Cook, grow and eat project In Barking and Dagenham (Heath)

Mental Well-being Impact Assessment (MWIA)

DRAFT REPORT

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THE IMPACT OF COOK, GROW, AND EAT PROJECT ON MENTAL WELL-BEING

1. INTRODUCTION

The Cook, grow and eat project was facilitated by the YWCA in Dagenham. All participants were women who were parents and volunteers.

The aims of the project were to:

- Increase rates of healthy eating and promote a sense of community
- Learn how to grow your own vegetables
- Cook healthy and tasty meals on a budget
- Understand the contents and labelling on food packaging
- Encourage and develop social skills
- Celebrate different cultural and ethnic traditions through food

2. AIMS OF THE MWIA ASSESSMENT

- To identify how the Cook, grow and eat project potentially impacts on the mental health and well-being of parents 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 families of participating parents and volunteers.

- **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 manager YWCA	1	20%
Project volunteers/participants	4	80%
Total	**5**	**100%**

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

The participants were asked to think about what well-being means to them and their thoughts were listed on a flipchart (cited below).

mental well-being is….

- Healthy
- How you feel good in yourself (depends what you eat)
- Exercise makes me feel good (cardio exercise and this generates endorphins which makes me feel good)
- Mental abilities (not losing your memory-forgetting things – what you eat affects this)
- Menopause can affect well-being
- I write down my negative thoughts to try and keep positive
- Stress/worrying can affect well-being – e.g. worries about money, children etc.
- I stay busy so I don't have time to worry
- relationships

We then read out the definition below to give an example of one of the many definitions that have been developed.

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)

POPULATIONS MOST LIKELY TO BE AFFECTED BY THE COOK, GROW, AND EAT 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:

Contextual Factors of Heath Ward

Heath Ward's entire lower super output areas fall within the top 23% most deprived nationally. 51.9% of people in Heath Ward have no qualifications compared to 46.8% in Barking & Dagenham and 35.8% nationally. It has the third highest level of lone parents with dependent children of all the wards in Barking and Dagenham.

The IMD (20040 have a subset: Index of Deprivation Affecting Children (IDAC). The IDAC focuses on the levels of deprivation affecting just children. Within this, the above LSOA is ranked 3% most deprived nationally. We have focussed particular attention to this one LSOA with Heath Ward through regular leaflet drops promoting our services and we currently have 20 families registered (8% of total families registered). We plan to do more to address the evident need in this area with a programme of intensive family support outreach and job brokerage support from Autumn 2008.

WHAT ARE THE KEY IMPACTS OF THE COOK, GROW, AND EAT 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 Cook, grow and eat 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 Cook, grow and eat 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:

