Health First – Health Promotion Agency, Lambeth, Southwark and Lewisham.*

CASE STUDY

A Prospective MWIA on a Mental Health Service: Lewisham Rehabilitation Service

(2005 SLAM) The MWIA was conducted as one of several projects within SLAM to test out early versions of the MWIA toolkit. **This case study has been included to demonstrate how indicators developed using MWIA can be collected over a period of time to demonstrate impact on mental well-being.**

> **Location:** Lewisham – London

> **Subject for MWIA:** Lewisham Rehabilitation Service (LRS) – Mental Health Services

> **How did you do your MWIA?** The MWIA was run in November 2005 over one morning and two afternoons. The screening was conducted with the psychologist and managers of two residential units and the facilitator and was followed by two workshops for all stakeholders in LRS. 48% of the workshop participants were mental health service users.

> **What were the top 4 priority well-being impacts?**

Protective Factor	Component *e.g. having a valued role, learning and development*
Control	Control over personal decision making processes.
Resilience and community assets	Self esteem and support networks
Participation	
Inclusion	Challenging discrimination

> **What has been the outcome for the MWIA?** There are three areas that the LRS needs to continue to get right to promote mental well being:

- Increasing people's decision making skills,
- Promoting self-esteem by reducing stigma and discrimination, and
- Increasing supportive networks.

Indicators were developed to measure the ongoing impact of LRS on these components Two brief questionnaires cover whether service users feel respected by staff and local community (Challenging discrimination), whether they feel they have control within decision making processes about care and support (Control) and also monitors changes in the social networks of clients using a; circles of support; diagram.
Questionnaires were offered and completed by service users on 28 separate occassions from 2006 to 2008.

Selection of Results:

- 94% feel treated with respect by staff all or most of the time
- 88% feel treated with respect by the community all or most of the time
- 100% said their CPA meeting covered the things they wanted to talk about, and
- Social networks data highlighted that some service users have very small social networks, with 0-2 people being the most frequent response.

They were asked: "Overall do you feel that you had control over the choices and decisions made at your CPA meeting" and 6% answering "Lots", 41% "Quite a lot", 41% "Some" and 12% "Little".
The data was presented back to the team who are discussing how the regular collection of this data may influence service delivery.

> **What worked well?** We developed the indicators based on the stakeholders priorities with the care co-ordinators who would be required to collect the data. In this way we were able to develop measures that had meaning but also were able to fit with existing collection of measures. This was key to getting buy in to collecting the measures of mental well-being

> **What worked less well?** This was undertaken in the very early days of the first toolkit and the workshop process was not as interactive as later versions. This resulted in making engagement of the group in the task more difficult.

Source: *Coggins, T, Mookherjee, J (2005) Lewisham Rehabilitation Services SUTO Mental Well-being Impact Assessment, South London and Maudsley Trust*

CASE STUDY

A prospective MWIA on a service: A new health and social care centre in south London 'Gracefield Gardens'

(2007 SLAM and Inukshuk Consultancy) undertaken using the published MWIA toolkit and involved two Rapid MWIA Stakeholder workshops.
This case study has been included to demonstrate how an MWIA can be used before a 'proposal' is implemented.

> **Location:** London

> **Subject for MWIA:** Gracefield Gardens is a new health and social care centre in South London. At the time of the MWIA it hadn't opened and the plan was to offer health services including GP practices, district nursing, health visiting, school nursing and podiatry services. It would be a 'one stop shop' dealing with service enquiries about council and non-council services. There would also be a space for local community groups to meet.

> **Why did you select this for an MWIA?** The MWIA was run with staff to be re-located into the new centre. A key question for them was "Will Gracefield Gardens make a positive impact on the mental health and well-being of its community?"

> **How did you do your MWIA?**
Two half day workshops two weeks apart were organised to try to maximise attendance from staff working in both health and social services, and admin staff. A senior manager was an enthusiastic participant. The workshops focused on the model in the MWIA toolkit which emphasised time for staff to discuss the potential impacts and recommendations to maximise their mental well-being in line with MWIA findings.

