



South Acton Healthy Walks

Mental Well-being Impact Assessment (MWIA)

Nicola Durrant, Gillian Peabody and Lynn Snowden

September 2009



THE IMPACT OF SOUTH ACTON HEALTHY WALKS PROJECT ON MENTAL WELL-BEING

1. INTRODUCTION

The South Acton Healthy Walks project was facilitated by the CYMCA which is a Well London partner and based in central London. The walks were set up following the Well London community engagement report last June, where results showed that there was a need for more low impact activities that older people could take part in and a better use of the open spaces by the local residents in the South Acton area.

The objectives of the project include:

- To provide a gentle, relaxed low impact activity for older people
- Local residents in the South Acton area to make better use of open spaces
- To provide an activity that brings local people together

The walks were set up in June 09, led by CYMCA and co-delivered by Groundwork with input from local organisations about the best time to run these. Active Ealing had previously run a walking programme, but it was reported interest had dropped off following participants comments that the walks were too long. CYMCA and Groundwork London are working with Ealing PCT to develop a co-ordinated approach to organising and advertising present and future walks so there will be more borough support available.

2. AIMS OF THE MWIA ASSESSMENT

- To identify how the South Acton Healthy Walks project potentially impacts on the mental health and well-being of local residents and volunteers.
- To identify ways in which the project might maximise its positive impacts and minimise its negative impacts
- To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well being of the participants.

• WHAT DO WE MEAN BY MENTAL HEALTH AND WELL-BEING?

The Mental Well-being Impact Assessment was developed using the 1997 Health Education Authority definition of mental health and well-being:

“...the emotional and spiritual resilience which enables us to survive pain, disappointment and sadness. It is a fundamental belief in one’s own and others dignity and worth” (Health Education Authority, 1997)

Put simply our mental well-being is about how we think and feel.

• METHODOLOGY

The Mental Well-being Impact Assessment (MWIA)



The Mental Well-being Impact Assessment is a two part screening toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental well-being.

The DOH ‘Making it Happen Guidance’ for mental health promotion (2001) identifies four key areas that promote and protect mental well-being:

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The MWIA is based on these four key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. In this way the toolkit enables a link to be made between policies, programmes or service and mental well-being that can be measured.

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Department of Health 2001).

MWIA Workshop

The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that the Cook, grow and eat project will have on the mental well-being of participating parents and volunteers. It will also identify actions to maximise positive impacts and minimise potential negative impacts on mental well-being

Table 1: Workshop participants

Role	No.	%
Project participants	6	
Healthy Walks Project Manager	1	
Stakeholders: Aran Summers (Active Ealing), Peter Clarke (Active Ealing), Wendy Sweeny (Catalyst Communities Housing Association), Jim Wong (Ealing CVS), Gill Peabody (Ealing PCT)	5	
Total	12	