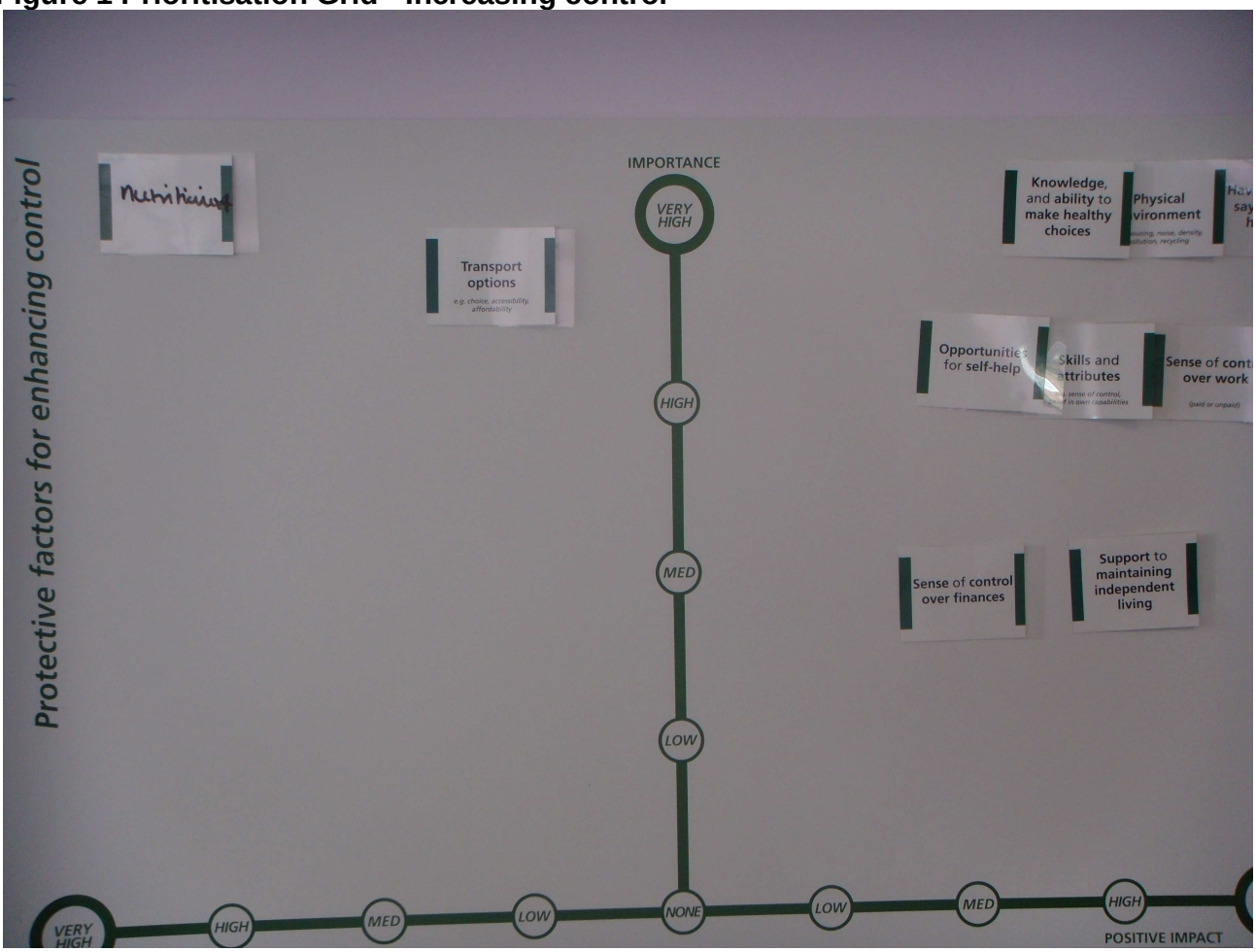
> "Health promotion is the process of enabling people to increase control over, and to improve their health". (Ottawa Charter for Health Promotion. WHO, Geneva,1986.)

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)

Participants were then invited to work between themselves to identify which of the factors that contribute to a sense of control that 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 1.

Figure 1 Prioritisation Grid - Increasing control



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 3 Overleaf.

Notes from discussion

- Opportunities to influence decision – the volunteers and project led planned the course together – its was a very collaborative – is was never “me and them”.
- Physical environment – there was limitations in terms of space available for the project to cook and grow food- this lead to creative problem solving e.g. using grow bags, working in partnership with Children’s Centre and rotating small groups through different activities in one session.
- Sense of control over work – “everyone had control over what we did – the only limit was what was healthy or not” Women came up with ideas and suggestions for what they wanted to do.
- Skills and self belief – it has increased belief in own capability (volunteer)
- Having your say – everyone has had a chance to say what they felt. All opinions have been valued

Table 3

Top priorities	Impacts of the Cook, grow and eat project of control		Comments and Actions	Measure
	(+) Positive Impact	(-) Negative Impact		
Having a say, opportunities to influence decisions and sense of control	• Everyone had choice • Everyone made suggestions • Voices heard • Knowledge was shared among everyone in group • + of short development time was that everyone pitched in quickly to get the course up and running • Collaborative model of working – everyone's ideas and opinions valued	• Short time to develop and run the course before summer holidays started (+ and -) meant we couldn't buy plants before and mature them a bit and didn't have time to think about after the course and sustainability	• Collaborative learning to develop the course – input from all volunteers and they did the work. Barbara co-ordinated –a great approach • Learning during this course was integrated into other relevant courses as it went along e.g. introduction of smoothies in to Fit for life course (fitness) and into Mums and tots group • Having the right utensils and cooking equipment definitely improves cooking outcomes	• Documenting learning from this course used in other projects/initiatives • Menus and photo evidence • Increased attendance in young persons group on Thursday evening from 5 the first day to 12 by the end
Lack of nutritionist input		• Despite many attempts Barbara was unable to identify a nutritionist to be involved in the project • Caused stress regarding worry about ensuring participants got correct nutritional information –this took a lot of time researching and double checking and accessing relevant information handouts	• Well London could have provided a partner list • Well London lead for this project should facilitate these links to ensure that necessary partners are accessible to organisation's leading these small projects • Despite this lack of involvement this project has been very successful in attracting participants and delivering in a collaborative approach with volunteers. The PCT/obesity/nutrition teams should be made aware of this initiative	

The Potential Impact of the Cook, grow and eat 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 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 2.

