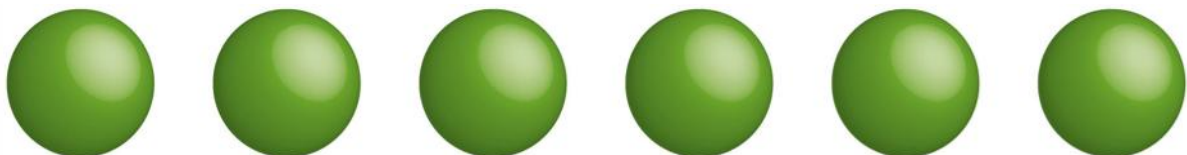




# Mind Wellbeing pilot evaluation

## Final report

September 2010



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## Executive summary

### Background and aims of the evaluation

Mind, the National Association for Mental Health is the leading UK charity for mental health. Mind's vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.

Mind is a federated organisation, consisting of Mind, based in London, Mind Cymru in Wales and 180 local Mind associations – registered charities in their own right – that offer specialised community support and care based on the needs of their communities.

One of Mind's current strategic objectives is 'creating mentally healthy communities'. As part of this work, Mind has been developing a programme of work on wellbeing. Wellbeing approaches to service delivery are also being adopted by a number of local Mind associations. The pilot work in three local Minds is the focus of this report.

The evaluation period ran from September 2009 to September 2010.

### The three local Mind associations

#### LMA1

LMA1 has approximately 30 staff and approximately 30 volunteers, working across several sites in a predominantly rural county. Since 2002 the organisation has been making fundamental changes to its strategic vision, its premises, its organisational structures and its personnel to transform itself from a mental health organisation to a wellbeing organisation.

#### LMA2

LMA2 employs approximately 20 staff and 75 volunteers. LMA2 began its wellbeing journey in 2006, when the local commissioners gave the director a 'do or die' challenge to create a wellbeing centre in the locality. The changes saw the development of new premises including a wellbeing centre, which opened in May 2008 with an art/dance studio, venues for a variety of courses, and a café open to the public.

## LMA3

LMA3 employs 30 staff (growing from a staff of 4, ten years ago) and 30 volunteers. It began as a YTS funded drop-in service 23 years ago. In September 2009 the organisation relocated from damp and dilapidated offices to central new premises that include a wellbeing centre.

## Research methodology

The evaluation took a learning orientated approach, seeking to ensure that both the evaluation process and its outputs contribute to organisational knowledge creation. The team developed 'logic models' for each local Mind, identifying contexts, mechanisms and outcomes to identify what was happening in each site.

The evaluation instruments included:

- A 'pre' and 'post' site visit to each local Mind to conduct semi-structured and unstructured interviews with members of staff, volunteers and beneficiaries of services (September 2009 and September 2010)
- A 'pre' and 'post' self-measure wellbeing survey at each local Mind (January 2010 and August 2010)
- Two learning events aimed at pilot local Minds and a wider group of local Minds with an interest in wellbeing approaches – the learning events included the development of a wellbeing-oriented organisational self-measure (November 2009 and May 2010).

In addition the evaluation team conducted desk research on wellbeing interventions, wellbeing measures, and organisational change.

## Findings

The principal aims of the wellbeing evaluation were to assess:

- whether any wellbeing-influenced shift in local Mind organisational culture occurred during the course of the pilot
- any changes in the demographic profile of people using the local Mind services
- whether beneficiaries reported improved wellbeing during the pilot.

We found that the organisational culture in LMA1 was already strongly informed by the

wellbeing approach, while LMA2 and LMA3 both made a significant positive shift during the year. More people from beyond the mental health service benefited from the local Mind activity and there was an increase in engagement in wellbeing activities. However, there was no evidence showing an increase in levels of subjective wellbeing - the score people gave themselves in the questionnaire to describe their general sense of life satisfaction.

## **Evidence of shifts in organisational culture**

The three local Minds are at different points in their transformation to a wellbeing organisation.

LMA1 began their change in 2002, and during the evaluation period we could not evidence any identifiable further shifts in culture. Wellbeing has a strong conceptual underpinning in LMA1 that has been in place for some years, with the Human Givens and positive psychology being particularly strong elements within this underpinning framework. During the evaluation year, this continued to be the case. The main organisational shift for LMA1 has been a more fundamental one, centred on the setting up of community interest companies to undertake wellbeing services; this was unrelated to the wellbeing monies that were the initial focus of this evaluation.

LMA2 began its transformation more recently, in 2006. The team identified the following organisational shifts during the course of the evaluation year 2009/10:

- A stronger emphasis on conceptual underpinnings for wellbeing, investigating the existing evidence base for what works and seeing what can be relevant for local circumstances; at the same time not losing sight of an applied approach, concentrating on delivering day to day services
- The consolidation and expansion of services run out of the Wellbeing centre and café, including solution focused therapy
- Increasing engagement with the wider community, for example a programme to deliver mental health awareness training to local employers
- Increased engagement with Mind via Jeff Walker, the wellbeing advisory group, wellbeing special interest group, and with other local Minds interested in wellbeing approaches.

The wellbeing monies were allocated to a specific wellbeing project at LMA2, the development of an allotment. Progress on this specific project was slower than anticipated, but by the end of the evaluation period the partnerships and resources were in place to

begin the delivery of the service.

LMA3 is currently employs 30 staff and 30 volunteers and works across two boroughs in Wales. It began its journey towards the development of a wellbeing strategic vision in 2005 and this culminated in the opening of a Wellbeing Centre in 2009. Their new wellbeing centre was opening just as the evaluation period began, and LMA3 bid to use the wellbeing grant monies for specific organisational change activities. The evaluation team identified the following shifts during the course of the year:

- Wellbeing became increasingly strongly embedded with staff, becoming part of the organisational discourse; allied to this, staff's own wellbeing was made a clear priority, with considerable emphasis on LMA3 being a 'considerate employer'
- The conceptual underpinnings of wellbeing, and the theories of change that might drive the move towards becoming a wellbeing organisation, became more clearly articulated during the course of the year
- Engagement with the wider local community was clearly evidenced, partly through delivering training programmes, and partly through more collegiate linkages with other public and voluntary sector agencies interested in wellbeing approaches
- Increased engagement with Mind via Jeff Walker, the wellbeing advisory group, wellbeing special interest group, and with other local Minds interested in wellbeing approaches.

### **Changes in the profile of people using local Mind services**

There was no evidence of a change in the socio-demographic profile of people using services from the survey. However, for the two local Minds (LMA2 and LMA3) for which we have data, there was a significant increase in the number of people using the local Mind services who were not existing users of mental health services. Alongside this, all three local Minds reported that their referrals or the sources of recommendations for their services were much broader, with individuals able to access services directly, and with referrals from primary care and other voluntary organisations, rather than solely from mental health services. This re-orientation was clearly enabling a wider range of people to become beneficiaries of local Mind services than had previously been the case.

### **Evidence of improved wellbeing for beneficiaries**

Around 200 survey forms were completed and therefore only limited conclusions may be drawn from this dataset. Some people chose not to complete forms and new people joined

for survey two, while others left, and the national economic and political environment changed rapidly. All these factors bear upon the following conclusions.

The evaluation did not find any evidence of overall improved wellbeing for beneficiaries of the local Minds. The levels of general life satisfaction remained essentially stable at LMA 2 and LMA3 (change over time data was not available for LMA1).

However, we did find evidence of an increase in engagement in wellbeing activities at LMA2 and LMA3, which suggests they have been successful in one of their primary aims of increasing the amount of wellbeing activities on offer.

We also noted evidence of relatively high levels of wellbeing amongst volunteers at LMA2 and LMA3.

When we reviewed the data by group, we saw an apparent drop in overall life satisfaction for beneficiaries and volunteers during the evaluation period, while staff general life satisfaction was relatively stable. This was in spite of an apparent increase in wellbeing activities across all three groups (staff, beneficiaries and volunteers) during the evaluation period.

We noted that the life satisfaction data appear to show a similar pattern over time to the data on satisfaction with standard of living and confidence about future financial prospects. We cannot link these data directly, but we noted that the evaluation was conducted during a period when national discourse is dominated by spending cuts and austerity measures. We could speculate that the decrease in financial satisfaction and confidence in the future reported by beneficiaries and volunteers may be off-setting any impact of increased wellbeing behaviours.

What can be stated with certainty is that results show us that local Mind activities, and any immediate impacts they may have on people's behaviour, represent only one element in a complex web of factors affecting people's overall sense of subjective wellbeing and satisfaction with life. Local Minds who adopt a wellbeing approach need to be cautious on what outcomes they design services to deliver. Improving wellbeing is a long-term impact which any wellbeing oriented service will ultimately be aiming for. However the outcomes used to measure services need to be more short-term and measurable.

## Recommendations

Some specific issue arose during the course of this evaluation, and we have provided a short list of recommendations that may be helpful in any further work.

### **Ensure wellbeing outcomes are short-term and measurable**



The team was asked to identify any changes in wellbeing as part of this evaluation. However, improving wellbeing is a long-term goal, not a short-term outcome. Local Minds considering adopting a wellbeing approach will need to develop measures for assessing the success of services that are 'SMART' – specific, measurable, achievable, realistic and time-based.

### **Maintain services for existing beneficiaries**

Ensure any local Mind planning to adopt wellbeing approaches has clear strategies to 'keep on board' existing beneficiaries.

### **Review Mind Quality Standards**

A number of items in the Mind Quality Standards have been identified by the pilot local Minds as potentially in conflict with the wellbeing agenda. These matters should be debated at a national level.

### **Further develop the Wellbeing Special Interest Group**

The community of practice formed by the national wellbeing manager is appreciated by the pilot local Minds. Further collective work could include developing a database of wellbeing interventions, using the evidence resource provided in this evaluation as reference point.

### **Support volunteers**

The survey findings suggest that volunteering for a local Mind may be beneficial for wellbeing. Further work could be undertaken to discover whether people who change their role from beneficiary to volunteer do indeed increase their wellbeing, how and why. Secondly, a local Mind should ensure that volunteers, as well as beneficiaries, have access to services such as employment support and financial advice.

### **Link wellbeing and personalisation**

It is clear that further work is needed by in some local Minds to respond to changes if and when block contracts for mental health services are replaced by direct payments. Wellbeing services may be attractive to individuals purchasing their own support, and strategies to engage with potential direct payment recipients should be incorporated in wellbeing service planning.

### **Learning resources**

We developed a number of learning resources during the course of this evaluation, including an action planning tool, a self-evaluation measure and a wellbeing interventions evidence resource. These are provided in the appendices of this report for future use.



# 1. Introduction

## 1.1 Background

Mind, the National Association for Mental Health is the leading UK charity for mental health. Mind's vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.

Mind is a federated organisation, consisting of Mind based in London, Mind Cymru based in Cardiff, and 180 local Mind associations – registered charities in their own right – that offer specialised community support and care based on the needs of their communities.

One of Mind's current strategic objectives is 'creating mentally healthy communities'. As part of this work, Mind has been developing a programme of work on wellbeing. This programme of work has included creating a national wellbeing post, establishing a wellbeing advisory/reference group (with members from Mind, selected local Minds, and external stakeholders) and a wellbeing special interest group with a wider membership of local Minds. In addition, wellbeing approaches to service delivery have been piloted by a number of local Minds. The pilot work in three local Minds is the focus of this report.

Mind's stated aim for the three pilot Minds is 'to implement a wellbeing approach and/or enable a step change by putting into practice what has been distilled in Mind's wellbeing values. Each pilot was scheduled to run from 1 August 2009 to 30 June 2010 and received a grant or a legacy of either £35,000 or £45,000 for that purpose.'<sup>1</sup>

Mind's stated aims for the overall wellbeing pilot work are:

- "to start a policy debate in Mind nationally to re-examine Mind's role and who Mind's constituencies are – exploring whether to broaden Mind's reach, from concentrating on people who using secondary services to include the general public
- to strengthen and add to Mind's own quality framework for service delivery by local Minds

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<sup>1</sup> Mind (May 2009) 'Tender Brief for Mind's Wellbeing research'. The terms of the wellbeing monies and evaluation brief were disputed by some LMAs; we discuss this issue in later sections

- to influence government (local and national) thinking.”<sup>2</sup>

## 1.2 Aims of the evaluation

The aims of the wellbeing evaluation are to assess:

- whether any wellbeing-influenced shift in Mind organisational culture has occurred during the course of the pilot as a result of the grants
- the commonalities (and differences) between the three local Minds
- the demographic profile of people using the local Minds services
- whether beneficiaries reported improved wellbeing during the course of the pilot.

## 1.3 Overall approach and methodology

The evaluation overall took a learning oriented approach,<sup>3</sup> and used models based on Pawson and Tilley’s realist evaluation methodology.<sup>4</sup>

The learning orientated approach is based on a social model of learning, seeking to ensure that both the evaluation process and its outputs contribute to organisational knowledge creation. Pawson and Tilley’s realist evaluation uses logic model approaches, identifying contexts, mechanisms and outcomes to identify what works, for whom, why and which circumstances.