> **What were the top 4 priority well-being impacts?**

Protective Factor	Component *e.g. having a valued role, learning and development*
Control	Physical environment
Resilience and community assets	Not considered
Participation	Not considered
Inclusion	Not considered

> What has been the outcome for the MWIA? A report detailed the MWIA findings and recommended which 'population groups' should be supported.

The 'population groups' that were:

- Front line reception staff potentially dealing with frustrated / angry clients
- Staff who haven't worked in a shared office before, such as community nurses
- Disciplines of sharing space – such as confidentiality, and
- Staff whose role might change.

Recommendations included:

- A 'Code of Conduct' to outline expectations and ways of working together
- Aworking group with members from a range of services to oversee, monitor and recommend how the MWIA work is taken forward
- Consideration given to how some 'green space' could be created for staff to enjoy such as a roof garden.

All are now being addressed by the Gracefield Gardens management.

> What worked well? Providing an opportunity and structure for staff to explore the impact on their mental well-being of relocation and a new way of working.
The new project manager was actively involved and willing to respond to the findings which made a big difference to the MWIA being taken seriously.

> What worked less well? The timing of the MWIA workshops coincided with re-structuring of the PCT and meant fewer staff could attend the workshops.

> Any other comments?
A comment from the project manager:

"The MWIA tools and the processes and documentation surrounding them meant I could keep well-being on the PCT corporate agenda. It also made a significant impact on how I planned and implemented the move into the building. This played an important role making the project such a success"

Source: *Cooke, A. Mental Well-being Impact Assessment on Gracefield Gardens: A report of two workshops – 15th & 29th March 2007 Lambeth NRF*

CASE STUDY

A concurrent MWIA: Healthy Spaces project, Kensal area in Brent, north London

(2008 Well London team, Groundwork) This MWIA was part of the MWIA training funded by Well London BIG Lottery programme on m mental well-being impact assessment. **This case study is included to demonstrate how MWIA can be applied to identify links between mental well-being and environment improvement projects, and help to refine a project and assist with securing further funding.**

> Location: London

> Subject for MWIA: A Healthy Spaces project which aims to promote well-being by improving existing open spaces in the Kensal area of Brent

> Why did you select this for an MWIA? This Super Output Area is participating in the Well London programme and MWIA is being integrated into projects across the programme.

> How did you do your MWIA? A Brent team were trained to carry out MWIA. The group included PCT and voluntary and community sector representatives. The team carried our a rapid MWIA workshop with 35% of participants being residents

> What were the top 4 priority well-being impacts?

Protective Factor	Component *e.g. having a valued role, learning and development*
Control	Influencing decisions
Resilience and community assets	Access to green space
Participation	Having a valued role
Inclusion	Trusting others

> What has been the outcome for the MWIA? The MWIA determined the most important issues for residents and looked at the impact that a healthy spaces project would have/ The project planning process prioritised the following principals for project development:

- empower local people in making decisions
- provide good information to encourage participation from local people
- bring different community groups together
- create a sense of belonging
- appoint volunteers and community champions, and
- seek opportunities for training

The MWIA helped inform the project direction and has been successful in obtaining £50,000 further funding. A residents group has been set up Planned improvements to the Pocket Park and the continuation of community focussed activities through Well London will have a huge impact on the health and well-being of the local community and create a focal point for residents. Groundwork has also integrated MWIA into the consultation plans for other local proposals for parks improvements.

> What worked well?

- Identifying principles on which to base the project on resident priorities
- Good number of stakeholders and residents
- Good facilitation and people's willingness to participate, and
- The section on understanding what mental well being means.

> What worked less well?

- Changing the focus of the project we were assessing midway
- Need to 'sell' reasons for process to funders, and
- Need to think through and be clear about incentives.