Figure 2 Prioritisation Grid - Increasing resilience and community assets

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

The Potential Impact of the Cook, grow and eat 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).

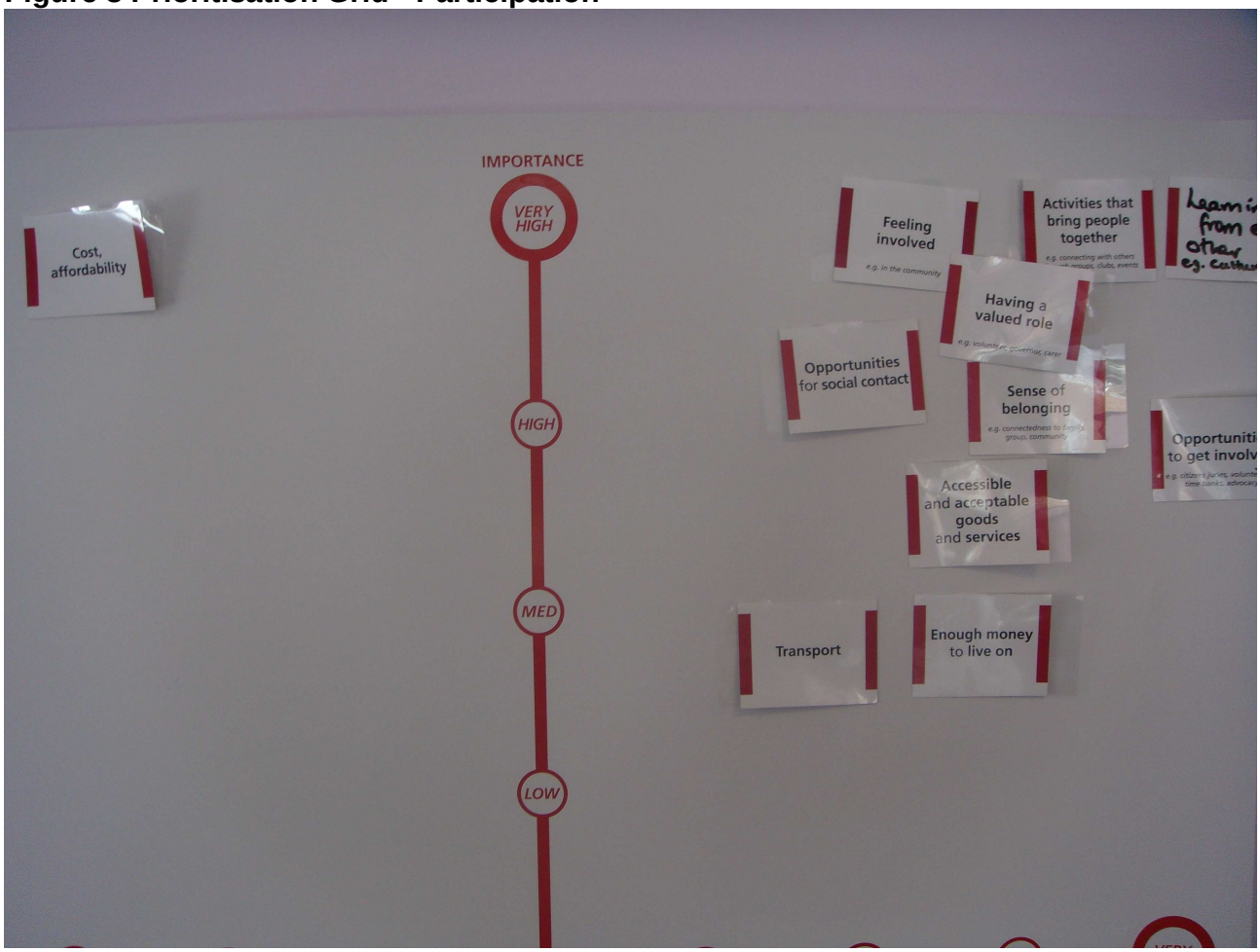
There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for 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 3 Prioritisation Grid - Participation