The evaluation instruments included:

- A ‘pre’ and ‘post’ site visit to each local Mind to conduct semi-structured and unstructured interviews with members of staff, volunteers and beneficiaries of services
- A ‘pre’ and ‘post’ self-measure wellbeing survey at each local Mind
- Two learning events aimed at local pilot Minds and a wider group of local Minds with an interest in wellbeing approaches – the learning events included the development of a wellbeing-oriented organisational self-measure.

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<sup>2</sup> Mind (May 2009) ‘Tender Brief for Mind’s Wellbeing research’

<sup>3</sup> Hughes & Newenhuis (2006) *Evaluate Europe Handbook* vol.1, European Commission

<sup>4</sup> Pawson & Tilley (1997) *Realistic Evaluation*, Sage

In addition we conducted desk research on wellbeing interventions, wellbeing measures, and organisational change.

The research followed the Social Research Association's Ethical Guidelines (2003) to steer its design and implementation, including the appropriate design of interview schedules and questionnaires, obtaining informed consent from research participants and assuring confidentiality and data protection both during and after the work is completed.

This report first summarises the context within which the wellbeing work is being developed in the local Minds , before outlining the data gathered during the evaluation period. Finally we discuss the results and other issues arising during the evaluation process. We have also provided a short summary of recommendations.

### **1.3.1 Participants**

Peter Bates of the National Development Team for Inclusion<sup>5</sup> was the leader of the evaluation team, which consisted of Sara Dunn and Andy Parnham. Anita Wilkins of NDTi provided support in realist evaluation approaches.

We would like to thank all the staff, volunteers and beneficiaries from the three local Mind Associations that took part. We would also like to thank Mind staff involved in the project management: Anny Brackx, Lindsay Foyster and Tessa Denham. We would particularly like to thank Jeff Walker of Mind for his dedication throughout the course of this work.

## **1.4 Terminology**

We have used the Department of Health definition of wellbeing contained in the Mind statement of wellbeing values:

“Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional ('happiness'), and development and activity dimensions.”<sup>6</sup>

We have used the term 'beneficiary' in this report to refer to an individual who uses a service or takes part in an activity provided or facilitated by the local Mind. Where we

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<sup>5</sup> The National Development Team for Inclusion (NDTi) is a not-for-profit organisation which works to promote inclusive lives for people who are most at risk of exclusion. NDTi has a varied portfolio of research and evaluation work designed to inform and influence the nature of services and wider community supports to promote inclusive lives.

<sup>6</sup> Mind (2009) 'Mind's Wellbeing values'

directly quote an interviewee or document, we retain their terminology (which may refer to person, client, customer or service user).

We have provided a brief glossary of specific evaluation terms in Appendix 1.



## 2. Context

### 2.1 National context

The concept of wellbeing has gained increasing prominence in public policy over the previous decade. Its champions include the Young Foundation and the New Economics Foundation, as well as individuals such as Richard Layard and Martin Seligman. Wellbeing as an idea and an aspiration is increasingly evident in national policies in health, social care, education, environment and transport.

Under the new coalition administration, the DH white paper 'Equity and Excellence: Liberating the NHS' gives local authorities explicit responsibility for integrating NHS, social care and public health services in order to promote health and wellbeing.<sup>7</sup>

Mind has responded to this trend in a number of ways, including its participation in the 'Future Vision Coalition', which placed mental wellbeing at the heart of a vision for the mental health services of the next decade.<sup>8</sup> In addition Mind has begun a programme of work on wellbeing, as outlined in 1.1 above.

### 2.2. Local context

Local authorities have begun to apply a wellbeing lens to commissioning and delivering services across social care, education, environment and transport, a high profile example being the recently completed 4-year Local Wellbeing Project pilot run by Young Foundation/LSE/IDeA in partnership with three local authorities.<sup>9</sup> Wellbeing also has a presence in the Total Place<sup>10</sup> initiatives which will see local authorities taking a more integrated approach to health, social care and other local services.

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<sup>7</sup>[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

<sup>8</sup> Future Vision Coalition (2010) 'A future vision for mental health'

<sup>9</sup> <http://www.youngfoundation.org/our-work/networks-and-collaboratives/the-local-wellbeing-project/local-wellbeing-project>

<sup>10</sup> <http://www.localleadership.gov.uk/totalplace/>

In tandem with these developments, local Mind associations have evidenced increasing interest in wellbeing approaches, with some local 24 Minds involved in meetings of the special interest group to date. According to Mind's Jeff Walker:

"[The] move towards offering a wellbeing approach [for local Minds is] usually based upon local experiences, expressed wishes/aspirations of service users and funding opportunities. In essence, the move towards wellbeing appears to be an 'organic' development. Consequently, each local Mind visited had an individual perspective on wellbeing and varying ranges of services aimed at delivering a wellbeing approach."<sup>11</sup>

This report looks in some detail at the perspectives and experiences of three local Mind associations between September 2009 and September 2010.

## **2.3 Pilot local Mind background and context**

### **2.3.1 LMA1**

LMA1 has approximately 30 staff and 30 volunteers, working across several sites in the county. The main city in the county is affluent with pockets of quite severe deprivation.

The Chief Executive Officer of LMA1 is a psychology graduate who has been at LMA1 for twenty years. LMA1 has experienced a lot of turbulence in recent years. Since 2002 the organisation has been making fundamental changes to its strategic vision, its premises, its organisational structures and its personnel. The Chief Executive Officer has been responsible for leading these changes, which she summarised as follows:

"The big changes began about seven years ago at this Mind. We had 30 staff with meaningless job descriptions. Mental health services generally, and Mind in particular, had no common theme for its work. We were stuck in the battles about service user identity. There was a lack of clarity about our purpose, and endless ideological battles. Eventually one group split away from Mind to pursue their own approaches."

The remaining local Mind, LMA1, began seriously to investigate wellbeing approaches approximately four years ago.

#### **a. The path to a wellbeing organisation for LMA1**

According to its Director, LMA1:

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<sup>11</sup> Mind (2008) 'Mind's approach to Wellbeing', paper by Jeff Walker to MMT 11 Nov 2008

“... arrived at wellbeing as an approach via two influences - Human Givens<sup>12</sup> and Jim Collins' *Good to Great*.<sup>13</sup>

The Human Givens approach identifies a set of core needs each human being has. We found that everyone who works for us and alongside us and for whom we work could sign up to the Human Givens. Another way we look at it is 'social inclusion in reverse'. We believe that the identity of mental health service user is meaningless and unhelpful. We are all human beings.

From *Good to Great* we took: the 'hedgehog' approach, which is about being super-focused on your goals, and 'getting the right people on the bus', which is about having the right staff alongside you. We also follow Collins' advice on what not to do: 'We don't make promises we can't keep; we don't do for someone what they can do for themselves; we don't do what others can do better.’”

Other key influences for LMA1 are the precepts of positive psychology<sup>14</sup>, strengths-based approaches and recovery models. In addition, key individuals in the local commissioning environment, in particular, the Joint Commissioning Manager for mental health at the Primary Care Trust (and also a member of Mind's wellbeing advisory panel), have been influential in supporting change. A description of the change in functions the move to wellbeing has entailed is provided in the table below.

LMA1: 'From mental health services to wellbeing networks'<sup>15</sup>

We used to...	We now aim to...
Run Day Services	Develop and support community hubs, networks and training resources
Run Accommodation Projects	Provide Housing Support and offer a housing management role to housing providers

<sup>12</sup> We provide more detail about Human Givens in section 3.1.1.

<sup>13</sup> We provide more detail about Jim Collins in section 3.1.1

<sup>14</sup> We provide more detail about positive psychology in section 3.1.1

<sup>15</sup> Reproduced from documents written by the Director of LMA1



We used to...	We now aim to...
Support people with their mental health problems	Coach, listen, be alongside, share knowledge and expertise, learn from the knowledge, expertise of those we support, mentor, help recognise and build on strengths, train, create the conditions/environments where confidence can be built, self-esteem regained, ambitions fulfilled, positive emotions and engagement experienced, so that resilience and happiness increase.
Take referrals	Welcome introductions, help people explore opportunities available and build positive relationships within the network. If the opportunity is to be coached to achieve a specific goal then time limited contract for this coaching is agreed – but everyone is welcome within the network for as long as it is helpful, re-engaging in coaching as needed.
Work with people with severe and enduring mental health problems	Work with anyone seeking support to improve their wellbeing and mental health. While our focus remains on those with the more severe problems, we can also provide something positive and helpful to people signposted from Primary Care, IAPT, Wellbeing & Access and the general public seeking independent support, and do so in ways that ALSO support those with more severe problems.
Move people on	Work with people to find the right accommodation for them and maintain our relationship, at least within the networks
Meet people's needs	Work with people to help them identify how their needs are/are not being met, and find/develop/strengthen the resources they need to meet their needs
Run drop-ins	Facilitate social hubs, provide safe havens when needed, be a point of contact when things getting difficult or heading to crisis
Take people on holiday	Facilitate people going on holidays, in groups or as individuals
Monitor people's mental health	Work with people to develop positive self-management strategies and crisis plans
Run activity groups	Support people to pursue their common interests, realise ambitions – directly within our networks, or by finding other ways/places that give such opportunity
Have a code of conduct	Share our values and expectations.

## b. Summary of LMA1 core services and activities

	2006 (prior to WB changes)	Sept 2010
People in touch with LMA1	< 300	> 800
Signposted/referred from	Recovery & Independent Living (R&IL), Rehabilitation	R&IL, Rehab, Forensic, Assertive Outreach Team, Wellbeing and Access, GPs, Women's Aid, Adult social services
One to one support	Caseload of 30 inc. 18 in housing	STR caseload of 60 inc 28 housing
Enhanced support	None	4
Peer support networks	None	Women's network (>300)
Housing resources	Social housing	Social housing, private landlords
Collaborations	None	NHS, County Council, City Council, third sector, local business
Promotion & prevention; training; community development	Occasional events	Intrinsic to all activities

## c. Current highlights and threats for LMA1

The Chief Executive Officer (CEO) of LMA1 describes the highlights of the last 18 months as follows:

- The Support service working well with a committed team, and with modernised premises complete
- The Learning and Development service becoming a registered provider with the Open College Network, and providing training such as Support Time and Recovery accredited courses to staff in commissioned mental health services across the

county.

The CEO describes the potential threats to LMA1 as follows:

- Major funding cuts could threaten the viability of current services
- There is potential for loss of senior staff if developments do not progress
- There is ongoing difficulty in recruiting and retaining board members
- The housing contract has been subject to cuts and contracting arrangements changed; LMA1 may not have its contract renewed
- Changes in personnel or structures amongst commissioning/contracting bodies may adversely affect LMA1's position
- There is a conflict between the Mind Quality Standards and the mode of operation at the Support Service, in particular around interpretations of 'service user involvement'.

The Board of LMA1 have approved plans to split the current services between LMA1 and two community interest companies(CIC). One CIC is already established and is primarily an information and signposting service. A second CIC will pursue community support for individuals, community networks and wellbeing and recovery training services. LMA1 would focus on housing management and campaigning .<sup>16</sup>

The Director summarises the current position (Sept 2010) as follows:

“There is no doubt that things are tough and likely to get tougher. Over the next 18 months our commissioned work will be put out to tender and there will be less money available for them. As these are still the base on which we have managed this evolution, this may put the next stages in jeopardy. We do not have further reserves to invest. Income generation is still some way off, so we have a strategy to bring in charitable funding to take the next steps in our development. Becoming a social enterprise ensures that we can maximise all opportunities for engaging the right people at the right level, and the ways in which we can generate income. Our partnership with the CIC, and with the LMA1 charity that will remain after the formation of the new CIC, will maximise the resources available to us all.”

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<sup>16</sup> Highlights, threats and information about future plans are from LMA1's documents written by the Director.

### 2.3.2 LMA2

LMA2 was formed in 1970s and is a single organisation that delivers services across three boroughs. LMA2 employs approximately 20 staff (15 wte) and 75 volunteers at two sites. The Director who joined in 2001 after 15 years working with people with serious mental health problems in London. One site includes a café and wellbeing centre.

#### a. The path to a wellbeing organisation for LMA2

According to the Director:

“The services at LMA2 had not changed for years, and encouraged dependency. We had a social club whose members did not move on; there were always the same four guys playing pool downstairs, the premises were tired; the staff had quite a fixed view of what the clients needed. Everyone was stuck in their ways and there was little interaction with 'the real world'.

The change to wellbeing was a reactive thing. Rethink did a report into services in this area, and said that a wellbeing approach was needed. The social services funders led the changes. Basically they came to me and said 'we want a wellbeing centre here. We can pay Mind to do it, and if you don't want to we can pay someone else to do it, but then we can't fund Mind to carry on with its day services.' Initially I felt defensive: 'They are critical of what we are doing'. Then I realised that our services - users and staff including me - were indeed stuck and we needed to change. The funders were then very supportive during the quite stressful period of major change, which involved buildings, services and staff.”

