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How Effective is Mental Well-being Impact Assessment?: A Briefing Paper by The Tavistock Institute of Human Relations

Mental Well-being Impact Assessment (MWIA) was originally developed by the South London and Maudsley NHS Foundation Trust and partners in 2003. The diagnostic tool aims to orientate policy makers, commissioners, programme/project and service managers to consider in depth the wide ranging impact of proposals (from new services to implementing change) on the mental well-being of the target group. The tool is a step by step process beginning with a desk based screening tool, and culminating with a full workshop engaging multiple stakeholders that leads to a coproduced action plan. The actions aim to develop the positive impacts on well-being and mitigate against any negative ones.

Since its development, a wide range of initiatives, programmes and services have used MWIA in both high level strategic and grass roots projects. Areas as diverse as housing, arts, health, education, workplace and town planning have been covered. There are many MWIA reports produced as a result. This briefing paper seeks to understand if the process makes a difference to how plans are implemented and in meeting their objectives.

There are three issues to consider in making an assessment of whether MWIA makes a difference. Firstly is there evidence that the decisions made using the MWIA are implemented successfully? Secondly did that lead to any measurable impact on well-being indicators for the target group? Thirdly is it possible to make a causal link between the outcome/impact and the MWIA? Or would these outcomes/impacts have been achieved anyway using other forms of stakeholder engagement or impact assessment?

MWIA was not designed with an evaluation strategy and to date, no summative evaluation of the tool itself has taken place. This paper should be considered a first level review of MWIA reports, evaluations of initiatives that have used MWIA and insights from key practitioners in a variety of fields.

1. Is there evidence that the decisions made using the MWIA are implemented successfully?

Adult education example: Merthyr Tydfil is a town in Wales with a population of 58,000. The Adult Learning and Community Partnership is an adult education service setting the strategy for the whole town.

In Merthyr Tydfil Wales the Adult and Community Learning (ACL) partnership began using MWIA in 2011 as way to structure their annual service user forums in a way that helped them to understand the wider social impacts of their service. They knew that their service provided far more than what could be demonstrated by qualifications gained and attainment levels. ACL undertake an annual MWIA. This is a large event with approximately one hundred stakeholders present including support workers and advocates for people with

learning disabilities. The facilitators have adapted the language of the toolkit for basic skills level learners. Every year the MWIA recommendations have been implemented. For example, last year stakeholders identified that the induction process was confusing and people were getting mixed messages about the role of the support worker. As a result the role was clarified and induction was incorporated into the training for tutors. The 2013 MWIA recommended that learners wanted a broader curriculum. It also identified that there was a lot of anxiety about the costs of learning and learners wanted more information and support and communication through email, phone and face to face. These recommendations are used to update and monitor the 3-year service strategy. The service has not developed indicators of well-being for learners from the MWIA because they already use a number of statutory monitoring tools to evaluate impact of the service. The Family and Community Learning Manager said that *'It [MWIA] is not additional work but it adds value to what we do, it identifies the wider social benefits'*.

London National Health Service example: Kings Health Partners (KHP) is a partnership between King's College London and Guy's and St Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts. It is one of the largest centres of healthcare, research and training in Europe and employs over 31,000 staff.

In 2012-13 the Kings Health Partners' happier@work pilot carried out a process evaluation to trace the influence of MWIA in the programme. MWIA's were undertaken with 8 teams to identify key issues impacting on the mental well-being of KHP staff to inform the development of a programme of well-being interventions for the organisation. The MWIA concretised the well-being policies of the organisation by creating staff led practical changes. For example a cross cutting theme of 'the physical environment' was identified as detrimental to staff well-being in work locations. As a result a new project 'creating spaces for wellbeing' was put in place. Three participating teams were funded to work with an artist in residence to improve the working environment and share the learning with estates teams. The happier@work process evaluation found that both high level strategic support and ground level commitment are equally important in a project of coproduction. It also identified that when using MWIA in the workplace issues of stigma around mental health issues and workplace conflict could be barriers to successful implementation. However the evaluation also highlighted that the MWIA process can act as a catalyst for the working out of these dynamics.