Notes from discussion

- I have taught myself things (volunteer) in order to show the participants e.g. taking seeds from a tomato and growing your own
- The course has also taught the staff that we don't need a big yard to grow things (we have used grow bags) –we have learned so much across participants, volunteers and staff
- Everyone worked well together and got really involved –the opportunity was there and people had a choice to get involved
- I have cut down on using processed foods in jars (we have been learning to read labels)
- 'We have learned how to cook different things from each other –one participant taught us how to cook a curry meal (using the right pans) and now I do this on Saturday nights instead of my husband and I ordering a takeaway curry'
- 'The group has brought me up (my self esteem is higher), I feel more positive and I have started to come to another group here at the centre on a Thursday.'

- Cost –if we had the funding to continue it would be great as there is still so much more to learn –growing, cooking, nutrition, and food labels –we are putting in funding bids but this always takes time –bottom line is if we don't have the funding we can't do it.
- Transport isn't really an issue as we are only one bus ride from the target area and we encourage participants to walk –we gave them pedometers at the first session to encourage walking
- Having a valued role –the gardening volunteer is working across organisations and some of this has come about from the project –gardening at local school, now doing beds at Children's Centre and now has been offered ½ an allotment by someone she met at the YWCA
- There is also a session that runs on Thursday evening for YP and the interest in this has increased by WOM and is now popular
- The building has disabled access
- Volunteers leafleted Dagenham pool, school uniform shop, Morrisons and chemist to publicise the course –many also found out by WOM
- Volunteers have run the project –I have just co-ordinated and supported (staff member)
- Focusing on food has helped break down barriers and has enabled people to meet people they wouldn't have met otherwise and to learn and understand about their cultures
- People are eager to continue the relationships they have developed
- The tangible activity and practical focus to this course has brought people together and enabled them to get involved and build social contacts –it allows people to get to know one another through the activity
- 'we knew the course was going to be a taster course but we didn't realise how much we needed it, wanted it and didn't know it would go so well and create such a demand.'
- Would like to have been able to extend the sessions or related opportunities a bit more e.g. YP would have liked to do a health and safety/hygiene one day course as it is good for work training
- Across the 3 courses (cook, grow and eat (daytime) YP course in evening and Fit for Life course (related) we had 9 volunteers and 22 participants involved.
- Because we didn't have much time to develop course before we would start this helped get everyone involved in developing the course content etc. together –however if we had of had longer we could have bought some plants earlier so that participants could seem them fully grown and we could use the produce

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 5.
Table 5

Top priorities	Impacts of the Cook, grow and eat project on Participation		Comments and Actions	Measure
	(+) Positive Impact	(-) Negative Impact		
Opportunities for social contact	• Very high • Made new friends • The course broke down barriers and created understanding of cultural identities through food activities • Practical focus (cooking and growing) brought everyone together and broken down barriers among different ethnicities • Hands on • Shared all the tasks • Confidentiality • Feelings of trust • We all eat together at the end of session, sit down and share	• Limitation of time due to only being 6 sessions • If time was longer they would be able to use the vegetables and fruits they were growing • This course has created future demand for course	• Whole group worked really well as a team e.g. volunteers and also volunteers and participants •	• Find ways to continue project • Illustrate the positives through a few case studies to put in report
Feeling involved	• Achieving your goals • Increased self esteem • Talking to new people • Feeling safe and secure in group • Families at home involved in learning and cooking some things from the sessions at home		• 'My husband texts me to see what we are cooking today at the session & to see if I can bring home samples –my kids get involved cooking at home too.'	• Before and after discussion/assessment with participants to show differences and benefits
Learning from each other	• Everyone learned from each other • Learned about new cultures and religions –understanding what people eat and why • Learn to cook differently, new methods, different recipes e.g. fish, bread, also about new fruits and veg that we didn't know about • Volunteers running course also learned from participants • Had vegetarians on the course so we made veg. options as well		• Has never been an 'us and them' situation • We all shared roles • 'I already eat on a budget but I have changed how I spend my money –now I buy more fresh fruit and veg from the green grocer'	

Figure 4 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	Having a say, opportunities to influence decisions and sense of control	Not covered in workshop	Opportunities for social contact	Not covered in workshop
	Lack of nutritionist input		Being involved	
			Learning from each other	

A focus on these for the Cook, grow and eat 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 Cook, grow and eat project may have on mental well-being. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop.