The changes saw the development of new premises into a wellbeing centre that opened in May 2008 at a cost of £0.26 million with an art/dance studio, venues for a variety of courses, and a café open to the public, all with the aim of “ensuring that all aspects of our work embrace the concepts of personalisation, recovery, community engagement and the 5 Ways to Wellbeing”.<sup>17</sup>

In 2007-8 LMA2 also expanded services into the neighbouring borough. The new operation delivers a mix of services including advocacy, a family support worker, service user development worker, and a community worker focusing on Black and minority ethnic communities.

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<sup>17</sup> Quoted from LMA2 annual review 2007-8. The 5 ways to wellbeing were developed by New Economics Foundation: connect, be active, take notice, keep learning, give. See <http://www.neweconomics.org/projects/five-ways-wellbeing>

The wellbeing monies that are subject of this evaluation were assigned to develop the allotment project to supply fresh vegetables to the cafe. As well as fitting in with the overall vision for the wellbeing centre, it was recognised that horticultural work supplies many of the wellbeing behaviours, connecting with others, exercise, being outside and the hope of growth and harvest.

Although the allotment had been part of the 2006 vision for a wellbeing centre, progress has been slow. It rapidly became clear that additional funds and a paid coordinator would be needed, and an alliance has been formed with the local service for people with learning disabilities, the Allotment Society and the Council. A working agreement has been signed and the project is now being jointly developed with the Council and Allotment Society bidding for funds to provide toilets, the learning disability service has paid for paths, raised beds and a greenhouse, and LMA2 pays for the coordinator who has been appointed to start on 13 September 2010. This means that, although the whole of the evaluation year 2009-10 has been dominated by negotiations, partnership building and funding submissions, there is now a firm basis to make progress and funding is secure for the next two years.

The key influences on LMA2's wellbeing journey have been:

- Social inclusion and community engagement – offering a wellbeing service to the whole community, and supporting people who have used the service to move out into participation in every aspect of community life.
- Combating dependence – by making specialist courses short term; encouraging active lifestyles and move-on; promoting responsibility by charging people for participation; and using focused role descriptions for volunteers so everyone is accountable.
- Avoiding assumptions based on labels – by discontinuing the use of terms like 'service user', reducing the profile of the Mind logo, establishing a high quality environment that communicates a welcome and positive status to all.

## b. Summary of LMA2 core services and activities

Service/ Activity	Functions	Referral	Usage
1-2-1 (borough 1)	'Gateway' to individual and group therapeutic services; 50-minute session with trained volunteer provides info on LMA2 services, signposting to other agencies and mainstream community activities	Self referral – people get to hear of the service via word of mouth, newspapers, GPs, CMHT or PCMHT referrals, police. People from locked wards with their support worker; voluntary inpatients	Around 50 in the first quarter of 2010
Educational courses (borough 1)	One-off events through to 10 week courses; inc. physical exercise (e.g. Tai Chi), therapeutic (e.g. assertiveness), lifestyle (e.g. flower remedies), creative (e.g. singing); some free, some £2.50/session. Taster courses to build confidence.	Self referral as above	58 course completions in the first quarter of 2010
Drop-ins (borough 1)	Advice surgeries run by external agencies inc education, housing, welfare, routes to work; LMA2 community access service; advocacy drop-in; free	Open access; mix of referral sources as above	32 surgery sessions offered in the first quarter of 2010 and 35 people attended
Allotment project (borough 1 - Green Footprint)	Organic allotment run together with learning disability service, growing veg and flowers for the cafe	Open access	Operational from Sept 2010

Service/ Activity	Functions	Referral	Usage
Café (borough 1)	Vegetarian café run by three qualified workers and volunteers; emphasis on healthy, low-cost, local and ethical food. Internet access and WiFi connection.	Open access	Café: 650-700 ppl per month spending avg £4.50 at beginning 2009. First poetry evening planned for Oct 2010 – sold out at £20 per ticket.
Counselling services (borough 1)	Person-centred counselling offering up to 12 sessions. Also 8 sessions Solution Focused Counselling.	Self referral	70 people a month engaged in person-centred counselling at the start of 2010. 8 people per month engaged in solution focused counselling.
Information area (borough 1)	Signposting to the local Minds services and those provided by other agencies		Monitoring system in development
Advocacy (borough 2)	Independent Mental Health Advocacy Service for detained patients	Self referral, family, friend or via external agencies	44 people received support in the first quarter of 2010
Family support (borough 2)	Support family and carers of people using secondary mental health services. Includes monthly session for carers with guest speakers and support group	Self referral or via external agencies	21 people received support in the first quarter of 2010
BME support (borough 2)	Advocacy service focusing on BME community	Self referral or via external agencies	11 people received support in the first quarter of 2010

Service/ Activity	Functions	Referral	Usage
Community engagement (borough 2)	Engaging communities on wellbeing and mental health inc representation on strategic boards and fora. Supporting self-run groups	Self referral or via external agencies	

### c. Current highlights and threats for LMA2

The Director describes some of the LMA2 highlights of the last 18 months as follows:

- Funding for extra staffing in management, finance, marketing and fundraising has increased capacity and sustainability
- The solution focused therapy service has begun
- The team has been completed for borough 2
- A relationship has been formed with a mental health organisation called Creative Support who have assigned some of their ST&R workers to support people to access mainstream community facilities
- A programme to deliver mental health awareness training to employers has begun, linked to the Mindful Employer initiative
- A new round of discussions with GPs has begun, partly in response to the NHS plans to reconfigure commissioning arrangements.

The Director identifies the potential threats to LMA2 as follows:

- Funding cuts in response to the national economic downturn
- Competition from large national providers who have more dedicated expertise working on funding bids and submissions
- Some aspects of LMA2 are unduly reliant on short-term funded posts, which creates instability and the danger of over-expansion
- Partnerships becoming focused on discussions rather than action and service delivery.



### **2.3.3 LMA3**

LMA3 began as a YTS funded drop-in service 23 years ago. The director has been with the organisation in different roles for 11 years and has a background in mental health social work. LMA3 employs 30 staff (growing from a staff of 4, ten years ago) and 30 volunteers. The organisation has recently (Sept 2009) relocated from damp and dilapidated offices to central new premises, which has been named as a wellbeing centre, thanks in part to a £0.3m lottery grant.

#### **a. The path to a wellbeing organisation for LMA3**

According to the Director wellbeing has been part of the thinking within LMA3 for a number of years. She identified her predecessor as key to instilling an open, helpful and facilitating atmosphere within the organisation. The Director feels their growth towards being an outward looking organisation, engaged with the local community, has been an organic process driven by the intuitions and inclinations of staff. The new building has been explicitly designed with a holistic approach to wellbeing in mind. The adoption of a wellbeing focus has not led LMA3 to abandon the work of helping people with their mental health issues, but they have rather seen these activities (anxiety management and so on) as a key part of the wellbeing agenda.

The pilot project at LMA3 had three goals:

- To explore how improving staff wellbeing might improve service delivery
- To improve the understanding of wellbeing amongst staff and volunteers, and especially to explore how it helped people moved away from a traditional 'caring for people' approach
- To learn about the impact of wellbeing on organisational structure and management arrangements and to produce a staff development toolkit.

#### **b. Summary of LMA3 core services and activities**

Note that the final column in this table provides a single month's usage data, rather than uptake over a longer period.

Service/ Activity	Functions	Referral	Current Usage (Aug 2010)
Wellbeing centre	<ul style="list-style-type: none"> <li>● Daily lunch club</li> <li>● Volunteering opportunities</li> <li>● I.T. groups</li> <li>● Therapeutic Art and Crafts</li> <li>● Complimentary therapies</li> <li>● S.A.D. light room</li> <li>● Anxiety Management</li> <li>● Understanding Anger</li> <li>● Managing Depression</li> <li>● Relaxation and sleep</li> <li>● Resource/ Information Centre</li> </ul>	<ul style="list-style-type: none"> <li>● Open referral, inc:</li> <li>● Self</li> <li>● Social services</li> <li>● Health services</li> <li>● Other 3<sup>rd</sup> sector organisations</li> <li>● Housing services</li> <li>● Police</li> <li>● Probation</li> </ul>	85 people made a total of 492 visits
Floating support	Help for people living independently in own home to maintain their tenancies including support re: advocacy, budget planning, support planning, landlord negotiations etc	Application and assessment process – referral from other agencies and internally from other LMA3 services	64 'bed units'
Community connections	Helping people access community activity including work/volunteering, physical activities, leisure activities, education etc	Application and assessment process – referral from other agencies and internally between services	57 people engaged in activities
Outreach	MH info and advice	Open access	6

Service/ Activity	Functions	Referral	Current Usage (Aug 2010)
Housing	4 supported houses: 1 intense support, 3 longer term	Application and assessment process – referral from other agencies and internally from other LMA3 services	13 ‘bed units’
Counselling	One to one counselling service – person centred, cognitive behavioural therapy, human givens therapy and solution focused therapy	Application and assessment process – referral from other agencies and internally from other LMA3 services as well as self referral	Currently 42 counselling sessions/week offered
Training	Mental Health First Aid (MHFA) training and Applied Suicide Intervention Skills Training (ASIST) - 2 day training courses to support people in a first aid situation until further support can be engaged – either experiencing mental health issues (MHFA) or when experiencing thoughts of suicide (ASIST)  Stress busting  Mental health awareness	Open access, inc. staff from: 3 <sup>rd</sup> sector organisations; Ambulance Service, Welsh Police Forces and Prison Service, Jobcentre Plus, Primary Health Care and Social Care, Further and Higher Education,	Each of the courses usually run once a month, average 8 to 20 attendees

### c. Current highlights and threats for LMA3

According to the director, highlights of the past 12 months include:

- Being consulted on wellbeing by other organisations in the local community
- Seeing ‘the penny drop’ for staff and external stakeholders, so that wellbeing as a

concept is beginning to get really embedded in the organisational culture

- An increased demand for services (but see threats below)
- More requests for training and information provision to other organisations
- The new Wellbeing Centre providing more opportunities for service provision in an environment that promotes wellbeing
- The setting up of a trading company to sell training opportunities

The following threats were identified:

- Potential insecurity of funding because of the economic downturn and subsequent cuts
- Some of the organisation's core Wellbeing Centre funding is being reviewed
- There has been a marked increase in demand for services resulting in the Wellbeing Centre often 'bursting at the seams'
- The Counselling service has developed an eight month waiting list because of increased demand – this is devaluing the benefit of the service as it cannot be provided in a needs and time appropriate way.



## 3. Findings

Our findings for each local Mind are described in three ways:

1. 'Logic models': these provide a useful overview of the data gathered during site visits concerning the overall approach the local Minds were taking to wellbeing work, their rationale, and what the intended outcomes and impacts of the wellbeing work were
2. Detailed data from the wellbeing surveys: this includes analysis by group (i.e. staff, beneficiaries and volunteers) and by local Mind, and enables some interrogation of the effects, if any, on various aspects of wellbeing for the three stakeholder groups at the three local Minds
3. An organisational self-assessment grid 'Aspects of a wellbeing organisation'; this tool focused specifically on the organisational culture and the differences and commonalities between the three local Minds.

### 3.1 Logic models

The logic model framework allows an overview of the assumptions, processes and intended outcomes of the work under evaluation. We have used the following definitions for the stages within the logic model:

- Contexts: what problem is the overall programme trying to address? What contextual factors might impact on the programme or its beneficiaries?
- Theories of change: what are the assumptions and theories underpinning the choice of programme, project and activity?
- Inputs: what strategies/plans drive the programme? What resources are at the local Minds' disposal?
- Mechanisms: what is it that will generate change?
  - Activities: activities or strategies that are necessary for the implementation of the programme

- Outputs: products, process indicators, attendance figures, changes in patterns of use of different resources
- Intended short-term outcomes: changed practice, changed experience, changed behaviour in individuals and organisations. Please note the logic model identifies the intended outcomes; we discuss how far these can be shown to have been realised later in the report
- Intended longer-term impacts: changed circumstances, culture change, sustained change. Please note the logic model identifies the intended impacts; we discuss how far these can be shown to have been realised later in the report.

The contexts and theories of change in the logic model cover the general picture of the local Mind’s work. The inputs, activities, outputs and impacts are focused down on the work associated with the wellbeing monies local Minds received in 2009, where possible.