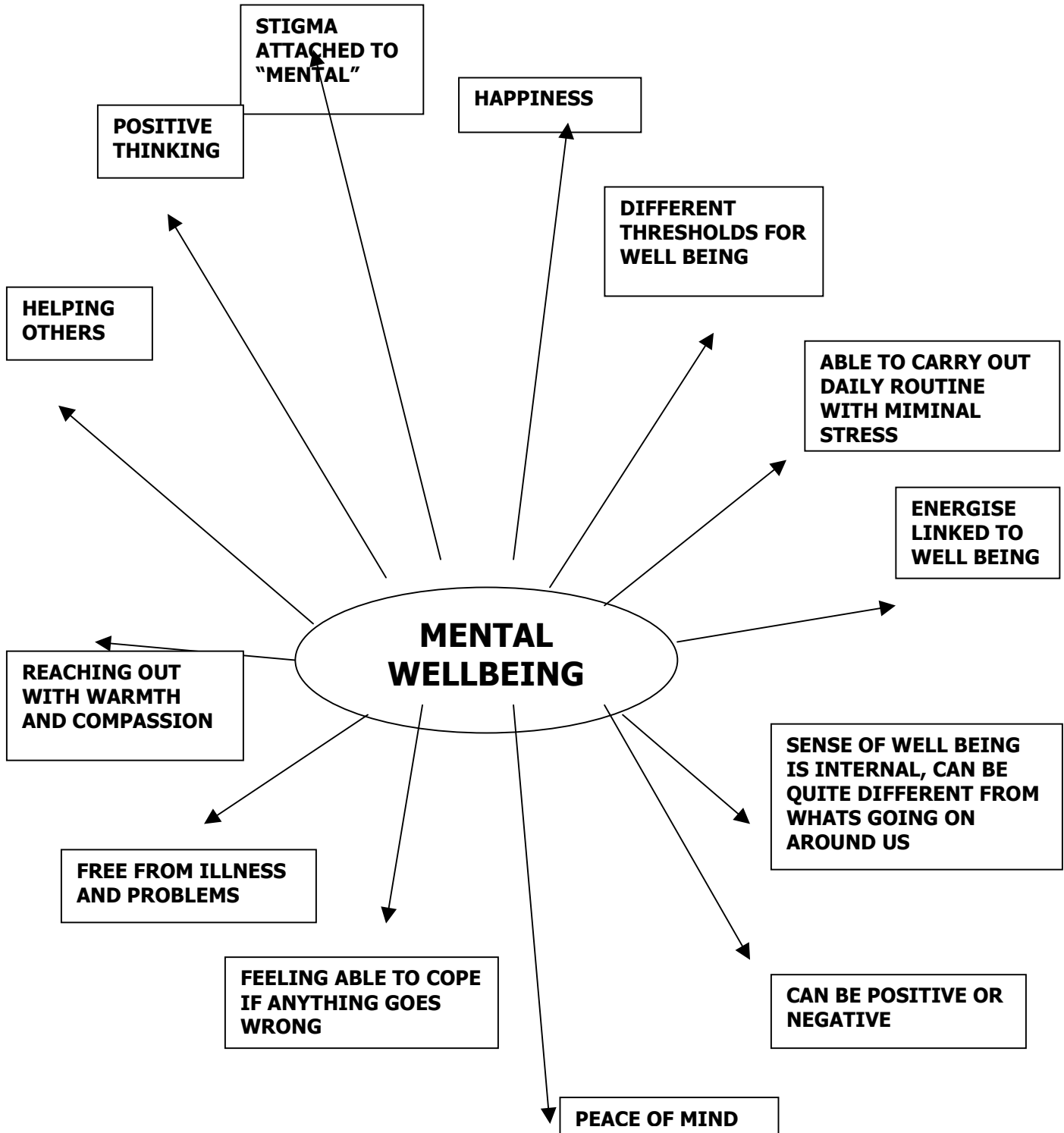
What does mental well-being mean to the stakeholders in the project?

A few definitions were read out and a brief introduction of the term well-being was given. Then in small groups the participants were asked to think about what well-being means to them and list their thoughts on post-its. The participants then placed their post-its on a flipchart and these were briefly discussed. This diagram was put together to illustrate their thoughts (cited below).