To maximise impacts there should be clarity around expectations, responsibilities and support needs to implement recommendations (e.g. allocated time to work on MWIA action plan, consultancy support for managers). The evaluation found many unintended outcomes such as the spread of different spheres of influence. For example, the MWIA created a set of new relationships with different parts of the organisation that within a short period of time began to embed well-being in organisational culture. One of the organisations HR departments developed a new 'Change Management Toolkit' including the most important protective factors for well-being identified by the projects.

Community arts example: Mecca Music¹

Mecca music is a youth arts project in St Helens, a large area of Merseyside with a population of over 100,000. The main focus of the project is on offering opportunities for young people (particularly those who are from disadvantaged backgrounds) to engage in music and creativity. The long-term objective was to reduce anti-social behaviour by giving young people structure, skills and self-esteem through music workshops, events planning and performances. The project was designed using a MWIA. The project lead said that all the recommendations of the MWIA workshop were implemented and that as a result key barriers to accessing the project were addressed. For example the young people said that

¹ Website and news of Mecca Music <http://www.citadel.org.uk/musicmecca/news>

they could not safely travel to certain areas. This was addressed by providing transport. An important outcome of the MWIA for this project was that it helped the local organisation to bring together other stakeholders. NHS professionals in particular were very impressed with how the MWIA revealed the impacts of music on health. The MWIA also helped them to secure additional funding and then monitor the impact on the young people using existing indicators 2 years later.

Social Prescribing example: Taking Part Workshops²

Taking Part Workshops is a Community Interest Company in North Tyneside. The service helps people with or at risk of common mental health disorders such as stress, depression or anxiety to increase their health and well-being by helping them to access and participate in local activities, find support either from groups or from professionals, and to manage their conditions better. The service was shaped by a MWIA on social prescribing conducted by public health consultants. The MWIA surfaced the need to manage people's expectations and be very careful about imposing strong health messages. The working ethos shaped was one of *'helping people to move forward with their own goals'*. The MWIA also enabled them to collaboratively make a decision about having an integrated service or tailored group sessions to support access for specific groups such as Asian women. From the MWIA discussion it was possible to find a solution whereby an integrated service would include staff training to meet the needs of particular groups. The Director of the service said that MWIA had been useful in demonstrating potential impact when bidding for contracts. They have since carried out a second MWIA which reaffirmed learning in the first and they have included another as part of a new service proposal. The Director said that the service would not be radically different without the MWIA but that the MWIA enabled a granular focus on issues important to the target group and *'it helped us to get their quicker'*.

A mental health service example: Journeys of Appreciation

The South London and Maudsley NHS Foundation Trust (SLaM) provides a range of mental health services covering four large London boroughs. The MWIA described is set within the inpatient hospital services that are based at four sites.

Journeys of Appreciation is an innovative 3-year programme that offers museum and gallery visits to patients and staff from 3 inpatient older adults mental health units. This is followed-up with creative and therapeutic workshops. This programme uses art to inspire both staff and patients to make connections and associations that improve the quality of life on the wards. The Head of Arts Strategy at the South London and Maudsley NHS Trust described the MWIA as a process whereby the impacts of the project on the culture of the ward, the physical environment, staff therapeutic skills, patients' sense of control and access to open spaces and public assets were evidenced. Because the protective factors in the toolkit are evidence based, this provided a much stronger case for further funding and roll out from a smaller pilot of one ward. In particular the Head of Arts Strategy said that the insights from the MWIA had changed the risk assessment process and influenced staff to be *'less task driven'* and enabled them *'to take healthier risks'*.

A large London wide community well-being programme example: Well London³

The Well London is a 9.6 million pound Lottery funded programme that aims to improve health and well-being in some of the most disadvantaged areas of the capital. The first phase of the programme took place across London in twenty London boroughs between 2007 - 2011. The second phase is currently being implemented across a different eleven

² Full MWIA of original Social prescribing service <http://www.apho.org.uk/resource/item.aspx?RID=104754>