### 3.1.1 Logic model for LMA1

#### a. LMA1 contexts

Commissioning environment	Intra-Mind relationships	Organisational finance	Organisational culture & structure
Individuals sympathetic to WB occupy influencing roles at commissioning level	WB work initiated by LMA1 before Mind project; predates legacy money & NDTi review period	WB monies: legacy for LMA1, not a grant from Mind	Emerging from schismatic period which led to organisational split
Difficult financial environment for commissioners	Ambivalence about evaluation instigated at Mind (see below)	Precarious overall financial position for local Mind	Strong underpinning service and organisational change philosophies
Less sympathetic contractual environment – tightening of terms and resources	Issues associated with Mind Quality Standards, specifically with reference to user involvement		Problems with recruiting to board and potential governance problems

Commissioning environment	Intra-Mind relationships	Organisational finance	Organisational culture & structure
	Ambivalence about value of Mind brand in promoting WB services		In process of shifting services from local Mind charity status to Community Interest Company/ies

### b. LMA1 Theories of change

Theories of change for services & beneficiaries	Theories of change for organisation
Human Givens: helping people meet defined emotional needs will improve their wellbeing (see below)	Three principles drawn from 'Good to great' (see below). The first principle is 'get the right people on the bus'. Forming an effective team needs to happen before the detailed plan is worked out in order to achieve ownership.
Positive psychology: helping people identify their strengths will increase and sustain wellbeing (see below)	Second is focusing narrowly on core competence will improve organisational effectiveness
Recovery approaches: focusing on wellness not illness will facilitate recovery which in turn will increase wellbeing (see below)	Third is the 'flywheel' – sustained effort towards the same goal will eventually create its own momentum and become self-sustaining.
Staff culture: all staff must buy-in to HG, +ve psychology & recovery approaches for WB services to be effective	

## **Notes on theories of change at LMA1**

*Human Givens:* The basic assumption of this psychotherapeutic approach is that people have evolved innate physical and emotional needs called 'human givens'. Everyone instinctively seeks to meet these needs in their environment. When a person's innate needs are met in the environment, he or she will flourish. When these needs are not met in a balanced way, mental distress results. The focus of the therapy is the discovery and rectification of any blocks to these needs being met. According to this approach, innate emotional needs include:

- security – safe territory and an environment that allows development
- attention – to give and receive it
- a sense of autonomy and control – having volition to make responsible choices
- being emotionally connected to others
- feeling part of a wider community
- friendship and intimacy with someone who is accepting of the total person, flaws included
- privacy – the opportunity to reflect and consolidate experience
- a sense of status within social groupings
- a sense of competence and achievement
- meaning and purpose.

*Positive psychology:* this branch of psychology asserts that the absence of positive wellbeing leads to the development of distress over time; and that positive interventions can be as effective in promoting better mental health as other more commonly used approaches such as cognitive behavioural therapy.

Positive psychology can also be an engine of change for organisations; appreciative inquiry is organizational-level methodology for approaching organizational change based on an understanding of how organizational resourcefulness is generated through accessing positive emotional states, imagination and social cohesion.



### *Recovery approaches:*

This model emphasises each individual's potential to recover from the experience of mental distress. Recovery is seen as a personal journey likely to involve the finding or rediscovery of:

- hope
- a secure base
- a durable sense of self
- supportive relationships
- empowerment and inclusion
- coping strategies including self-management or self-help
- developing a sense of meaning and overall purpose.

According to this approach, recovery:

- requires people who believe in and stand by the person in recovery
- can occur even if symptoms reoccur
- changes the frequency and duration of symptoms
- is not linear
- takes place as a series of small steps
- focuses on wellness not illness
- should focus on consumer choice.

### *Jim Collins' From Good to Great:*

A well known organisational management book. 'Greatness' is defined as performance several multiples better than the market average over a sustained period of time.

According to Collins, great companies and organisations become great by staying focused on their products, their customers and their businesses. They aspire to higher levels of excellence, are never content to become complacent and are passionate about their products and services. They have leadership that is not ego-driven, and have organizational cultures that embrace constant change.

### c. Inputs, outputs and intended outcomes for LMA1 Wellbeing monies

The inputs and their associated activities, outputs and intended outcomes identified here are the general activities undertaken to implement a WB approach. The wellbeing monies that Mind defined as the grant inputs for this pilot had already been disbursed to LMA1 prior to the start of the evaluation and added to their 'overall development funding'. It has therefore not been possible to identify activities specifically funded by those monies at this local Mind.

Inputs	Mechanisms: activities & outputs	Intended short term outcomes	Intended longer term impacts
<p><i>Funds</i></p> <ul style="list-style-type: none"> <li>● Wellbeing legacy</li> <li>● Existing overall development funding</li> </ul>	<p>Work on monitoring</p> <ul style="list-style-type: none"> <li>● Use of local recommended monitoring approaches</li> </ul> <p>Desk research into wellbeing practice</p> <ul style="list-style-type: none"> <li>● Discussion papers</li> <li>● Group planning days</li> </ul> <p>Work on underpinning framework for working with clients</p>	<p><i>Organisational</i></p> <ul style="list-style-type: none"> <li>● WB approach embedded with staff</li> </ul>	<p><i>Organisational</i></p> <ul style="list-style-type: none"> <li>● Sustained improved subjective wellbeing for staff &amp; vols</li> <li>● Sustained increased wellbeing behaviours for staff &amp; vols</li> <li>● Improved staff retention</li> </ul>
<p><i>Strategies &amp; plans</i></p> <ul style="list-style-type: none"> <li>● Organisational plan</li> <li>● Qualities framework for staff</li> </ul>	<ul style="list-style-type: none"> <li>● Piloting of framework with people signposted from primary care</li> </ul> <p>Seeking external collaborations</p> <ul style="list-style-type: none"> <li>● NHS (various), County Council, City Council, third sector, local business</li> </ul>	<p><i>Beneficiaries</i></p> <ul style="list-style-type: none"> <li>● improved subjective wellbeing for beneficiaries</li> <li>● increased wellbeing behaviours</li> </ul>	<p><i>Beneficiaries</i></p> <ul style="list-style-type: none"> <li>● Sustained improved subjective wellbeing for beneficiaries</li> <li>● Sustained increased wellbeing behaviours</li> </ul>

<b>Inputs</b>	<b>Mechanisms: activities &amp; outputs</b>	<b>Intended short term outcomes</b>	<b>Intended longer term impacts</b>
<p><i>External expertise</i></p> <ul style="list-style-type: none"> <li>● Coaches &amp; mentors</li> </ul>	<p>Coaching &amp; Mentoring of staff</p> <ul style="list-style-type: none"> <li>● HG trained consultant do staff supervision</li> </ul>	<p><i>Service</i></p> <ul style="list-style-type: none"> <li>● Referrals from wider range of sources</li> </ul>	<p><i>Service</i></p> <ul style="list-style-type: none"> <li>● Sustained connection with wider range of referral sources</li> </ul>
<p><i>Staff time</i></p> <ul style="list-style-type: none"> <li>● Peer practice co-ordinator (for some of pilot period)</li> <li>● Ongoing inputs from AW</li> </ul>		<p><i>External</i></p> <ul style="list-style-type: none"> <li>● Reputation for innovation in services</li> <li>● Wider range of funding opportunities</li> </ul>	<p><i>External</i></p> <ul style="list-style-type: none"> <li>● Reputation for delivery of effective services</li> <li>● Funding opportunities realised</li> </ul>

### 3.1.2 Logic model for LMA2

#### a. LMA2 contexts

<b>Commissioning environment</b>	<b>Intra-Mind relationships</b>	<b>Organisational finance</b>	<b>Organisational culture &amp; structure</b>
<p>Borough-wide review of mental health day services conducted in 2006 in response to Govt requirements. Commissioners drove move to WB approach, challenging LMA2 to : 'Do or die'</p>	<p>At the beginning, there was some ambivalence about Mind and its role in relation to service provision and to this WB evaluation.</p>	<p>WB monies: legacy 'owned' by LMA2, not a grant from Mind</p>	<p>An applied approach to wellbeing –act on the main things that will lead to improvements – exercise, diet etc.</p>

Commissioning environment	Intra-Mind relationships	Organisational finance	Organisational culture & structure
Variety of approaches from different commissioners: LMA2 led on the wellbeing concept; the neighbouring borough subsequently asked for a similar service to be established	Mind liaison officers withdrawn during 2009, increasing the feeling of distance from the centre	WB monies enabled other bids to be won	Could not or did not want to continue with status quo of service provision
More recently, a stricter notion of contract compliance has been favoured rather than freedom for creative responses to perceived need	Ambivalence about value of Mind brand in promoting WB services (e.g. Wellbeing Centre puts Mind brand in background)	Additional funds became available in 2009 to enable appointment of a finance officer who also helps with funding applications.	Split sites; cafe on one site and 'traditional' advocacy and other services run out of another site; third site bought but not developed on first visit
A focus on evidence-based interventions that deliver measurable outcomes	WB work already initiated by LMA2 before Mind project started		Visited five other WB projects in 2006 to sharpen thinking and consolidate vision

## b. LMA2 Theories of change

Theories of change for services & beneficiaries	Theories of change for organisation
The '5 ways to wellbeing' identified by New Economics Foundation will lead to improved wellbeing for all stakeholders; an applied and practical approach to behaviour change	It is crucial to have the right people on the staff team and bring them together in a shared effort.

Theories of change for services & beneficiaries	Theories of change for organisation
Solution focused therapy helps manage difficulties so people can engage in WB enhancement activities and these build confidence and interests to take out into the wider community beyond the service – recovery, wellbeing and then inclusion	Focusing narrowly on core competence will improve organisational effectiveness
Staff culture influences outcomes for beneficiaries: all staff must model WB if services are to be effective	Ambitious and successful leadership requires the leader to stick to some non-negotiables whilst genuinely involving everyone in the negotiable areas

### **Notes on theories of change at LMA2**

*Five ways to wellbeing:* The New Economics Foundation (nef) was commissioned by the Government's Foresight project on Mental Capital and Wellbeing to develop a set of evidence-based actions to improve personal wellbeing. The 2008 Mental Capital and Wellbeing Report analysed the most important drivers of mental capital and wellbeing.

The nef concept of wellbeing comprises two main elements: feeling good and functioning well. Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for wellbeing is our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing. For more information see <http://www.neweconomics.org/publications/five-ways-wellbeing-evidence>

*Solution focused therapy:* A type of talking treatment that focuses on what people want to achieve through therapy rather than on the problem(s) that made them to seek help. The approach does not focus on the past, but instead, focuses on the present and future. The therapist/counsellor uses 'respectful curiosity' to invite the person to imagine their preferred future, and then begin jointly to move towards it, whether in small steps or large changes.

### c. Inputs, outputs and intended outcomes for LMA2's wellbeing work

Inputs	Mechanisms & activities Outputs	Intended short term outcomes	Intended longer term impacts
<p><i>Funds</i></p> <ul style="list-style-type: none"> <li>● Wellbeing legacy £35k</li> <li>● Eco-Minds grant of £20k</li> <li>● £10k capital from learning disability service to provide raised beds, greenhouse etc at allotment</li> <li>● Allotment Society bid to National Lottery Awards for All for funds to install toilets</li> </ul>	<ul style="list-style-type: none"> <li>● New relationships with the Allotment Society, Council allotment worker, learning disability service</li> <li>● Written agreement between LMA2 and the learning disability service has been established and they are joint signatories on the lease for the allotment plots.</li> </ul>	<p><i>Organisational</i></p> <ul style="list-style-type: none"> <li>● WB approach embedded with staff</li> <li>● Retention levels improved</li> </ul>	<p><i>Organisational</i></p> <ul style="list-style-type: none"> <li>● Sustained improved subjective wellbeing for staff &amp; vols</li> <li>● Sustained increased wellbeing behaviours for staff &amp; vols</li> <li>● Improved staff retention</li> </ul>
<p><i>Strategies &amp; plans</i></p> <ul style="list-style-type: none"> <li>● Organisational plan</li> </ul>		<p><i>Beneficiaries</i></p> <ul style="list-style-type: none"> <li>● improved subjective wellbeing for beneficiaries</li> <li>● increased wellbeing behaviours</li> </ul>	<p><i>Beneficiaries</i></p> <ul style="list-style-type: none"> <li>● Sustained improved subjective wellbeing for beneficiaries</li> <li>● Sustained increased wellbeing behaviours</li> </ul>

Inputs	Mechanisms & activities Outputs	Intended short term outcomes	Intended longer term impacts
		<i>Service</i> <ul style="list-style-type: none"> <li>● Referrals from wider range of sources</li> </ul>	<i>Service</i> <p>Sustained connection with wider range of referral sources</p> <p>concept of service user outmoded</p>
<i>Staff time</i> <ul style="list-style-type: none"> <li>● One staff member focusing on allotment project and engagement with evaluation process, alongside other duties</li> </ul>	<ul style="list-style-type: none"> <li>● Stakeholder engagement ref allotment planning;</li> <li>● Appointment of allotment coordinator to start Sept 2010</li> <li>● A self-assessment tool for individuals based on 5 ways to wellbeing is under development</li> </ul>	<i>External</i> <ul style="list-style-type: none"> <li>● Reputation for innovation in services</li> <li>● Wider range of funding opportunities</li> </ul>	<i>External</i> <ul style="list-style-type: none"> <li>● Reputation for delivery of effective services</li> <li>● Funding opportunities realised</li> </ul>
<i>Training</i> <ul style="list-style-type: none"> <li>● Solution focused therapy</li> </ul>	<ul style="list-style-type: none"> <li>● Staff &amp; vols received training in SFT</li> </ul>		

### 3.1.3 Logic model for LMA3

#### a. LMA3 contexts

Commissioning environment	Intra-Mind relationships	Organisational finance	Organisational culture & structure
Commissioning environment in flux; planning groups have been on hold and are now under review.	Positive relationship with Mind Cymru and Mind	WB Money understood as a grant with conditions attached including taking part in review	New building came into use near the beginning of the pilot period
LAs are maintaining status quo at present – but all awaiting impact of global public services cuts			WB approached with open mind regarding learning
			Emphasis on being supportive employer e.g. staff room, flexitime, complementary therapies for staff

#### b. LMA3 Theories of change

Theories of change for services & beneficiaries	Theories of change for organisation
Staff culture: if staff have good wellbeing it will impact on WB of people using services	Learn by doing: adopt a reflective practice approach and ensure staff share learning with each other
Human Givens: helping people meet defined emotional needs will improve their wellbeing	Being a considerate employer will improve the wellbeing of staff and volunteers which in turn will improve the wellbeing of beneficiaries



Theories of change for services & beneficiaries	Theories of change for organisation
Positive psychology: helping people identify their strengths will increase and sustain wellbeing	Being a considerate employer will decrease absenteeism
The nef Five ways to Wellbeing will lead to improved wellbeing	An emotionally warm, welcoming and hopeful environment delivers the best result

### c. Inputs, outputs and intended outcomes for LMA3 Wellbeing grant

The inputs and their associated activities, outputs and intended outcomes identified here relate to the specific work funded by the wellbeing grant undertaken during the pilot period.