Figure 1

WHAT DO WE UNDERSTAND BY MENTAL WELLBEING



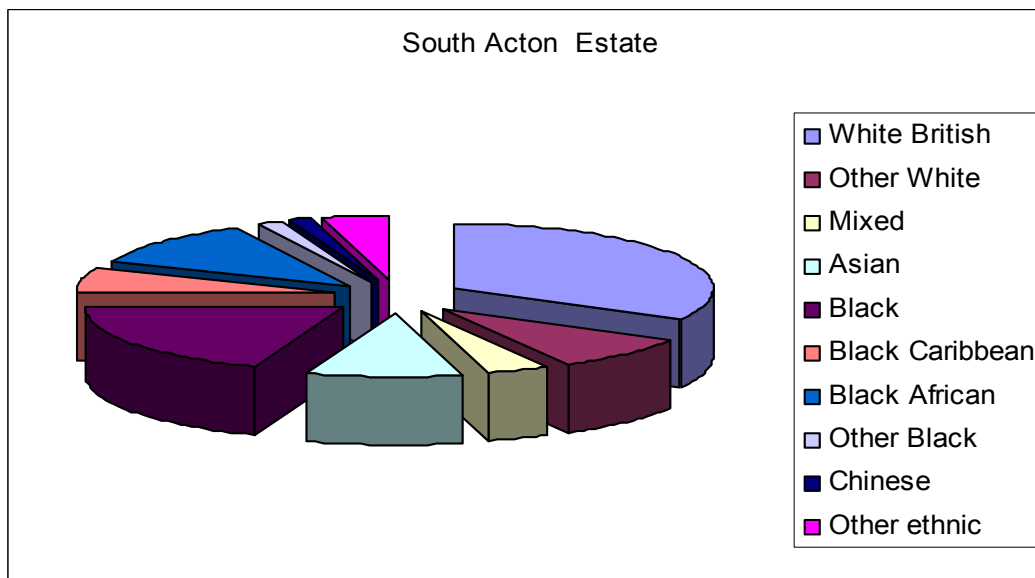
POPULATIONS MOST LIKELY TO BE AFFECTED BY THE SOUTH ACTON HEALTHY WALKS PROJECT

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.

A profile of the community/ies that are living in the area that this is targeting suggests the following characteristics and needs:

- South Acton has very large populations of African-Caribbean's, Africans (primarily Somalis), Afghanis and Eastern Europeans.
- Over 22% of residents of the South Acton estate are refugees
- The area falls in the bottom 12% of London SOAs for the percentage of White inhabitants , with 31.44%² identifying themselves as British.
- 28.5% are under the age of 15, placing South Acton in the top 3% of London SOAs for the child demographic.
- 21% are over 55 years old

Figure 2 (Census Key Data-2001)



The above statistics regarding the breakdown of the resident population of South Acton were compiled from a variety of sources. The figures relating to the percentage of residents identifying themselves as British, those who are under 15 (placing South Acton in the top 3% of London SOA's for the child demographic) and over 55 years of age were obtained from the



2001 Census. The 2002 Mori report was used to obtain the stats pertaining to the percentage of South Acton residents that are refugees, and the cultural breakdown was again based on information provided in the 2001 Census.

Group Exercise

A map of South Acton and the surrounding area was displayed on the wall and all workshop participants were asked to put an orange dot where they live and a blue dot where they work. The map showed that all Healthy Walks participants present came from outside the target area. After this exercise a brief description of the target area was given.

WHAT ARE THE KEY IMPACTS OF THE SOUTH ACTON HEALTHY WALKS PROJECT ON MENTAL HEALTH AND WELL-BEING?

The MWIA toolkit suggests a four-factor framework for identifying and assessing protective factors for mental well-being, adapted from Making it Happen (Department of Health 2001) and incorporates the social determinants that affect mental well-being into four factors that evidence suggests promote and protect mental well-being:

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

Participants were introduced to the factors and asked to think about the Healthy Walks project and rate how important it was to participating parents and volunteers and the potential impact that the service could have on it.

The Potential Impact of the South Acton Healthy Walks project on Feelings of Control

Enhancing control - the evidence

A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/ the environment to meet personal needs), autonomy (self-determination/individuality) or self-efficacy (belief in one's own capabilities) are key elements of positive mental health that are related to a *sense of control* (Mauthner and Platt 1998; Stewart-Brown et al in press).

Enhancing control is fundamental to health promotion theory and practice, and is identified in the Ottawa Charter as a key correlate of health improvement:

“Health promotion is the process of enabling people to increase control over, and to improve their health”. (Ottawa Charter for Health Promotion. WHO, Geneva, 1986.)

Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainsford et al 2000). People who feel in control of their everyday lives are more likely to take control of their health (McCulloch 2003). Job control is a significant protective factor in the workplace, and this is enhanced if combined with social support (Marmot et al 2006).



Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley et al 2006). Job insecurity, low pay and adverse workplace conditions may be more damaging than unemployment, notably in areas of high unemployment (Marmot and Wilkinson 2006)

Figure 4 Prioritisation Grid - Increasing control

This was not covered due to time limitations of the workshop.

The Potential Impact of the South Acton Healthy Walks project on Resilience

Increasing resilience and community assets – the evidence

Emotional resilience is widely considered to be a key element of positive mental health, and is usually defined as the extent to which a person can adapt to and/or recover in the face of adversity (Seligman; Stewart Brown etc). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on ‘emotional resilience’ (and ‘life skills’) may imply that people should learn to cope with deprivation and disadvantage (Secker 1998). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes.

www.euro.who.int/socialdeterminants/assets/20050628_1

Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation 2006; Sustain 2006). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Grant 2000; Mutrie 2000; Department of Health 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern; Mental Health Foundation 2006; Royal College of Psychiatrists 2006)

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a framework to cope with and reduce the stress of difficult life situations (Friedli, 2004; Aukst-Margetic & Margeti, 2005) (Idler *et al*, 2003); Mental Health Foundation 2006.



Low educational attainment is a risk factor for poor mental health; participation in adult education is associated with improved health choices, life satisfaction, confidence, self-efficacy and race tolerance. (Feinstein et al 2003; James 2001)

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

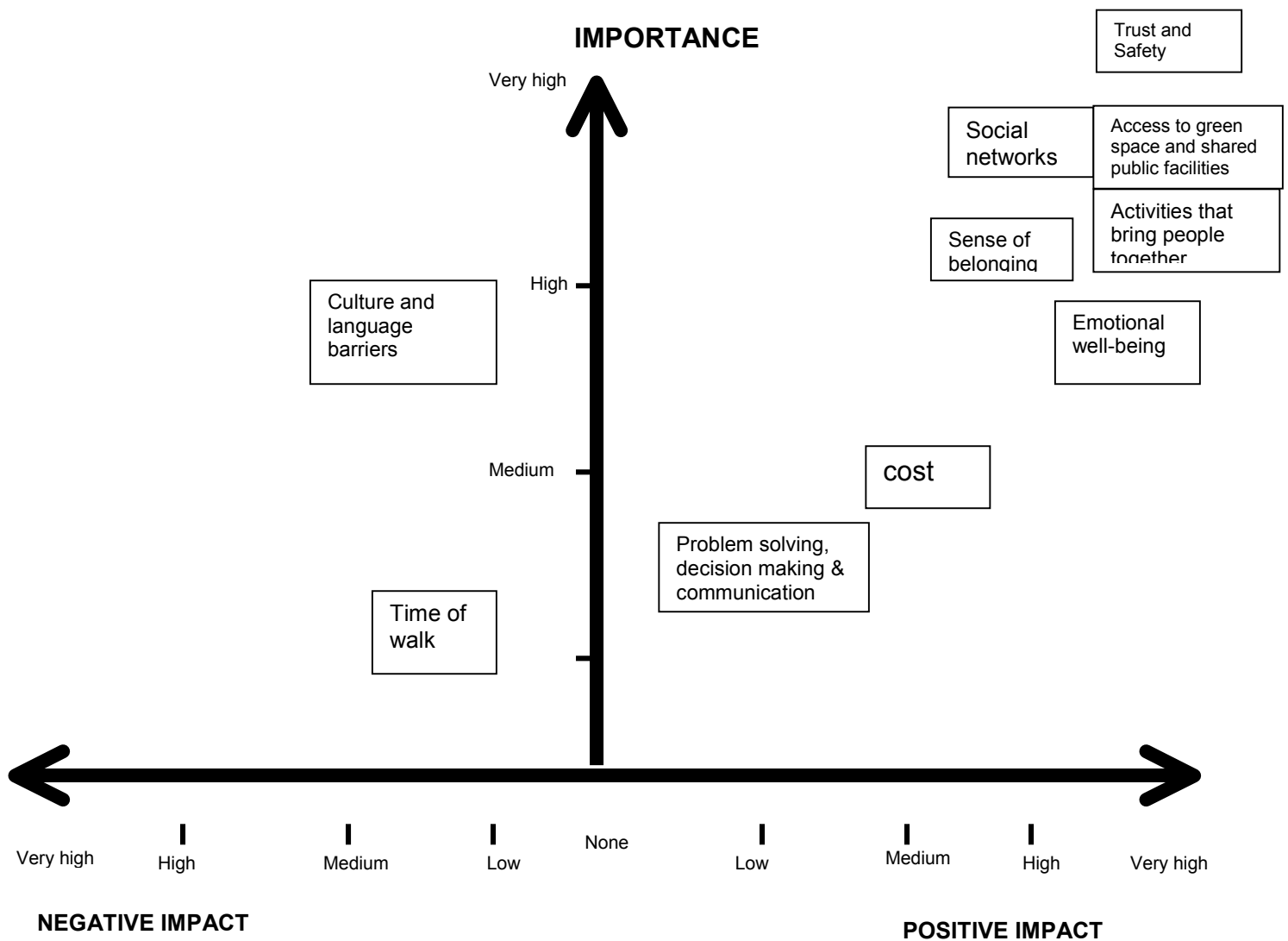
Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness; (Fitzpatrick and LaGory 2000; McCulloch 2003;

Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Chu et al 2004; Allardyce et al 2005; Jackson 2002). Housing is also associated with mental health - independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood noise (Guite et al 2006; HF Guite, Clark C and Ackrill G (2006). Impact of the physical and urban environment on mental well-being Public Health supplement in press).

Participants were then invited to work between themselves to identify which of the factors that contribute to a sense of resilience that the Healthy Walks project had the potential to have either a positive or negative impact, and the degree of importance of that impact. The results are presented in figure 5.



Figure 5 Prioritisation Grid - Increasing resilience and community assets



Notes from the discussion

- Access to green space and shared public facilities –this was very important and high impact because the walks took place in parks –on the negative side someone raised the fact that parks are closed after a certain time in different seasons and this might limit doing a later walk –also some people are afraid/stigma to go into parks and this may have be a factor in who comes forward to participate
- Social networks –high importance and high impact –nobody had met before they started walking –participants go because they want to be involved with others and chat –people come even when it rains –knowing they will meet each other motivates participants to come and then they realise after they start that walking benefits their health –then through word of mouth others come
- Problem solving, decision making and communication –participants feel they can influence where they walk each time group leader asks them where they want to go and as a group they decide. They like a little variety so they go somewhere different



most days –What is most important to all of them is that they are out. A downside of it being a different route every week is that if anyone is late they may not be able to find the group (although the group waits for 10 minutes before leaving).

- Trust and safety –this is not the initial reason for joining the project but develops over time and becomes more important. “We just met and quickly became friends.” The participants look out for each other. One participant said she never thinks about the safety aspect. Another participant said ‘perhaps how we get on influences the group – participants felt trust right away in the group.’ –Another participant said I walk with another friend on our own and we meet people along the way e.g. with dogs etc. and we become like a family –we tell each other of areas to be careful of –be more cautious –be more aware. An example of trust and safety –A walk leader from the Brent group who was present at the workshop said a participant on her scheme had a heart operation and then came out on the walk 4 weeks later –“he became unwell on the walk and because I knew of his operation etc. I knew to call an ambulance –this was so good because he lived alone and if he hadn’t come on the walk he may not have been able to get help when he became unwell so quickly.”
- Trust –participants say that they trust their friends will be on the walk every week and that they have exchanged phone numbers and they let each other know if they can’t make it
- Emotional well-being -the walks enable them to meet other people and go to areas they didn’t know –this also helps people feel more confident
- Time – someone mentioned the time that the walk was offered may be a barrier 12pm on Friday

Having identified these participants were invited to work through their top three priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in table 2.