Source: *Brent Mental Health User Group (BUG) (2008) Well London Healthy Spaces Project: Pocket Park in Brent – Mental Well-being Impact Assessment (MWIA)*

CASE STUDY

A prospective MWIA: Family-based intervention – part of the obesity-care pathway

(2008 Blackpool team) MWIA training programme linking MWIA to Healthy Weight Strategies in north west England **This case study has been included to demonstrate how MWIA can be used to identify the links between mental well-being and obesity agenda.**

> **Location:** Blackpool, North West England

> **Subject for MWIA:** Family-based intervention – part of obesity-care pathway. Intervention is delivered in a club format accessible to families with parents and/or children who are overweight or obese. The programme will last for 12 weeks and families will be supported to make lifestyle changes.

> **Why did you select this for an MWIA?** It is a new initiative and definitive decisions have not yet been made on the format of sessions, method of delivery and venue and the MWIA formed part of the consultation process for deciding on how best to proceed.

> **How did you do your MWIA?** The PCT obesity and mental health promotion leads carried out the screening and scoping exercises and the community profiling. Information was also gathered at stakeholder workshop with representation from a number of relevant services including dietetics, health visiting and leisure services.

> **What were the top 4 priority well-being impacts?**

Protective Factor
Control
Resilience and community assets
Participation
Inclusion

> **What has been the outcome for the MWIA?** The recommendations will be fed back to the commissioner. There were issues relating to access and how intervention would be delivered and promoted which can be addressed through the commissioning process.

> **What worked well?** The workshop was well attended and there was a good mix of services present, including commissioning. The ice breaker stimulated lots of debate and this interaction continued in the group work sessions.

> **What worked less well?** More time should have been allocated for the group work and initially, it was difficult to explain the role of the protective factors. It would also have been good to have representation from the client group that this intervention would be offered to.

> **Any other comments?** MWIA enables stakeholders to look obesity in a wider and establish the links between mental well-being, obesity and potential interventions. This then helps people to modify their services, strategies and policies so obesity is not seen as a single issue separate from the other factors that impact on people's health and well-being.

Source: *Lambart. Z. (2009) Family-based Obesity Intervention. Blackpool PCT*

CASE STUDY

A concurrent MWIA: Early years healthy eating guidelines

(2008 Knowsley team) MWIA training programme linking MWIA to Healthy Weight Strategies in North West England **This is a second case study demonstrating how MWIA can be used to identify the links between mental well-being and obesity agenda.**

> **Location:** Knowsley.

> **Subject for MWIA:** Knowsley published *'Early years healthy eating guidelines'* which aimed to assess the impact of the guidelines on the children, their parents and the staff from each setting.

> Why did you select this for an MWIA? We were taking part in a MWIA training programme and it was a relatively simple project for us to investigate and to learn from. We will use the MWIA process on a major national programme which has local impact potential later in the year.

> How did you do your MWIA?

WORKSHOP AGENDA:

LUNCH: 12.30-1.15

Welcome, introductions, ice breakers: 1.15-1.25 (10 mins)

Outline policy (ensure all have a copy): 1.25-1.40 (15 mins)

Community profile, what do we mean by mental health & well-being: 1.40-1.50 (10 mins)

Exercise: 1.50-2.05 (15 mins)

What is the process of MHIA – how can this influence the implementation of the policy: 2.05-2.15 (10 mins)

BREAK: 2.15-2.30 (15 mins)

TASK 1: 2.30-3.05 (35 mins)

TASK 2: 3.05-3.35 (30 mins)

Feedback: 3.35-3.50 (15 mins)

Summarise and close: 3.50-4.00 (10 mins)

Followed the tool kit.

> What has been the outcome for the MWIA? The workshop highlighted that unless the nursery managers fully accept the guidelines and made sure that staff can implement them (for example providing healthy food at lunch etc) there would be a negative effect on trust and control factors.