Inputs	Mechanisms: activities & outputs	Intended short term outcomes	Intended longer term impacts
<p><i>Funds</i></p> <ul style="list-style-type: none"> <li>Wellbeing grant of 35k</li> </ul>	<p><i>Partner engagement</i></p> <ul style="list-style-type: none"> <li>WB Training given to 'Communities first' initiative</li> <li>Discussions on WB approaches with local health authority</li> <li>Fact finding trips to other local Minds</li> </ul>	<p><i>Organisational</i></p> <ul style="list-style-type: none"> <li>WB approach embedded with staff</li> <li>WB measured for staff</li> <li>Improved staff morale</li> <li>Decreased absenteeism</li> </ul>	<p><i>Organisational</i></p> <ul style="list-style-type: none"> <li>Sustained improved subjective wellbeing for staff &amp; vols</li> <li>Sustained increased wellbeing behaviours for staff &amp; vols</li> </ul>

Inputs	Mechanisms: activities & outputs	Intended short term outcomes	Intended longer term impacts
<p><i>Strategies &amp; plans</i></p> <ul style="list-style-type: none"> <li>● Organisational plan</li> <li>● Marketing plan to highlight wellbeing in all local Mind promotions</li> <li>● WB Toolkit developed</li> </ul>	<p>Toolkit for wellbeing based on FLOW: Flourishing Lives Optimising Wellbeing. Resulting services included:</p> <ul style="list-style-type: none"> <li>● Promoting positive behaviours: Laughter workshop; relaxation therapies</li> <li>● Addressing negative behaviours e.g. Stressbusting (53 beneficiaries, 60 staff &amp; vols)</li> </ul>	<p><i>Beneficiaries</i></p> <ul style="list-style-type: none"> <li>● improved subjective wellbeing for beneficiaries</li> <li>● increased wellbeing behaviours</li> <li>● improved participation for beneficiaries and volunteers</li> </ul>	<p><i>Beneficiaries</i></p> <ul style="list-style-type: none"> <li>● Sustained improved subjective wellbeing for beneficiaries</li> <li>● Sustained increased wellbeing behaviours</li> </ul>
<p><i>Staff time</i></p> <p>Secondment for duration of pilot; funds paid for backfill of posts</p>	<ul style="list-style-type: none"> <li>● Further volunteering and leisure activities within the community</li> <li>● Complementary therapies for beneficiaries and staff</li> </ul>	<p><i>Service</i></p> <ul style="list-style-type: none"> <li>● Referrals from wider range of sources</li> </ul>	<p><i>Service</i></p> <ul style="list-style-type: none"> <li>● Sustained connection with wider range of referral sources</li> </ul>
<p>A wellbeing team was formed with representatives from all project areas with time backfilled with relief staff.</p>		<p><i>External</i></p> <ul style="list-style-type: none"> <li>● Reputation for innovation in services</li> <li>● Wider range of funding opportunities</li> </ul>	<p><i>External</i></p> <ul style="list-style-type: none"> <li>● Reputation for delivery of effective services</li> <li>● Funding opportunities realised</li> </ul>

Inputs	Mechanisms: activities & outputs	Intended short term outcomes	Intended longer term impacts
<p><i>Training</i></p> <ul style="list-style-type: none"> <li>● WB training day with external facilitators</li> <li>● Training on motivational interviewing</li> </ul> <p>Sleep training</p>	<ul style="list-style-type: none"> <li>● 10 staff participated in wellbeing training</li> <li>● 13 staff participated in motivational interview training</li> <li>● Sleep training: 60 staff and volunteers</li> </ul>		

### 3.2. Wellbeing survey

It was originally planned to undertake two different types of survey at the local Minds, each conducted at the start and end of the evaluation period. One survey covered a range of wellbeing measures, and was intended to be filled in by all three main groups of stakeholders at the local Mind: staff, volunteers and beneficiaries. The second survey was aimed at beneficiaries alone, and was intended to gather views on the wellbeing services they received. After feedback from the pilot project local Minds, it was agreed to merge the surveys, with beneficiaries being invited to complete the section that related to experience of using the local Mind.

The wellbeing survey received a good response rate however, and was conducted in January 2010 and then again in August 2010. The aim of the wellbeing survey was to identify any changes in the self-reported activities and subjective feelings of all the stakeholder groups at the three local Minds.

The results of this survey are outlined below. The results are first analysed by stakeholder group, then by individual local Mind.

### 3.2.1 Wellbeing survey results by group

#### a. Overall profile of survey respondents by group

		Survey 1			Survey 2		
No. surveys returned		118			71		
No. Beneficiaries of local Mind services (current or past) ( <b>B</b> )		61			17		
No. Volunteers at local Mind ( <b>V</b> )		17			15		
No. Paid staff at local Mind (f/t or p/t) ( <b>S</b> )		21			19		
		<b>B</b>	<b>V</b>	<b>S</b>	<b>B</b>	<b>V</b>	<b>S</b>
Currently using mental health services (any, inc. Local Mind) %		75%	53%	14%	40%	41%	26%
Gender:	Male %	45%	23%	34%	41%	41%	21%
	Female %	55%	76%	66%	59%	59%	79%
Working f/t or p/t %		23%	53%	100%	23%	53%	100%
Age left education	16/ younger %	67%	47%	38%	65%	41%	37%
	17-18 %	16%	11%	29%	12%	20%	26%
	19/ older %	8%	35%	33%	12%	26%	37%
Ethnicity: White British %		92%	83%	95%	100%	100%	100%
Sexuality: heterosexual %		83%	94%	90%	95%	100%	95%
Disabled (self-defined) %		57%	23%	19%	53%	26%	21%

Survey 1 was conducted Jan/Feb 2010; Survey 2 was conducted Aug 2010

B = beneficiaries at local Mind; V = volunteers at local Mind; S = paid staff at local Mind

[Beneficiaries who also volunteer are counted in volunteer total only.

Proportions may not always add up to 100% of the sample total as not all respondents answered all questions]

There is a higher total response rate for survey 1 than for survey 2, principally because LMA1 was unable to conduct the second round of surveys. We need therefore to treat results concerning changes over time with some caution, as the sample size for individual stakeholder groups in the second survey is very small. Nonetheless, it is possible to draw out some tentative findings, and these are illustrated and discussed below.

The first round of the survey had a much higher proportion of beneficiary respondents; this is principally because LMA1 distributed survey 1 only, and to beneficiaries only, whereas LMA2 and LMA3 distributed survey 1 and survey 2 to volunteers and staff as well as beneficiaries.

Other points to note regarding the overall profile of respondents include:

- A number of staff and volunteers identify as current users of mental health services
- Not all beneficiaries are currently using mental health services; in survey 2 in particular, there are more volunteers than beneficiaries using mental health services
- There are more female than male staff; the gender balance is more even amongst beneficiaries and amongst volunteers, though there are slightly more women than men in these groups too<sup>18</sup>
- Over two-thirds of beneficiaries left full-time education aged 16 or younger; compared to approximately half the volunteers and just over a third of staff
- The 23% level of employment for beneficiaries is closely in line with national figures: the Labour Force Survey 2007 showed an employment level of 22% for people with mental health problems
- The proportion of respondents from minority ethnic groups broadly reflects the demographics of the localities in survey 1, but not in survey 2, where there were no respondents from BME groups
- The proportion of all respondents identifying as heterosexual is broadly in line with national averages
- Over half of beneficiaries in both surveys identify as disabled, as do approximately a fifth of volunteers and staff.

All national average figures quoted in the tables and figures below are from the latest update (2010) of the DEFRA wellbeing statistics.<sup>19</sup>

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<sup>18</sup> In 2007, DEFRA found that in the working age population, women reported higher rates of wellbeing scores than their male counterparts.

<http://www.defra.gov.uk/evidence/statistics/environment/pubatt/index.htm>

As with any survey where respondents volunteer and the survey is self-administered, these surveys are subject to sample bias. Those people who are willing to undertake surveys are likely by inclination be more communicative and engaged, and may score differently on wellbeing measures as a result. This, together with the limited sample size noted above, means we must exercise caution in interpreting these results.

The aspects of wellbeing analysed in detail give only a partial view of the many factors that impact on wellbeing. They have been chosen because they offer the potential for comparison with national averages.

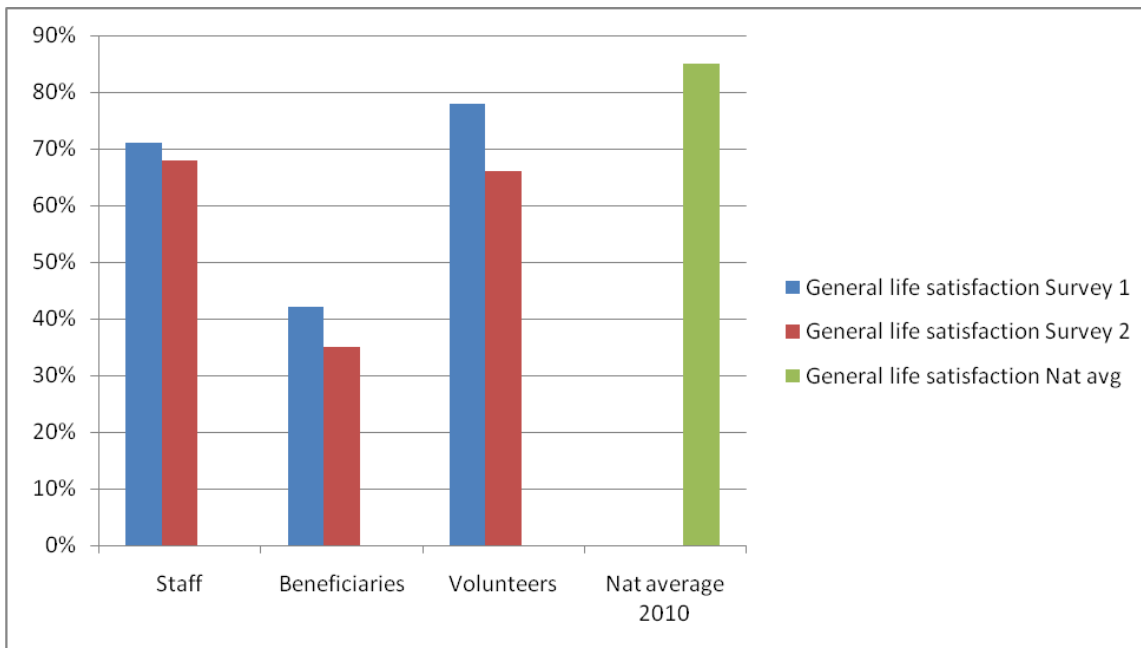
### **a. Respondents' views on their general life satisfaction**

Respondents were asked 'All things considered, how satisfied are you with your life as a whole nowadays?' This question is the validated standard 'catchall' wellbeing question used in the European Social Survey, Defra Wellbeing survey and other national and local surveys. It is clearly a highly generalised measure and, like the other subjective measures (as opposed to behaviour/activity measures), the scores are very dependent on respondents' state of mind at a particular moment. For this reason we would be very cautious about the validity of a measure such as this to track an *individual's* wellbeing over time. However, when aggregated to show the scores of a *group*, it can be a useful general indicator. The larger the sample size, the more useful and valid the measure.

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<sup>19</sup> DEFRA Wellbeing statistics 2010:  
<http://www.defra.gov.uk/evidence/statistics/environment/pubatt/index.htm>

Figure 1: Percentage of respondents who 'are satisfied or completely satisfied with their life as a whole nowadays'



	Survey 1	Survey 2
Staff	71%	68%
Beneficiaries	42%	35%
Volunteers	78%	66%
Nat Avg 2010 (Defra)		85%

It is clear that the overall life satisfaction measure for beneficiaries is lower than that for staff and volunteers. This finding is unsurprising but does support the rationale of a wellbeing approach from local Minds. It is interesting to note that volunteers score as well as or better than staff on this general measure, despite their high levels of unemployment and use of mental health services. Again this finding is supported by wellbeing research, which suggests volunteering has a positive impact on the wellbeing of the volunteer, as well as increasing social capital.