Top priorities	Impacts of the healthy walks project on increasing resilience and community assets.		Comments and Actions	Measure
	(+) Positive Impact	(-) Negative Impact		
Social networks	<ul style="list-style-type: none"> • knowing they will meet each other motivates participants to come • People call each other if they can't make it • people come even when it rains 		•	•
Trust & safety	<ul style="list-style-type: none"> • The group immediately got on and built up trust quickly • This has developed over time • People call each other if they can't make it 	<ul style="list-style-type: none"> • Some people may not feel safe in parks 	•	•
Access to Green Spaces	<ul style="list-style-type: none"> • Use of local parks for walks 	<ul style="list-style-type: none"> • parks are closed after a certain time in different seasons and this might limit doing a later walk 	•	



The Potential Impact of the South Acton Healthy Walks project on participation and Inclusion

Facilitating participation and promoting social inclusion – the evidence

Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental wellbeing (Stewart Brown et al, Warwick Edinburgh, Measuring Mental Wellbeing Scale forthcoming).

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs, groups etc., participation in local decision-making, consultation, voting etc.

Social inclusion is the extent to which people are able to access opportunities, and is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health.

Although participation and social inclusion are different constructs, there is some overlap in the literature, and they are therefore considered together here.

Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes (SEU 2004). Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health and social isolation is an important risk factor for both deteriorating mental health and suicide (Pevalin and Rose 2003). Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin and Rose).

However, social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion (Mohan et al 2004; Morgan and Swann 2004; Gordon et al 2000).

Anti discrimination legislation and policies designed to reduce inequalities also strengthen social inclusion (Wilkinson 2006; Rogers and Pilgrim 2003).

There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).

Higher national levels of income inequality are linked to higher prevalence of mental illness (Pickett et al 2006). Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with low income, low standard of living, financial problems, less education, poor housing and/or homelessness. Inequalities are both a cause and consequence of mental health problems (Rogers and Pilgrim 2003; SEU 2004; Melzer et al 2004).



Participants were then invited to work between themselves to identify which of the factors that contribute to facilitating participation and reducing social isolation they felt the Cook, grow and eat project had the potential to have either a positive or negative impact, and the degree of importance of that impact. The results are presented in figure 3.

Figure 6 Prioritisation Grid - Participation

The group didn't have time to discuss participation fully but they did look over the components while to see if there were discussing resilience any that were particularly relevant.

Cost and affordability –the walks are free and it is available for everyone.

Activities that bring people together – the walks enable them to meet other people and go to areas they didn't know –this also helps people feel more confident

Sense of belonging - Another participant said I walk with another friend on our own and we meet people along the way e.g. with dogs etc. and 'we become like a family' –we tell each other of areas to be careful of –be more cautious –be more aware

Dealing with barriers to participation – e.g. language may be a barrier for certain population groups in the target area e.g. Somalian Also there may be cultural differences –would it be all right within certain cultures to go out and walk in the park in a group? These issues need more consideration.

Figure 7 Prioritisation Grid - Inclusion

This factor wasn't covered with participants due to the time limitations of the workshop.

Summary

The stakeholders identified five key determinants of mental well-being that were both of high importance and had a high impact.

MWIA Area	Increasing Control	Resilience	Participation	Inclusion
Key Determinants	Not covered in the workshop	Social networks	Activities that bring people together	Tackling inequalities e.g. language and culture
		Trust & safety		
		Access to Green Spaces		



A focus on these for the South Acton Healthy Walks project will help promote the mental well-being of participating parents and volunteers.

7. REVIEWING THE LITERATURE EVIDENCE BASE

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature that research suggests are helpful in promoting and protecting mental well-being. In order to build on this evidence base a short additional literature review was undertaken to identify, what if any, published research studies there may be suggesting that the Healthy Walks project may have on mental well-being. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop.