We recommended that nurseries receive one-to-one visits to explain the guidelines. We could do this during oral health and community cooks team visits and by arranging appointments with centre managers.
We highlighted that nursery staff need to understand why guidelines are being adopted and be able to explain them to parents. More opportunities are needed for staff to have the chance to learn why healthy eating is important for children under five years. The target well-being pre-school nutrition project develops nutrition training for early years staff. More attention is also needed for parents to get the chance to see how the guidelines are used at their child's nursery (control factor). We recommend that nurseries collect the views and /or concerns of parents before the policy is implemented.

> What worked well? We invited a mix of professional and parents and service users. However, only five professionals attended. This meant we were able to focus on their views in a small group discussion. This worked well in gathering the professionals perspective, however meant we did not hear the views of parents and service users. We did wonder if we might have had more participation from parents and service users if we had invited them separately as they might have felt put off in giving their opinions.

> What worked less well? There was low response rate to the invitation. Staff said it did not feel relevant for them to attend. We need to put more effort into recruiting staff and stress the importance of well-being.

Source: *Helford. et al 2008 Knowsley's Early Years Healthy Eating Guidelines Mental Well-being Impact Assessment (MWIA) Knowsley PCT*

4 BUILDING CAPACITY TO UNDERTAKE MWIA

Following publication of the MWIA toolkit in 2007 by a range of partners[3], CSIP (Care Services Improvement Partnership) North West ran a capacity building and dissemination programme to support application of Mental Well-being Impact Assessment (MWIA). In addition, CSIP West Midlands, CSIP East Midlands and Well London also funded MWIA capacity building training. The MWIA toolkit can be download from the website and used as serves people's purpose. Examples of its use are also on the website.

The MWIA toolkit presents the evidence base and framework for anyone to use and undertake an MWIA. However, we have found that capacity building supports effective implementation and overcomes the challenges of MWIA. It involves understanding and thinking differently about mental well-being. It takes some time for people to 'internalise' the four protective factors theory in order to apply them to their proposals. There is then learning how to apply an impact assessment process. Most users saw it as complicated but once they learnt and applied it they reported it to be a logical and relatively simple process. A capacity building process has been developed and now 52 teams in four regions of England are trained in MWIA.

As a result of the MWIA capacity building and dissemination programme at least 52 Rapid MWIAs have been undertaken on a range of 'proposals' such as policies, services and projects including LAAs, workplace policies, housing regeneration, neighbourhood policing, access to Citizens Advice, health promotion on access to safer sun tanning opportunities, the Well London BIG Lottery programme, Healthy Weight Management strategies or programmes and many others.

The MWIA capacity building training course

The course is now a three day modular programme undertaken over two months. It is a mixture of theoretical background to mental well-being and the impact assessment process, and practical application of the learning. Instead of using hypothetical case studies to work on participants work in teams and actually undertake a MWIA as part of the learning process.

Feedback from one of the recent courses suggests that it has gone down well. The organisation, learning value, quality of trainers and action planning from the training were scored as being 'very good' by 75% of participants.

The combination of theory and practical application is a helpful one but requires approximately six days spread over two months and participants need to be well briefed with commitment from their organisation to do this

3 *Partners: CSIP, NIMHE NW; IMPACT – University of Liverpool; Liverpool European Capital of Culture; Government Office for the North West; Liverpool NHS Primary Care Trust; Mental Health Foundation; South London and Maudsley NHS Trust; Health First, Inukshuk Consultancy*

work. Participants can undertake all three evidence collecting stages of the MWIA (community profiling, literature review and stakeholder workshop) to a high standard. Participants are also offered the opportunity to have access to the training consultants' advice and support throughout the programme.