³ Web site of Well London <http://www.welllondon.org.uk/>

areas. MWIA was part of a tool kit of community engagement methods including 'appreciative enquiry' and 'world cafes'. The Director of Community Engagement said that one of the most important ways in which MWIA was used was at the start of the programme to influence the community engagement strategy. The MWIA was carried out on one target area and the learning was applied across the project and over the lifetime of the programme's two phases. The MWIA revealed fundamental concepts about who the community are, how they want to be communicated with and when this should be done. This led to a communication and marketing plan based on the two principles of inclusivity and transparency '*It enabled the principles of inclusivity to be concretised*'. For example, residents said that the best way to engage children from the target housing estate was to meet them outside the school gates on their way to a local football pitch where these particular children routinely went. The MWIA also addressed the issue of access for the Somali community. Discussions revealed that they would have to be approached through gatekeepers and through specific translated invitations in order to take up the services on offer in the projects, otherwise they would not assume a right to participate. From these insights every new project now begins with a mapping exercise to segment the community and find a way of communicating that meets all the needs of the different 'micro-communities'. As a result of this more energy was invested in planning communication and marketing. '*From a community engagement process this was vital for us to develop a plan that includes the voice of the people*' '*It helped us to provide services that the community want and in a way they want and need*'. The Well London Programme is currently considering using MWIA to update its reflection on the community engagement process. The Director said that ideally MWIA should be used as a reflective tool in a three-year cycle but that it is difficult to convince professionals to invest time in a process that genuinely supports the empowerment of people because this involves the challenge of professionals giving up power.

2. Did that lead to any measurable impact on well-being indicators for the target group?

The majority of professionals using MWIA do so to orientate the development of interventions to support the well-being of the target group. Although the tool recommends monitoring the priority impacts identified, this is a part of the MWIA follow up process that is less often followed. Particularly statutory services felt this to be an unnecessary burden when they already have required targets and monitoring systems in place. In some cases the impacts identified in MWIA were not aligned at all with existing evaluation systems. I.e. existing systems were not measuring the key impacts on mental well-being identified by the MWIA, therefore these were not recorded. Having said that, there are some examples of projects who measure well-being changes following the implementation of initiatives that have been shaped by MWIA. Three such cases are discussed below.

The Kings Health Partners' happier@work at work Pilot used MWIA with NHS services to shape a programme of well-being interventions and support teams in planning to support their well-being in the workplaces. The programme attempted to measure the overall impact of the programme on participants using a range of validated measures before and after a workplace-based well-being intervention⁴. 183 employees completed a pre-intervention survey (52% response rate) and 71 employees completed a post-intervention survey (20% response rate). There were improvements recorded in mean well-being scores,

⁴ <http://www.lsbu.ac.uk/about-us/news/mental-health-promotion-make-your-employees-happier>

psychological health scores, and productivity loss scores declined. Participants of the stress awareness interventions reported improved understanding of work place stress issues⁵.

Changing Minds⁶ was an NHS project that trained people with lived experience to become mental health awareness trainers with the aim of tackling discrimination. The project began with an MWIA on a pilot course. MWIA identified that in order to maximise the mental well-being of participants the new course should increase people's decision making skills, promote self-esteem and increase supportive networks. Measures developed were self-administered questionnaires on self-esteem, meaning in life, social isolation and optimism. Although surveying participants before, prior and on completion of the course was problematic the data showed an improvement in self-esteem measures, sense of purpose, social isolation and optimism. 62 out of 104 participants completed the course and there were improvements recorded in average scores on all well-being measures from pre and post testing.

St Mungos is one of Britain's largest charities supporting people who are homeless or at risk of homelessness. Last year St. Mungos helped 1194 successfully move on from their accommodation. St. Mungos has been using MWIA to shape services since 2008⁷. This has included 5 MWIAs on different elements of the service. These have mostly been used in traditional sense of measuring potential impact of an intended initiative or change and involving stakeholder to co-produce a plan to support positive impact and mitigate against negative ones. The St Mungos psychotherapy service 'Lifeworks' have created a monitoring system from their engagement in MWIA to use alongside clinical measures in order to demonstrate the broader social value of their work. Since 2009 they have been using the protective factors for well-being defined by the MWIA as outcome measures for clients and these are built into the therapist client report. Positive outcomes on wellbeing such as 'social networks and relationships' and 'learning and development' are quantified from engaged clients and this enables the service to report on '*broader impacts that occur, regardless of what your impacts should be*'. The service is aware that the measures lean towards a qualitative account of impact, but because there are so many other factors that could influence the engaged client they believe the tool to be realistic in terms of fit with a client led experience (where more robust measures may change the nature of the interaction). They consider the process robust enough to validate a link between attending the service and broad well-being outcomes. They have recorded a 75% improvement in well-being in their clients in 2011⁸. Homeless Link a UK umbrella organisation also advocate the use of MWIA in developing homeless services.⁹

3. Is it possible to make a causal link between the outcome/impact on the MWIA?

The above discussion highlights some compelling qualitative evidence to suggest that initiatives using MWIA are successful in meeting their well-being objectives. What is lacking at present is collation of quantitative evidence of well-being impacts on projects using MWIA and any data to determine a link between impacts and the actual MWIA. An impact evaluation of the MWIA itself would only be possible by separating it from the initiative in

⁵ These results are not based on representative samples and should be taken as indication of possible improvement rather than proof.