This rapid literature review found the following information that illustrates a healthy walk project in natural surroundings may have many positive impacts on mental well-being. People who lead an active lifestyle over several years have a reduced risk of suffering symptoms of clinical depression. Physical activity is effective as a treatment of mild, moderate and severe clinical depression. It may also help people with other mental illnesses, and improve their physical and mental well-being even if there is no change in the status of their mental illness.

Physical activity helps people *feel* better through improvement in mood, reduced anxiety and enhanced mood, improved self-worth and body image. Physical activity can also help people to function better through alleviation of stress, and improved sleep, and – in older people – through some aspects of cognitive function (DoH, 2004a).

Walking can reduce anxiety, depression and loneliness. It can also promote neighbourliness, increase confidence, stamina and vitality and hence boost people's quality of life (WHI,2006, p.3).

Maller, Townsend, Pryor, Brown and St Leger argue in their recent review that the individual and community benefits arising from contact with nature include biological, mental, social, environmental and economic outcomes. Therefore, "nature can be seen as an under-utilised public resource in terms of human health and well-being, with the use of parks and natural areas offering a potential goldmine for population health promotion" (p.17, 2006).

Morris in her literature review of health, well-being and open space suggests there are five ways that exposure to the natural environment is beneficial to human health. These include the following:

- Enhanced personal and social communication skills e.g. when meeting people or going out in small groups this can increase social interaction
- Increased physical health e.g. walking and the aesthetics of nature can have an impact upon mental health
- Enhanced mental and spiritual health e.g. enables one to escape from the pressures of modern living, relax and helps reduce stress and anxiety levels
- Enhanced spiritual, sensory, and aesthetic awareness e.g. "outdoor recreation and walking in particular is a multi-sensual and stimulating experience which frees the mind and generates reflexivity, philosophical and intellectual thought."



- Ability to assert personal control and increased sensitivity to one's own well-being. E.g. "leisure activities in nature settings and vegetation are important for helping people cope with stress as well as meeting other non-stress related needs" p.20

Specific physical health impacts

Maller et al. state that empirical, theoretical and anecdotal evidence demonstrates contact with nature positively impacts blood pressure, cholesterol, outlook on life and stress-reduction (p.13). Other benefits of being in nature include

Psychological response to nature

A number of studies suggest that viewing pictures of nature or looking at nature can have a positive mood affect, reduce stress and improve well-being. The healing effects of a natural view are increasingly being understood in stressful environments such as hospitals, nursing homes and remote military sites through research studies. Findings reveal that "seeing nature is important to people and is an effective means of relieving stress and improving well-being." (Maller et al., p.8)

Rohde and Kendle's review in 1994 found that the psychological response to nature involves feelings of pleasure, sustained interest, 'relaxed wakefulness', and diminution of negative emotions such as anger and anxiety.

Access is important

Kaplan and Kaplan found that "people with access to nearby natural settings have been found to be healthier overall than other individuals. The longer-term, indirect impacts also include increased levels of satisfaction with one's home, one's job and with life in general "(1989, p.173).

8. APPRAISING THE EVIDENCE

Through bringing together evidence from the published research / evidence concerning what works in terms of promoting and protecting mental well-being and an understanding of the community profile it is reasonable to conclude that there is a positive impact for the participants of the healthy walks project.

The Healthy Walks project is targeted at the South Acton Estate but is also open to people living outside the target area. The aim and objectives include encouraging the community to improve their health by participating in the walks programme as well as to increase opportunities for individuals to get to know each other and to build trust within the community. It is likely that the Healthy Walks project provides the opportunity for local people to come together and walk in local parks. Through this participants can meet new people, participate in physical activity and have access to green spaces. All of which have a positive impact on mental well-being.