Participants were asked to comment on their personal learning and action planning. The following are a sample of comments:

Personal learning	Action planning
Realising that many initiatives are set up without considering the full potential impacts	Applying MWIA to other projects and persuading other agencies to undergo MWIA training
How to do an MWIA and use the toolkit	Use MWIA to assess other parts of the LAA and use as way to make awareness of mental health and actions
Importance of embedding MWIA in local practice	Embedding MWIA in broader HIA practice and local policies
How to apply and present the case for MWIA within (seemingly) unrelated work	Refine process and facilitation skills
'To think outside the box'	Use MWIA report to further aims of the project

There have been significant successes and an increasing quality of MWIA being undertaken. Some participants now build MWIA into the strategic work of their organisation or locality. In Warrington the pioneer integrated MWIA into the Local Authority Corporate Plan, Bolton pioneers integrated MWIA into their generic Impact Assessment toolkit, and the Lancashire pioneers gained commitment to undertake an MWIA on each of their LAA indicators over the next two years.

There is now a cohort of trained MWIA facilitators in four regions of England. We need to consider how to support them to act as advocates and enablers of MWIA and how to build capacity in the other regions.

National Networking event

In November 2008 the first 'national' MWIA Networking Event was held in London and attended by 35 people. This event was welcomed as an opportunity for participants to share their MWIA experiences, to learn more about the latest evidence base on mental health and well-being, and to explore their support needs in taking MWIA forward.

These included:

- access to information and resources on mental well-being
- opportunities to support each other in taking forward MWIA including an email network, and
- updating events from time to time.

5 CONCLUSIONS

Based on the findings presented and discussed in this report the national MWIA collaborative has been able to draw the following conclusions:

- MWIA can be effectively applied to a wide range of 'proposals'
- the participative aspect of MWIA can bring a diverse range of 'stakeholders' together to explore mental well-being and ways to promote and protect it
- MWIA successfully identifies impacts and develops ways to measure those impacts
- MWIA methodology can provide rigorous evidence to support service and organisational developments
- MWIA can be used to influence strategic partnerships to strengthen their work on wellbeing
- MWIA process needs to be flexible and users need to gain confidence in using it
- supportive modular MWIA training improves confidence in undertaking the process.

The collaborative is now working with the HIA Gateway and the National Mental Health Development Unit to strengthen the knowledge and practice of Mental Wellbeing Impact Assessment and its alignment to other impact assessment and key policy.

Glossary

JSNA – Since 1 April 2008, local authorities and PCTs have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). JSNA will inform Local Area Agreements and the Sustainable Communities Strategy.

The process of JSNA will establish the current and future health and wellbeing needs of a population, leading to improved outcomes and reductions in health inequalities. This is a partnership duty which involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

LAA – Local Area Agreement is a three year agreement between Local Authorities, their partners and government. The agreement identifies priorities that most affect the lives of local people, and targets to raise the performance of those partners to better meet the priorities.

Rapid MWIA – provides a framework for gathering and assessing evidence of how a proposal impacts on affected population groups. It takes up to two months to complete and uses existing information and brings in stakeholders.

Comprehensive MWIA – provides a framework and opportunity for detailed exploration and collection of the evidence of impact on an extensive proposal. It can take up to eighteen months to complete, requires additional expertise and may involve original research.

Appendix 1 National MWIA Collaborative

Care Services Improvement Partnership (now Strategic Health Authority): Jude Stansfield, North West; Kate O'Hara, West Midlands

Department of Health: Jo Nurse, Jonathan Campion

HIA Gateway: Sue Wright

IMPACT University of Liverpool: Alex Scott-Samuel; Helen West, MWIA Researcher

Inukshuk Consultancy: Anthea Cooke, Lynn Snowden

Liverpool Culture Company: Julie Hanna

Liverpool Primary Care Trust (PCT): Catherine Reynolds

Mental Health Promotion Specialist: Lynne Friedli

National Mental Health Development Unit: Gregor Henderson

South London And Maudsley NHS Trust: Tony Coggins, Nerys Edmonds

Appendix 2 Overview of the development process

The MWIA project (2005 – 2008) built upon a previous toolkit developed in Lambeth and Lewisham between 2001 and 2005. The development process was overseen by a steering group of specialists in mental health, health impact assessment and representatives from some of the MWIA pilot sites such as Liverpool 08 European Capital of Culture. It involved:

- a review of existing Health Impact Assessment (HIA) tools (Appendix 3 – available on the HIA Gateway website
- a review of published literature of effectiveness in promoting and protecting mental well-being – published within the MWIA toolkit
- extensive piloting through a Comprehensive MWIA on Liverpool 08 European Capital of Culture 4, MWIA training for14 'Pioneer' teams and 4 teams working on Healthy Weight management programmes in the north west of England, and latterly, 15 more sites in the West and East Midlands and a wide range of projects in south London including 19 teams as part of the Well London Big Lottery project
- presenting the concepts and work at various national and international conferences seeking feedback
- constant revision and refinement of the toolkit building in findings from external and internal evaluation
- publishing the MWIA toolkit in April 2007as a 'Living and Working Document' inviting feedback to further refine and publish a final toolkit later in 2009, and
- internal evaluation of the MWIA development and toolkit process.

The MWIA toolkit was promoted through the CSIP NW website (MWIA now transferred to the HIA Gateway website), discussions with mental health organisations, Health Impact Assessment (HIA) networks, presentations and workshops at regional, national and international conferences, and training teams of staff regionally who have undertaken MWIAs. It has been well received and promoted much discussion supporting the need to measure mental well-being, potential applications and debate concerning the balance between a specific focus on mental well-being versus integration into other impact assessment toolkits. The work has responded to need for both.

The internal evaluation of the development process suggests that having a steering group with relevant expertise and experience was crucial to ensuring rigour and credibility for the process and the outcomes. Funding for developing the MWIA toolkit was always on a short-term 'pump priming' basis and much 'in-kind' time was contributed by steering group members, as well as from those piloting the work through undertaking rapid MWIAs.

4 *West,H., Hanna, J., Scott-Samuel, A., Cooke, A. 2007 Liverpool 08 European Capital of Culture: Mental Well-being Impact Assessment http://www.northwest.csip.org.uk/mwia*

Appendix 3

Summary of assessment of impact assessment toolkits for potential to identify the impact on mental wellbeing of a proposal.

Tools assessed:

- Merseyside Guidelines, IMPACT, 2001
- European Policy Health Impact Assessment Guidelines
- Integrated Appraisal toolkit for the North West, 2003
- Equity Focused Health Impact Assessment Framework., Australasian Collaboration for HEIA, 2004
- Health and well-being screening checklist, The Devon Health Forum, 2004
- PATH II – People Assessing Their Health, 2003
- Health Impact Assessment for regeneration projects, Volume 1: A practical guide, Queen Mary & Westfield College, 2003
- Lewisham and Lambeth Mental Well-being Impact Assessment Toolkit, 2004

Criteria for assessment	Discussion	Score
Identify mental wellbeing impact		
Self esteem Self help, self esteem, self efficacy and communication skills, sense of creativity	All the toolkits used a broad social model of health to set the context for health. They contain explanations of this model to assist the user. But these explanations, generally, were not enough to highlight mental wellbeing (as defined using our criteria). So an additional explanation of mental wellbeing needs to be added, and additional screening, scoping and appraisal sections.	
Sense of control Resilience and capacity to 'cope', opportunities and skills to influence decisions		
Inclusion Reduction of isolation of individuals and communities – such as families living in 'risk conditions', vulnerable groups	There was a marked difference in how toolkits directed the user in extracting self esteem impacts, and to a lesser extent 'sense of control'. Those designed to be used at a more local level were more likely to achieve this. This raises the question of 'how do you ask questions that will extrapolate self esteem and sense of control at a local, regional or national	