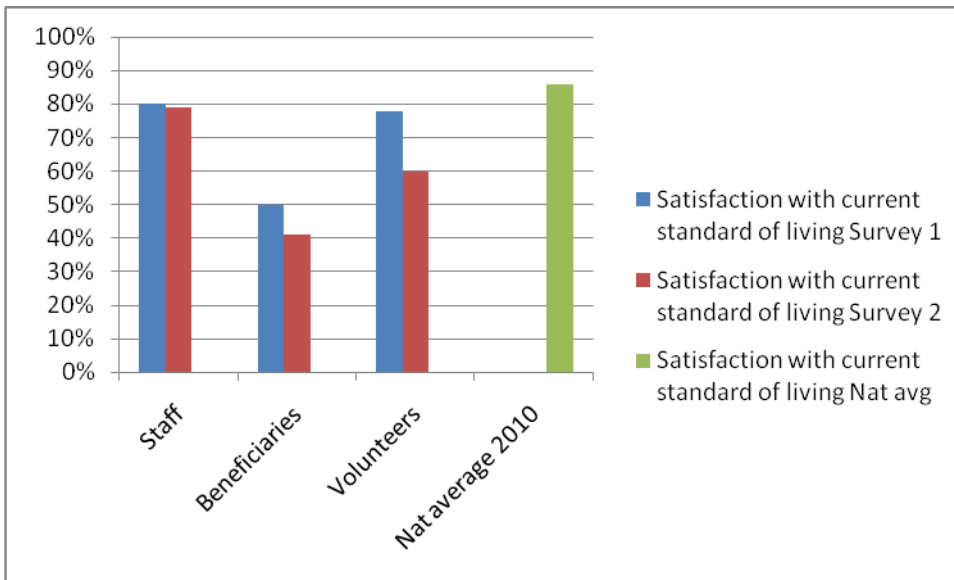
It is worth noting here that beneficiaries who also volunteered were placed in the volunteer category, and the charts would perhaps look a little different if they had been placed in the beneficiary category.

Overall the results show a marginal decrease in life satisfaction across all groups between January and August. The change is most marked amongst volunteers, followed by

beneficiaries. It is least marked amongst paid staff.

**b. Respondents' feelings about their material and financial wellbeing**

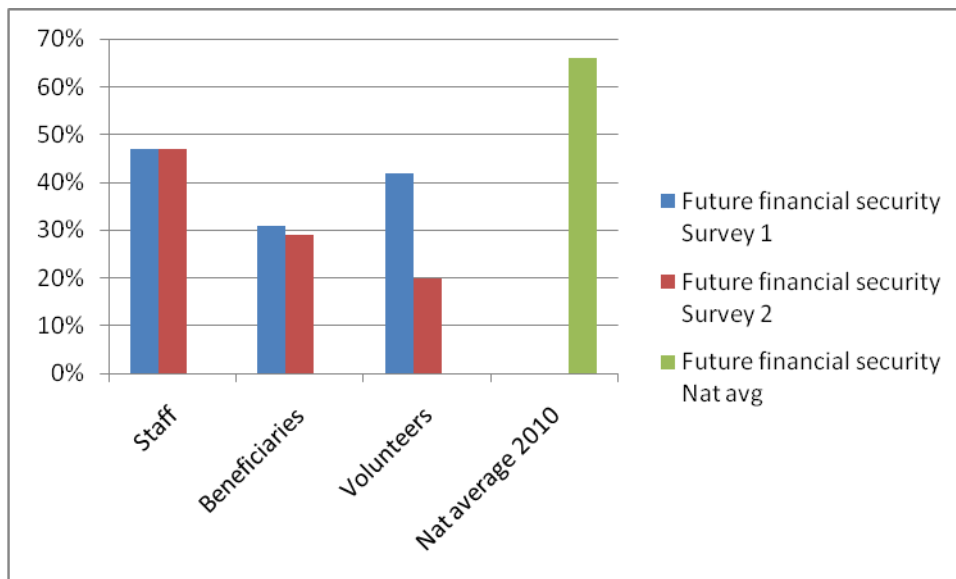
*Figure 2: Percentage of respondents who 'feel satisfied or very satisfied with their current standard of living'*



	Survey 1	Survey 2
Staff	80%	79%
Beneficiaries	50%	41%
Volunteers	78%	60%
Nat avg 2010 (Defra)	86%	



Figure 3: Percentage of respondents who 'are confident or very confident about their future financial security'



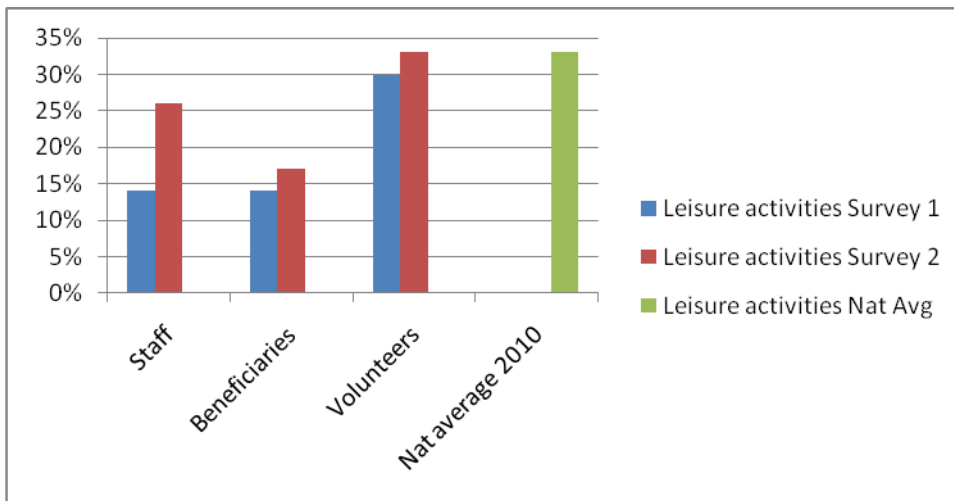
	Survey 1	Survey 2
Staff	47%	47%
Beneficiaries	31%	29%
Volunteers	42%	20%
Nat avg 2010 (Defra)	66%	

The above data appear to show a decrease both in current satisfaction with standard of living and in confidence in future financial wellbeing between January and August 2010 affecting beneficiaries and volunteers quite strongly, but not staff. The satisfaction and confidence levels of all three groups are well below the national average. It should be noted that the Defra national statistics are based on a survey conducted prior to the general election and the subsequent announcements of welfare and public sector cuts.<sup>20</sup>

<sup>20</sup> DEFRA surveys found little change in wellbeing scores between their surveys in 2007, 2009 and 2010. Changes in the national wellbeing profile during 2010 may be revealed in future surveys. <http://www.defra.gov.uk/evidence/statistics/environment/pubatt/index.htm>

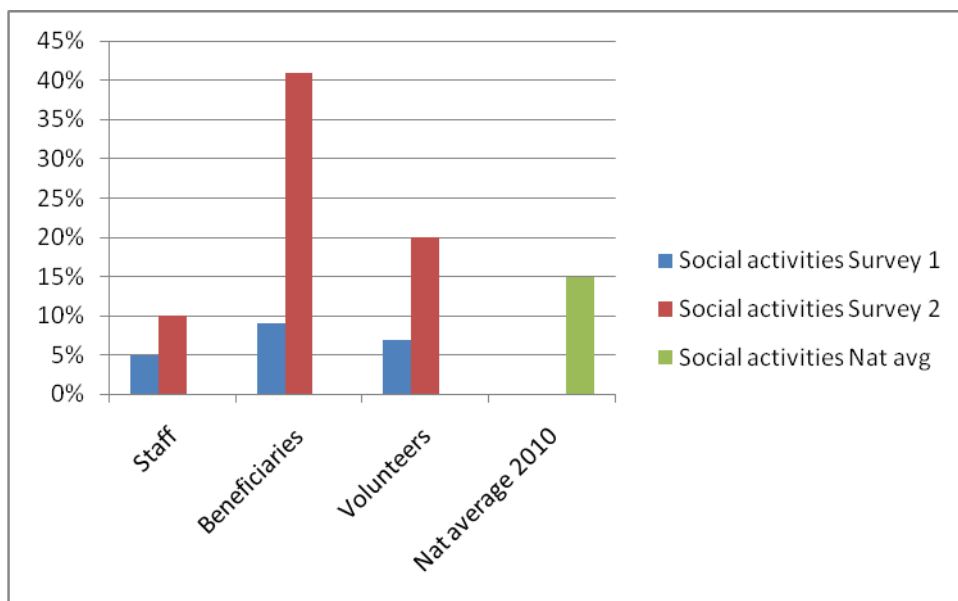
### c. Respondents' frequency of engagement in positive activities

Figure 4: Percentage of respondents 'engaging in leisure activities every day or most days'



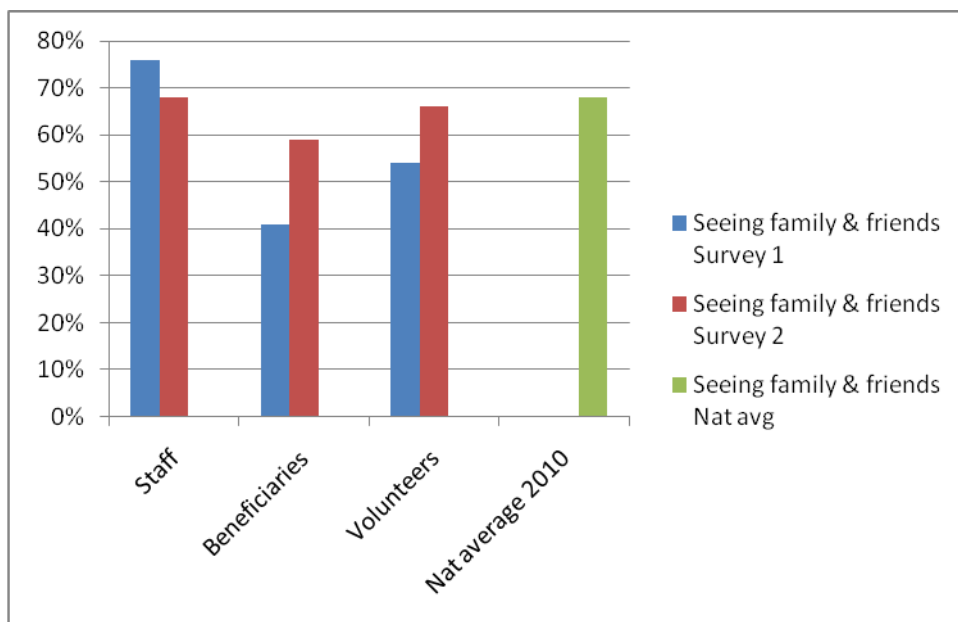
	Survey 1	Survey 2
Staff	14%	26%
Beneficiaries	14%	17%
Volunteers	30%	33%
Nat avg 2010 (Defra)	33%	

Figure 5: Percentage of respondents 'engaging in social activities every day or most days'



	Survey 1	Survey 2
Staff	5%	10%
Beneficiaries	9%	41%
Volunteers	7%	20%
Nat avg 2010 (Defra)	15%	

Figure 6: Percentage of respondents 'seeing family and friends every day or most days'



	Survey 1	Survey 2
Staff	76%	68%
Beneficiaries	41%	59%
Volunteers	54%	66%
Nat avg 2010 (Defra)	68%	

There appears to be an increase in all positive activities between January and August 2010 across all three groups. Particularly marked are the increase in leisure activities reported by staff, and the increase in social activities reported by beneficiaries and volunteers.

There are two main caveats with interpretation of these results. We could reasonably speculate that engagement in activities is affected by seasonal changes, with many activities peaking in summer and falling off in winter. The response period for survey 1 covered a time of extremely cold weather across the UK, which directly impacted on people's ability to travel even short distances. Secondly, we cannot definitely attribute these changes to local Mind services.