The MWIA identified that there are target groups on the South Acton estate that the Healthy Walks project could focus on to encourage greater involvement such as the Somalian community, people with learning disabilities and people support by the tenancy support officer. It could maximise benefits to mental well-being through involving a wider range of people e.g. people with Learning Disabilities and other black and ethnic minority groups.



9. DEVELOPING INDICATORS OF WELL-BEING

“What gets counted, counts.” Therefore being able to measure progress and impact of the Cook, grow and eat project on the determinants of mental well-being identified by the stakeholders through the MWIA is an important step. Building on the initial ideas from stakeholder about “how you know” that certain impacts have happened two indicators have been developed.

Factor	Determinant	How do you know?	Data collection	Frequency
Increasing Control				
Resilience	Emotional well-being	Ask participants	Participant questionnaire	Annually
Participation				
Inclusion	Tackling inequalities (equal access to project)	All population groups are aware of healthy walks project and are able to participate	Monitoring information collected when participants apply e.g. ethnicity, gender, employment status, age, disability etc.	Annually

10. RECOMMENDATIONS

1. Link with and publicise the scheme to local organisations and individual postholders including the following:
 - Tallo Centre
 - Somali Health Advocate based in Acton Health Centre
 - District Nurses
 - Acton Health Forum
 - Tenancy Support Worker -Roshin Brennan
 - Local Councillor – John Gallagher
 - Action Together –new residents group
 - SASAC
 - Somali lunch club on South Acton estate
 - Learning Curve-Centre for People with Disabilities
2. Publicise the project in local church newsletters as most people read these.
3. Link with the Well London Delivery Team to look a leader (guide or volunteer to accompany guide) who can speak local minority languages.



4. Obtain the list of local contacts from the initial Well London community events in the area and notify them of this project by letter.
5. Consider having themed walks occasionally to engage other local people.
6. Buy t-shirts for walkers that has a name and contact for people who are interested in participating –participants can advertise while they walk.
7. Develop an incentive scheme or challenge that people can get motivated by e.g. South Acton Healthy Walkers 1000 mile challenge (and all participants contribute to this total every time they walk). Or have individual incentives for miles walked e.g. 10 miles gets a free water bottle, 25 miles etc.
8. Discuss expanding the current participants' roles by getting them involved in publicising the project in the target area and 'buddying' new members until they get settled.



References

Department of Health. (2004a). *At least five a week: evidence on the impact of physical activity and its relationship to health*. A report from the Chief Medical Officer. London: Department of Health.

Kaplan, R. and Kaplan, S. (1989) *The Experience of Nature: A Psychological Perspective*. Cambridge University Press, Cambridge, New York.

Maller, C., Townsend, M., Pryor, A., Brown, P., and St Leger, L. (2005) Healthy nature healthy people: 'contact with nature' as an upstream health promotion intervention for populations. *Health Promotion International Advance Access published online December 22, 2005* pp1-26. Also *Health Promotion International* 2006 21(1): 45-54.

Morris, N. (2003) *Health, Well-Being and Open Space Literature Review*. OPENspace Research Centre, Edinburgh College of Art/Heriot Watt University, Edinburgh, Scotland.

Rohde, C. L. E. and Kendle, A. D. (1994) *Report to English Nature-Human Well-being, Natural landscapes and Wildlife in Urban Areas: A Review*.

Walking the way to Health Initiative (WHI) (2006). Mental Health Initiatives. Countryside Agency: Cheltenham, Gloucestershire.

APPENDIX ONE

Evaluation of the Stakeholder MWIA workshop

Participants were invited to complete an evaluation form. The results suggest the workshop was successful in:

- all participants felt that the MWIA workshop increased their understanding of mental well-being
- the majority would recommend the MWIA workshop to others
- the majority that answered this question found the workshop interesting, enjoyable, understandable and useful

Additional comments included:

- gave me a clearer understanding of how and why walking affects residents
- lunch was great and it was good to meet other stakeholders
- some parts of the workshop were a bit too deep
- need more local participants/residents