Criteria for assessment	Discussion	Score
Identify mental wellbeing impact *continued...*		
and specific geographical communities, increase sense of belonging, sense of community identity, promoting and protecting diversity, safer environments,	level?' Policy is beginning to point to breaking impacts down to neighbourhood levels for LAAs.	
	Are there population wide measures that look at self esteem, mental wellbeing that we could learn from?	
Community cohesion & sustainability Community support, levels of satisfaction with services, civic engagement, volunteering/ reciprocity	Most toolkits were strong on community isolation and to some extent cohesion, although the regional versus local difference emerged again. This raises a debate about the degree of detail and/or understanding for the user of social isolation when looking at a very local project level or at a regional level – can one toolkit fit all?	
Ongoing organizational capacity to deliver: sustainability, trying to strengthen community level indicators	Most were fairly weak on 'sustainability' with the exception of the NW Integrated Toolkit (which was developed on sustainability principles). Very little was made of the aspirations for individuals or communities with the exception of those that were concerned with long term policy development for regions/countries.	
Aspiration of individuals (children-older people), families and vulnerable groups for themselves, their families, their communities	The toolkit best on mental well-being was o designed for use directly for communities (PATH II). But the methodology is resource intensive and designed to be used actively with communities and not on policies or programmes. Still, there is much to be learned from the way the toolkit explains mental well-being and in seeing if the methodology could be adapted for policy/programme use.	
Current best practice Rapid HIA and screening toolkits		
Identifying whether, and what type, of HIA should be undertaken	Five of the eight toolkits were designed for HIA. Another integrates with a sustainability planning model, another for use with communities as part of health needs assessment, and one was specifically designed for MWIA.	
An initial assessment of impacts on population groups and health determinants	Practice standard was generally high. Most pointed the user to identify resources and levels of enquiry required. All looked at health determinants and most encouraged close scrutiny of population groups but there was a disappointingly low level of explanation of health inequalities.	
Encourages stakeholder involvement in the process		
Provides a systematic and transparent process.		

Criteria for assessment	Discussion	Score
Current best practice Rapid HIA and screening toolkits *continued...*		
	Encouragement varied on how to involve stakeholders in the process, and there was little guidance on how to do this.	
	All provided a systematic and transparent process.	
Applicability to Local Strategic Partnership and Regeneration programmes		
Sources of evidence used to undertake the Rapid HIA/Screening	Most applied to LSPs and regeneration partnerships – one was specifically designed for this and scored well.	
Use of broad model of health – social, economic and environmental wellbeing	Some emphasised uses of evidence, while others hardly mentioned it (particularly those that were not designed as an HIA tool).	
Emphasis on community aspirations and concerns, sense of pride in the community and area	There was a disappointing lack of real emphasis on community aspirations and sustainability.	
Sustainability	Disappointing lack of emphasis on partnership – 7 standards on partnership working LSP (GO Regional) – (Julia)	
Partnership working		
Ease of usability/accessibility/validity/comparability		
No more than 10 pages long	Most were moderately well designed and user friendly. However, there were some that required of knowledge about HIA. All required knowledge of well-being and a specific analysis of the findings to extrapolate these impacts.	
Clear instructions for usage		
Screens/scopes for health determinants and population groups most vulnerable to experiencing health inequalities, and in this case, experiencing poorer mental wellbeing		
Encourage the user to ensure using best available evidence		
Tried and tested		
Involves stakeholders and users		
Considers time and resources		

Conclusion

The steering group agreed:

- we have evidence to demonstrate that without a specific focus on mental well-being there is limited scope for existing toolkits to identify impact on mental well-being
- we need to do further work to identify suitable 'screening' questions on community impacts re well-being
- it is important to build on existing best practice and not to draft a new tool from scratch.
- we need to bring policy makers along with us and not duplicate effort.
- we have a case for developing/building on one toolkit for MWIA
- We will negotiate drafting a mental well-being section for the NW IIA (?) and revise the Lewisham & Lambeth MWIA toolkit building in the best of all those reviewed.

Actions:

- to review 2 further toolkits – Lewisham & Lambeth, and Equity-Focused HIA Framework (Australia)
- to contact North West Assembly to negotiate improvement of Integrated Appraisal tool
- to identify best practice from all the toolkits and re-draft the L&L MWIA toolkit
- to pilot the new toolkit in workshops with LSPs in January.

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The National Mental Health Development Unit (NMHDU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.