Nonetheless the increase in positive activities is a definite change during the course of this review, with the biggest change being in the level of social activities of beneficiaries. As all

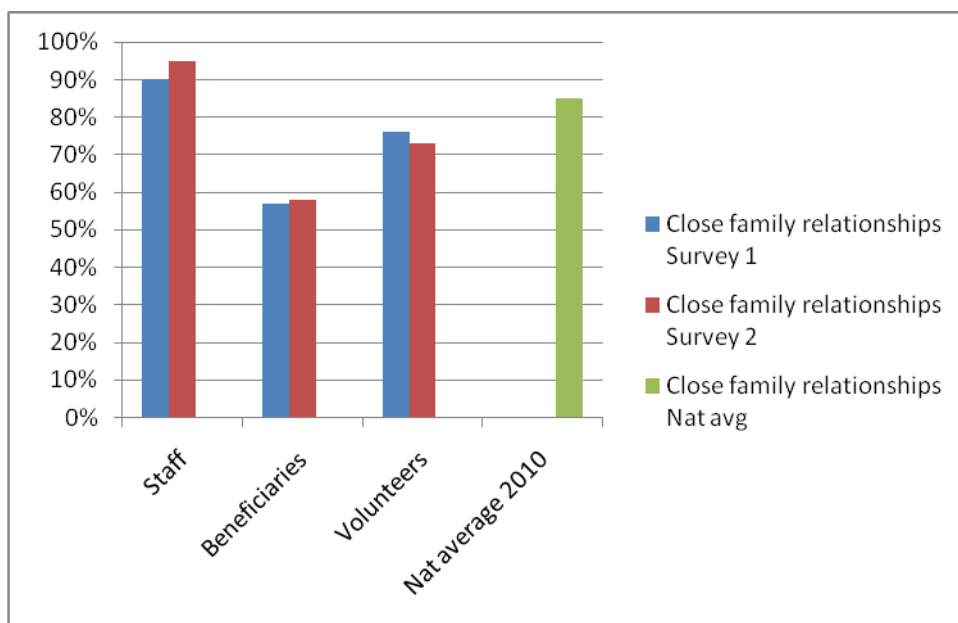
three local Minds recognise the importance of social activities in contributing to wellbeing, and gear a number of their services around supporting social activities for beneficiaries, these data represent a positive change.

To further consolidate the data, we would recommend that any monitoring of this kind undertaken by the local Minds themselves is conducted at similar times of year in order to control for seasonal variation. In addition, local Minds should consider further face to face discussions on the nature of the activities to elicit more detailed data. This was not possible given the resources available for this evaluation, but it would be one way of establishing a firmer link between local Mind services and beneficiary activities.

Finally it is interesting to note that the increase in wellbeing activities reported by all three groups between January and August 2010 does not appear to translate into higher levels of general life satisfaction. We return this issue in the discussion section later in this report.

#### d. Respondents' satisfaction with family and close relationships

Figure 7: Percentage of respondents who 'feel satisfied or very satisfied with their close personal relationships (family or friends)'



	Survey 1	Survey 2
Staff	90%	95%
Beneficiaries	57%	58%
Volunteers	76%	73%
Nat avg 2010 (Defra)	85%	

In both survey 1 and 2 local Mind staff have a higher than average level of satisfaction with their relationships with close family and friends. Beneficiaries have the lowest levels of satisfaction with close relationships; volunteers appear more satisfied than beneficiaries but still some way below the national average. There is little change over time between the two surveys.

These findings are interesting to consider alongside the apparent increase in frequency of social activity and frequency of seeing family and friends between the two surveys. They are a reminder that there may be a distinction between quantity of social contact and quality of emotional engagement that remains unaddressed for both volunteers and beneficiaries.

### 3.2.2 Wellbeing survey results by local Mind

#### a. Wellbeing survey responses, overall profile by local Mind

		LMA1		LMA2		LMA3	
		S1	S2	S1	S2	S1	S2
No. surveys returned (N)		40	0	31	17	47	54
Beneficiaries of local Mind services (past or present)		100%		58%	56%	19%	20%
Currently using mental health services (any, inc. local Mind)		90%		41%	66%	32%	17%
Gender:	Male	55%		20%	30%	30%	30%
	Female	45%		80%	70%	70%	70%
Avg age		52 yrs		46 yrs	51 yrs	47 yrs	47 yrs
Working f/t or p/t		13%		65%	59%	82%	65%
Age left education	16/younger	70%		56%	47%	46%	42%
	17-18	20%		13%	23%	21%	20%
	19/older	8%		30%	30%	19%	27%
Ethnicity: White British		94%		90%	100%	94%	100%
Sexuality: heterosexual		80%		85%	100%	92%	93%

	LMA1		LMA2		LMA3	
Disabled (self-defined)	80%		22%	41%	17%	16%

S1 = survey 1 Jan/Feb 2010

S2 = survey 2 Aug 2010

We have provided below the detailed results for the complete surveys for each individual local Mind, where available. It should be remembered that these figures are the aggregate totals across all three groups in LMA2 and LMA3, where the surveys were completed, as intended, by staff, beneficiaries and volunteers. At LMA1 the aggregate total represents responses from beneficiaries only, as no volunteers or staff completed the survey.

We have not illustrated the results graphically as it is not valid to ‘compare’ local Minds when circumstances on the ground are different and the survey samples were divergent in profile. In particular, the proportions of respondents who were staff, volunteers or beneficiaries are quite different between local Minds, with LMA2 respondents being over 50% beneficiaries, and LMA3 respondents being one-fifth beneficiaries, and LMA1 being 100% beneficiaries.

Data for change over time are not available from LMA1, as noted in the previous section, as it was not possible to administer the second round of surveys.

Notwithstanding these caveats, it may nonetheless be useful for LMA2 and LMA3 to note any changes over time. Given the small sample sizes, these results must be treated with some caution, but large changes warrant review, and we have noted these as they occur below.

### a. Respondents views on their general life satisfaction

*All things considered, I am satisfied or completely satisfied with my life as a whole nowadays*

	Survey 1	Survey 2
LMA1	37%	-
LMA2	54%	53%
LMA3	73%	72%

The proportion of respondents reporting feeling completely satisfied or very satisfied with their life has remained almost the same in both LMA2 and LMA3. The life satisfaction score has remained steady at LMA2 and LMA3 despite an apparent increase in wellbeing behaviours at LMA3 and an apparent decrease in material and financial wellbeing at LMA2. As we noted above, these results reinforce the need to understand overall wellbeing as a complex web of factors, some of which take place on a macro level well beyond the influence of local Minds and their services.

### b. Respondents feelings about their material and financial wellbeing

*I am satisfied or very satisfied with my current standard of living*

	Survey 1	Survey 2
LMA1	50%	-
LMA2	60%	47%
LMA3	74%	74%

*I am confident or very confident about my future financial security*

	Survey 1	Survey 2
LMA1	33%	-
LMA2	29%	18%
LMA3	46%	44%



Respondents in LMA2 now appear noticeably less satisfied with their current standard of living, and more worried about their future financial prospects, than they did at the beginning of the year. This reflects a similar change in the survey results when analysed by group (see section 3.2.1). This is an unsurprising finding given the prevailing financial climate and public discourse on austerity, though it does appear to have impacted more strongly in LMA2 than in LMA3.

### c. Respondents frequency of engagement in positive activities

In the last two weeks:

*I have spent time with close friends or family some days, most days or every day*

	Survey 1	Survey 2
LMA1	62.5%	-
LMA2	77%	70%
LMA3	74%	83%

*I've been involved in some leisure activities outside home (cinema etc) some days, most days or every day*

	Survey 1	Survey 2
LMA1	33%	-
LMA2	48%	44%
LMA3	56%	66%

*I've been involved in some social activities some days, most days or every day*

	Survey 1	Survey 2
LMA1	22%	-
LMA2	28%	50%
LMA3	37%	66%

*I've been involved in some physical activities some days, most days or every day*

	Survey 1	Survey 2
LMA1	38%	-
LMA2	41%	56%
LMA3	44%	74%

*I've been involved in some creative activities some days, most days or every day*

	Survey 1	Survey 2
LMA1	19%	-
LMA2	32%	18%
LMA3	22%	43%

At LMA3 there has been a noticeable increase in the proportion of respondents engaging in positive activities across all the commonly identified wellbeing dimensions: time with family/friends, leisure, social, physical and creative activities.

#### **d. Respondents satisfaction with family and close relationships**

*I feel satisfied or very satisfied with my close personal relationships (family or friends)*

	Survey 1	Survey 2
LMA1	58%	-
LMA2	64%	59%
LMA3	84%	88%

## Social support and engagement

*I feel I have people to turn to always or most of the time*

	Survey 1	Survey 2
LMA1	43%	-
LMA2	61%	41%
LMA3	78%	80%

*I am satisfied or very satisfied with the support I receive from others*

	Survey 1	Survey 2
LMA1	53%	-
LMA2	61%	64%
LMA3	88%	85%

## Sense of belonging

*I feel a sense of belonging to my local neighbourhood always or most of the time*

	Survey 1	Survey 2
LMA1	26%	-
LMA2	32%	35%
LMA3	62%	50%

### e. Respondents feelings about their physical and mental wellbeing

Over the last two weeks.....

*I have felt cheerful and in good spirits all, most or more than half of the time*

	Survey 1	Survey 2
LMA1	55%	-
LMA2	55%	53%
LMA3	78%	81%

*I have felt calm and relaxed all, most or more than half of the time*

	Survey 1	Survey 2
LMA1	36%	-
LMA2	54%	53%
LMA3	78%	68%

*I have felt active and vigorous all, most or more than half of the time*

	Survey 1	Survey 2
LMA1	28%	-
LMA2	54%	44%
LMA3	70%	65%

*I have woken up feeling fresh and rested all, most or more than half of the time*

	Survey 1	Survey 2
LMA1	22%	-
LMA2	48%	62%
LMA3	57%	37%

*My daily life has had things that interested me all, most or more than half of the time*

	<i>Survey 1</i>	<i>Survey 2</i>
LMA1	43%	-
LMA2	65%	56%
LMA3	89%	80%

*I have felt I can cope with life's setbacks well or very well*

	<i>Survey 1</i>	<i>Survey 2</i>
LMA1	42%	-
LMA2	44%	47%
LMA3	72%	72%

### **3.3 Organisational change self-evaluation**

The evaluation team combined their reflections on the literature with observations from the first site visits to draft a self-evaluation tool for local Minds. This was discussed, revised and approved at the first learning forum. Each local Mind then conducted their own self-evaluation using the tool.

A final, post-use review of the self-evaluation tool led to a further revision which can be found at Appendix 4, prefaced with user notes.

Self-evaluation: Aspects of a Wellbeing Organisation

Theme	Local Minds that are successful but don't deliberately promote wellbeing tend to:	Score out of 5 (LMA)			In addition, LMAs that are successful and also deliberately and actively promote wellbeing tend to:
		1	2	3	
1. Values	Be outcome driven with a coherent operating philosophy that aligns its mission and actions. The mission may not be focused on wellbeing.	5	5	4	See people as connected, rather than as isolated individuals. Specify wellbeing in its mission and values, and drive these through the whole organisation to deliver wellbeing outcomes for individuals and the whole community.
2. Unifying	Focus on people who are separated from staff and other people by the use of terms like 'people with mental health problems' and 'service user'.	4	5	4	Use thinking that reinforces the similarity between people using the service and staff, volunteers and other citizens, through the use of unifying terms like 'wellbeing'.
3. Welcoming	Reach out to people who have mental health issues to offer information, support, services and employment.	4	5	5	Be welcoming and open to all and make efforts to engage with all parts of the community (the 100% - not just the 2.4% using specialist services or the 28% with mental health difficulties).
4. Holistic	Focus on the provision of health and social care services and supports	3	5	5	Focus on providing services that promote wellbeing by enhancing control, increasing resilience, facilitating participation and promoting inclusion in the community beyond mental health services.

Theme	Local Minds that are successful but don't deliberately promote wellbeing tend to:	Score out of 5 (LMA)			In addition, LMAs that are successful and also deliberately and actively promote wellbeing tend to:
		1	2	3	
5. Inclusion and Community Engagement	Promote support between people who use services by assisting people to find friendships and positive roles within the mental health community.	3	1	4	Support people who use services to find friendships and positive roles in the wider community, and stimulate the growth of vibrant communities that include everyone. Help agencies beyond mental health offer respectful opportunities for all.
6. Unique Support	Focus on assessment of individual or group needs that relate to mental health issues, eligibility criteria and review of interventions. Most people receive standard packages of services in segregated settings	4	2	5	Attend to people's overall mental wellbeing (which includes symptoms of mental distress but also moves far beyond this), in partnership with informal supporters. Most people design (with support as needed) their own unique package of support to promote their mental wellbeing
7. Monitoring	Staff job descriptions and service monitoring systems track the delivery of mental health processes and outputs	2	3	3	Staff job descriptions and monitoring systems track wellbeing outcomes for communities and individual citizens: friendship, inclusion, work, home, ambitions, creativity, spirituality.
8. Ordinary Life	Getting help often means a disruption to personal routines and relationships	4	3	5	Support is offered in a manner that nurtures the person's roles and relationships that contribute to mental wellbeing

Theme	Local Minds that are successful but don't deliberately promote wellbeing tend to:	Score out of 5 (LMA)			In addition, LMAs that are successful and also deliberately and actively promote wellbeing tend to:
		1	2	3	
9. Staff Wellbeing	Staff are valued, listened to, empowered and supported to be creative at work. The organisation is a Mindful Employer and employs people who have used mental health services.	4	5	5	Improving staff wellbeing is considered to be a major route to improvements for people using the service. Significant steps have been taken to support employees with mental health issues whilst meeting the organisation's targets.
10. Creative Freedoms	Thorough supervision systems identify staff skill gaps and address them with appropriate training.	4	4	5	Staff are supported through balanced lifestyles, mentoring and encouragement to solve problems in partnership with service users through imagination and creativity.
11. Partnership	Restrict partnership and jointly funded projects to a few similar agencies	4	4	4	Support a wide variety of community organisations that help people to engage and participate in the community
12. Eco-friendly	Exercise limited responsibility for the impact of its service on the natural world	2	4	3	Pay real attention to reducing harm and promoting a sustainable contribution to the eco-system
13. Participation	Involve people using the service by asking for their views on issues before decisions are made, sometimes giving voting rights and involvement in quality assurance programmes.	2	3	3	Recognise that people using the service and frontline staff can help with designing, running and evaluating the service. Use a co-production approach to develop social enterprises and other democratic structures.