⁶ MWIA report that shaped the programme <http://www.apho.org.uk/resource/view.aspx?RID=72446>

⁷ Example of a St Mungos MWIA <http://www.apho.org.uk/resource/item.aspx?RID=69809>

⁸ St Mungos Lifeworks impact results 2011

http://www.mungos.org/services/recovery_from_homelessness/our_mental_health_team/lifeworks_psychot_therapy_service

⁹ <http://homeless.org.uk/mental-health-London>

question. This would be possible by comparing outcomes of similar projects: those using MWIA and those using other methods. To date this has not been attempted.

Professionals leading projects who have a deep understanding of the needs of target groups and use tools of coproduction and engagement would probably be able to improve well-being objectives without the use of MWIA. However what practitioners have communicated through this process is that the MWIA gets to the heart of well-being for the specific conjunction of proposal and target group very quickly. It enables stakeholders to grapple with what is real and meaningful and what is possible and to 'concretise' the abstract. It provides a robust structure for a conversation and the creation of new plans shaped around well-being outcomes.

4. What synergies does MWIA have with other impact assessment tools?

By framing the discussion about protective factors for Mental Well-being within the 'wider determinants for well-being', MWIA draws attention to those who may experience health inequalities and social injustice. Many practitioners have noted the cross-over with the defined 'protected characteristics' as defined in current UK equalities legislation and used in Equality Impact Assessment. In Stockport¹⁰ public health commissioners have been merging the process of Equality Impact Assessment with MWIA to gain deeper and broader insights into the pockets of inequality that can escape detection with the traditional focus on protected characteristics such as gender, race, disability, age and sexual orientation. Rather than simply focusing on the list of those with protected characteristics, participants were enabled to distil out combinations of inequality that created specific additional disadvantage. For example, not just young people, but young men, and even more specifically young men who have recently become fathers but are currently excluded from education, employment and training. Another example was the identification of older carers who have recently lost their caring role as in need of specific support. Practitioners noted that participants found this a more stimulating and useful way of considering the impact of inequality¹¹. Stockport have since incorporated MWIA into the training for Equality Impact Assessment and have used it to develop a Teenage Pregnancy Prevention Education Course and a Lifestyle Support Service.

Similarly MWIA has recently been adapted for use as a Health Inequality Impact Assessment for commissioners as well as planning and delivery roles. Kent County Council¹² have promoted and commissioned MWIA's to district councils and within the County Council. A separate Health Inequalities and Well-being Impact Assessment (HIWIA) screening toolkit has now been introduced to Clinical Commissioning Groups and Community Development Workers to support the health inequalities agenda. The consultants that were involved reported an improvement in the level and quality of public engagement in local health services.

5. Other strengths and weaknesses of MWIA.

It provides an evidence base for robust decision making that provides transparency.

¹⁰ The Metropolitan borough of Stockport is in Manchester and has a population size of 280,000

¹¹ MWIA report Stockport Joint Health and Wellbeing Strategy

<http://www.apho.org.uk/resource/view.aspx?RID=122159>

¹² Kent is an English county with a population of 148,000 and Kent County Council employs 44,000 people.

Many of the initiatives described above have been examples of how MWIA provided evidence of potential impact on well-being (as defined by stakeholders) to funding bodies. The South London and Maudsley Journeys of Appreciation programme identified MWIA as the evidence base for their funding proposal to roll out a pilot project across other museums and with other wards¹³. The Well London Programme was able to demonstrate how and why particular projects were chosen to meet the specific requirements of micro communities. MWIA has particularly been useful for services not traditionally associated with mental health. For example, Sherringham Little theatre in Norfolk¹⁴ have used the priority impacts identified in a workshop involving parents and young people to evidence their impact on family life for a funding application for a new education room.