A rapids review of related evidence on healthy eating initiatives suggests that the efficiency and effectiveness of community based interventions can be improved by using local people to complement the work of health professionals. McGlone *et al*. (1999) suggested that 'if local food projects are to work, then they must genuinely involve local people'. Services provided by local people are often considered more appropriate and more accessible for the health needs of the community. Such services foster self-reliance, community participation and can help overcome barriers. They also allow access to groups that are typically hard to reach and can be particularly beneficial for black and minority ethnic groups. These benefits are two way, as local people have the opportunity to develop their own skills. The YWCA programme was volunteer led with co-ordination from a project worker. Thus increasing the possibility for increase in self esteem, aspiration, decision making skills and communication which are all positive well-being impacts

Exploratory work with this peer education approach (Hodgson *et al*. 1995; Kennedy *et al*. 1999) showed that it was possible to achieve both significant increases in nutrition knowledge and potentially beneficial changes in the dietary practices of low income families. The best approach appears to be one in which guided 'hands on' food preparation/cooking sessions allow the participants to acquire knowledge and skills. However, it was noted that this approach was resource intensive, particularly in professional staff time, and there is little

evidence of effectiveness in terms of dietary change. This approach may result in potential health, social and economic benefits and therefore warrants further study. (HDA, 2000, p.27)

An evaluation of a cook and eat course for people with Diabetes in Hackney found the following well-being impacts people indicated that they found the social support made through the courses a helpful forum for discussing other issues around diabetes. It was noted that social isolation and depression was an issue for some participants and the cooking courses were something they valued to get them out of the house and interacting with others in a non judgemental and friendly environment.

Grow, cook and eat courses offered in the London Borough of Hackney were recently evaluated and the results reveal positive impacts such as opportunities for social contact and decreased social isolation, increased sense of belonging, trust and safety, increase in confidence and emotional well-being. The evaluation also illustrated changes in behaviour (e.g. cooking more, growing at home, and healthy eating) at the 10 week follow-up interviews after the course finished.

Whilst Fieldhouse found that a gardening group has two key benefits: the first involves cognitive benefits of enhanced mood, reduced arousal and improved concentration; the second is the social nature of the group – the need to cooperate with each other to achieve the end goal. He concluded that this type of intervention is beneficial because it focuses on skills and aspirations rather than symptoms and deficits.

8. APPRAISING THE EVIDENCE

The findings of this rapid MWIA are very similar to the evidence found in the rapid literature review. All of which discuss the opportunities to get involved, opportunities for social contact, feeling safe and trusting, learning new skills and increased knowledge to make healthier choices. The skill and experience of the project workers to be able to create an environment where participants and volunteers feel safe and accepted is pivotal in delivering these impacts and should not be underestimated when trying to replicate such courses.

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 [insert number] indicators have been developed.

Factor	Determinant	How do you know?	Data collection	Frequency
Increasing Control	Having a say	Participants are involved in decision making-observation	Diary of participants progress (very short diary entries)	

Resilience				
Participation	Opportunities for social contact	Ask them	questionnaire	
Inclusion				

10. RECOMMENDATIONS

- [insert a list of recommendations worked up from the action planning tables]

Recommendations for Well London (DRAFT)–

- Course length needs to be extended to enhance outcomes
- Need to ensure access to nutritional support and advice
- Consideration is given to collecting the well-being measures identified in this report

References

Fieldhouse, J. (2003) The impact of the allotment group on mental health client's health, well-being and social networking. *British Journal of Occupational Therapy*, 66: 7, 286-296.

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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
- All would recommend the MWIA workshop to others
- All found the workshop interesting, enjoyable, understandable and useful

Additional comments included:

- It made me realise that inclusion on any programme is important to help mental well-being
- Workshop needs to be longer

APPENDIX TWO

Measurements

[Insert any measurement questions or surveys]