It increased the participants' awareness of mental well-being.

It is clear that MWIA succeeds in raising awareness about mental well-being. The workshop encourages the participants to reflect on what well-being means to them and to write their own group definition. A public health consultant trained in MWIA who implemented it on a social prescribing service said *'One of the most beneficial aspects of the process was the increase in mental wellbeing awareness among the huge range of individuals and agencies involved and the acceptance that wellbeing was everybody's business'*. In 2008 training of a range of professionals across 19 London Boroughs, 89% reported that the MWIA training had increased their understanding of mental well-being. For stakeholders engaged in the process there is also evidence of improved awareness. In 2012 the Kings Health Partners workplace MWIAs reported that 93% of participants across 8 NHS teams increase their understanding.

The process requires dedicated time and resource early in the design phase.

Full MWIAs require trained staff, experienced facilitators, note takers and commitment from key stakeholders for at least a half-day work shop. There is a feeling from some health commissioners and local government policy/strategist involved that although MWIA is an ideal engagement tool sometimes other colleagues who had no previous knowledge were unconvinced of a return on investment. Responsibility for shaping an initiative with an MWIA is also a subject of debate, not least because of the resource implications associate with the full process. Should outcomes be defined at a strategic level by a local authority? Should a commissioner use MWIA to shape a service/project specification tender document or should the duty be on providers to demonstrate their potential impact? However, in services where the MWIA has become embedded practitioners have said that the MWIA has been incorporated into existing approaches i.e. in most cases some kind of consultation process would take place anyway and the MWIA adds value by giving a focussed structure.

It requires wide ranging buy-in, political will and senior leadership.

All MWIA practitioners are change champions in their organisations and without the desire to support well-being and implement change the tool could become a tick box exercise just like any other planning tool. Equally these champions need to embed the ethos of mental well-being into their organisations and not being able to get senior, strategic support or buy-in at the project/service level and the beneficiaries/target group can be difficult. The use of the word 'mental' still has negative connotations for some organisations and some target groups. This stigma needs to be better understood and addressed otherwise there is a danger that organisations and services that need to understand their impact on mental well-being most will access the tool least. In the KHP process evaluation of happier@work pilot it was found

¹³ Full MWIA report of Art into Life (that set well-being objectives for Journeys of Appreciation <http://www.apho.org.uk/resource/item.aspx?RID=105935>

¹⁴ Full MWIA report of Sherringham Little Theatre <http://www.apho.org.uk/resource/view.aspx?RID=115709>

that teams experiencing conflict need support to implement MWIA to surface well-being issues safely and work creatively with conflict. Also teams reported that they needed ongoing support to address the issues raised in the MWIA and managers reflected that they needed to think about the resources available before hand.

MWIA was used extensively in the Liverpool City of Culture Programme. Liverpool (population 439,000) was funded in 2008 as the European Capital of Culture resulting in a year long celebration of the arts, sport, music, heritage and culture and a legacy of projects and initiatives in the following years. The Liverpool City of Culture received 130 million pounds over six years. Although MWIAs were used to shape the programme, the influence was difficult to trace. This is likely to have been because of the timing and the political buy-in as many of the projects had already begun, key decisions had been made and this meant that there were limitations in how much of an influence was possible¹⁵.

6. Conclusion

There is strong qualitative evidence that MWIA makes a difference to the way initiatives are implemented. There are examples of continued commitment to using the tool and some of embedding in whole service areas. In order for commissioners to be convinced of the value of this tool compared to other approaches it would be ideal to carry out a summative counterfactual evaluation with similar initiatives using different engagement and impact assessment tools. However, there is plenty of evidence outlined in this paper that MWIA does meet its objectives of orientating initiatives towards supporting the evidenced protective factors for well-being. There has been feedback about the necessity of MWIA in the current financial climate. This should be challenged as programmes and projects need to understand more how to meet need with limited resources, investment in understanding becomes a priority, not a luxury. Perhaps the key question is not whether MWIA can or cannot be linked to improved well-being in a statistically robust way, but rather is there organisational or service/project level appetite to open up a genuine conversation about well-being (before decisions have already been made) systematically across a range of policies and services?

¹⁵ Liverpool City of Culture MWIA <http://www.apho.org.uk/resource/item.aspx?RID=49457>