Theme	Local Minds that are successful but don't deliberately promote wellbeing tend to:	Score out of 5 (LMA)			In addition, LMAs that are successful and also deliberately and actively promote wellbeing tend to:
		1	2	3	
14. Social Justice and Inequality	Help individuals adapt to the external circumstances that shape their life, and to work with others to improve mental health services	3	3	4	Help individuals build alliances with other citizens beyond the mental health world and then work together to build a better world for everyone.
15. Expertise	Be experts on mental health problems and their consequences by promoting sensible use of medication and therapy.	5	5	5	Adopt a culture of continuous learning about recovery, positive psychology and wellbeing through promoting gratitude, forgiveness, good food, etc.
16. Satisfaction	Ask people about their feelings in relation to mental health problems and services	4	5	5	Ask people about their overall wellbeing.
17. Corporate Social Responsibility	Engage in corporate social responsibility activities to benefit the wider community	4	2	4	Offer leadership and help with community development so that all agencies support citizens to connect with one another and stimulate both individual and community wellbeing.

The poorest scores across the three local Minds are on inclusion and community engagement (theme 5), monitoring (theme 7), eco-friendliness (theme 12) and participation (13). LMA1 was most self-critical, followed by LMA2 and then LMA3.

It might be possible to augment the grid with examples and auditable evidence in order to create an inspection or assessment framework for others to use. However, this is not its prime purpose, but rather to promote self-reflection and self-assessment of change over time. As such, whilst we can observe that LMA1 was more self-critical in its scoring than the other sites, this must not be read as indicative of a weaker wellbeing focus. Indeed, the lower scores at LMA1 may indicate a more radical aspiration. Any attempt to use the self-

evaluation scores as a way to rank the quality of local Minds would be invidious.

The self-evaluation tool was well received by the pilot local Minds, by local Mind members of the special interest group, and the local Minds shortlisted for the wellbeing grant who were able to attend the learning forums. We have provided a blank copy of the tool in the appendix, and also a set of notes on the variety of ways the tool can be used.

As a self-evaluation tool it is designed to provoke constructive reflection and discussion within local Minds. It assists in defining the organisational implications of a wellbeing approach and can bring to light assumptions about the nature of a wellbeing service. For example, during the first site visit, the evaluation team felt that each participating local Mind favoured a particular aspect and spoke much less about the others. It seemed that LMA1 favoured Aspect 15 (expertise), LMA2 Aspect 12 (eco-friendly) and LMA3 Aspect 9 (staff wellbeing). By the second visit, a year later, LMA2 and LMA3 in particular demonstrated a broader view of what wellbeing might mean to the local Mind association and its beneficiaries.

Site visits provided an opportunity to gather examples of how these aspects have been operationalised, and these are illustrated in the following table.

*Aspects of a Wellbeing Organisation – pilot site examples*

Theme	A few examples of what the pilot local Minds have done
1. Values	LMA1 and LMA2 have revisited their mission statement and formal structure to align it with the goal of promoting wellbeing.
2. Unifying	LMA1 and LMA2 avoid the term ‘service user’ and background the local Mind brand to draw in people who do not want to be associated with the label.
3. Welcoming	Reception areas given real priority at LMA2 and LMA3. LMA3 is involved in schools work on wellbeing.
4. Holistic	LMA2 and LMA3 deliver training to employers on enhancing wellbeing in the workplace
5. Inclusion and Community Engagement	All activities at LMA3 are shaped by the expectation that participants will move on to the community equivalent rather than remain in segregated provision.

Theme	A few examples of what the pilot local Minds have done
6. Unique Support	<p>LMA2 has designed a wellbeing self-assessment framework for individuals based on the 5 ways to wellbeing.</p> <p>LMA1 has developed an Exploring Opportunities assessment framework based on the commissioner's outcome framework and the Human Givens approach.</p>
7. Monitoring	LMA1 is developing an online wellbeing outcome monitoring system. LMA3 kept a log of things they have tried and reflections on the journey of change.
8. Ordinary Life	LMA3 offer a laughter workshop; LMA2 is running a poetry evening open to all.
9. Staff Wellbeing	LMA3 has rejected the 'suffer and sacrifice' approach to their work and improved working conditions for staff. This includes surveying their hobbies to harness them in the service.
10. Creative Freedoms	LMA3 obtained funding to give out pedometers and everyone is pooling their achievements to 'walk around the world'.
11. Partnership	LMA3 has delivered stress-busting sessions to local authority staff.
12. Eco-friendly	LMA2 uses only locally sourced, organic products in its cafe.
13. Participation	LMA1 is launching a Community Interest Company.
14. Social Justice and Inequality	LMA2 is building an alliance with the learning disability service
15. Expertise	LMA1 has much of its work shaped by the research findings from positive psychology.
16. Satisfaction	Almost 200 survey questionnaires were completed for this evaluation.
17. Corporate Social Responsibility	LMA2 has supported the local allotment society to bid for funds to install toilets; LMA3 has provided suicide intervention training to ambulance and jobcentre plus staff.



## 4. Discussion

### 4.1 Contextual issues

#### 4.1.1 Commissioning and contracting environments

The relationship between local Minds and their local commissioners and contractors was a prominent theme in this evaluation. Common to all three sites was an increasing sense of the imminence of substantial cuts as part of the national picture for public services as a whole. Against this common backdrop however, there were quite distinct contrasts between the three sites:

- At LMA1, while there were some individuals in influential roles in the local commissioning environment, The Director described LMA1's overall relationships with contractors as difficult, and reaching a critical juncture at the end of the evaluation period in autumn 2010. In her view, the wellbeing approach was not understood by many of the people in organisations with whom the local Mind contracts. Arguably, the local Mind is to some extent 'running ahead' of its contracting environment, a position which clearly carries risks in terms of stability of contracts and funding.
- At LMA2, our understanding is that the local commissioners were 'running ahead' of the local Mind in 2006, following an independent review of local services which recommended a change to wellbeing approaches. The commissioners in effect told LMA2 to 'do or die'; the local Mind adapted and grew into a wellbeing organisation having been initially pushed by commissioner pressure. The local Mind covers several different commissioning areas, and initially in one borough a more 'traditional' set of mental health services were required, though they subsequently followed the neighbouring commissioners' lead toward wellbeing services. The Director noted that during the course of the evaluation year there has been a shift to stricter contract compliance, and less freedom for the local Mind to adopt creative solutions to perceived need.
- At LMA3 the commissioning environment is changing. Planning groups have been on hold and are now under review. Local authority provision is currently unchanged, but are awaiting the impact of the national public service cuts.

### **4.1.2 Perceptions of the grant and evaluation processes**

There was some initial disagreement between Mind and two of the local Minds over the terms of the wellbeing monies disbursement, and the tying of the evaluation process to the monies. Both LMA1 and LMA2 monies were legacy money rather than a grant. The linking by Mind of any conditions to legacy money was problematic for LMA2 initially, and for LMA1 throughout the evaluation. The situation at LMA3 was more straightforward as the local Mind went through a standard transparent grant application process, with the evaluation a condition of receiving the grant.

The Director of LMA1 expressed strong views on the way the evaluation was commissioned, and on the associated grant funding process. The Director felt that the evaluation was centrally imposed and did not involve LMA1 or the Mind Wellbeing Reference Group sufficiently in developing its terms of reference. This led to LMA1 feeling disengaged from the evaluation process. The Director was also critical of the linking of the evaluation to grant allocation: “We did not receive specific funding for this from Mind, but rather a legacy from a local supporter which we added to our overall development funding.”

The lack of consistency across the three sites regarding the monies disbursed posed some methodological problems, as we outline in section 4.2.1 below.

Nevertheless, according to all three participant local Minds, the constituent elements of the wellbeing evaluation – the surveys, learning forum meetings, site visits and informal discussions during the course of the twelve months – have all stimulated and encouraged positive reflection and action.

Likewise the wellbeing monies, be they grant or legacy, allowed some specific things to happen that would not have happened without the funds, and also acted as yeast, catalysing change and development across the whole of the local Mind and perhaps further afield.

### **4.1.3 Relationship between Mind and local Minds**

The three local Minds have quite differing relationships with Mind (and Mind Cymru). LMA1 has for some time been ambivalent about the benefit of remaining an affiliated organisation, and during the course of the evaluation year moved further towards deciding to shift most of the services that previously have been offered by the local Mind into two newly established community interest companies, which would not be part of the Mind network. For LMA1, the approach to evaluation was in some senses ‘part of the problem’ with Mind, which led to LMA1 feeling disengaged from the process. Indeed, Jeff Walker’s supportive involvement and commitment was vital in maintaining the engagement of

LMA1.

For LMA2 however, involvement in wellbeing work generally has improved relationships with Mind. In 2009, regional liaison officers were withdrawn and replaced with a telephone support service, which for LMA2 had the effect of increasing the sense of distance between local and national organisations. Over the twelve months of the wellbeing evaluation, Mind staff at LMA2 reported that contact with Jeff Walker, membership of the Wellbeing Advisory Group and participation in the evaluation has improved both relationships with the centre and lateral connections between local Minds. For example, in recent months, LMA2 has been visited by several other services.

LMA3 has generally productive relations with Mind Cymru and Mind and was happy with the process of grant giving and evaluation.

## 4.2 Methodological issues

### 4.2.1 Identifying inputs

A number of factors made it difficult to identify which inputs the evaluation was to focus on. The commissioning brief from Mind (see section 1.2) tied the evaluation to what were described as grants for each local Mind, and to measuring the impact of the grants. However, it became clear that:

- As mentioned above, for two of the three local Minds the money was a legacy not a grant and therefore the local Mind did not consider centrally imposed conditions on its use to be appropriate.
- The monies were received by the local Mind at different times, making the time-based evaluation methodology harder to implement.
- LMA1 had received the money several months before the evaluation started, and it had been incorporated into general development funds, so it was difficult to isolate any specific work related to the wellbeing legacy. In contrast, the partnership development work at LMA2 only coming to fruition at the end of 2010 and so most of the money will be spent after the evaluation period is closed.

While these factors did not preclude examination of the wellbeing work being undertaken by the local Minds, it meant that the focus became more broad, looking at the whole organisation and a selection of wellbeing services, and looking at each local Mind as an individual organisation, rather than comparing directly the impact of the grant monies across the three local Minds.

## 4.2.2 Measuring wellbeing

We have identified some of the generic methodological issues with the wellbeing surveys in section 3.2, including:

- While responses across the two surveys totalled just under 200, the limited sample size per local Mind, in particular in the second survey, means all results must be interpreted with caution
- The sampling bias inherent in a voluntary survey
- The potential for misunderstanding in self-administered surveys, when respondents fill in questions unaided
- The difficulty in attributing any changes in behaviour or subjective feelings to the impact of services.
- The impact of seasonal variation.

In sum, the survey data cannot be read off as a direct commentary on service performance, but they can provide some markers of progressive change.<sup>21</sup>

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<sup>21</sup> For a comprehensive discussion on monitoring issues in mental health services (with a focus on recovery services) see: Mental Health and Wellbeing Networks Devon and Torbay (2009) 'Report of the Standards and Outcomes pilot project' Devon PCT & Devon CC

## 4.3 Evidence of change

### 4.3.1 Organisational and service change

#### LMA1: intended outputs and outcomes against evidenced changes

	Intended short term outcomes	Evidenced short term outcomes	Intended longer term impacts	Evidenced longer term impacts
<i>Organisation</i>	WB approach embedded with staff	- WB approach apparently embedded	Sustained improved subjective wellbeing for staff & vols	Not possible to evidence during this evaluation
			Sustained increased wellbeing behaviours for staff & vols	Not possible to evidence during this evaluation
			Improved staff retention	- None observed  Staff reductions managed successfully without need for redundancies
<i>Beneficiaries</i>	improved subjective wellbeing for beneficiaries	none observed; no data available	Sustained improved subjective wellbeing for beneficiaries	Not possible to evidence during this evaluation



	<b>Intended short term outcomes</b>	<b>Evidenced short term outcomes</b>	<b>Intended longer term impacts</b>	<b>Evidenced longer term impacts</b>
	increased wellbeing behaviours	none observed; no data available	Sustained increased wellbeing behaviours	Not possible to evidence during this evaluation
<i>Service</i>	Referrals from wider range of sources	A wider range evidenced since 2006	Sustained connection with wider range of referral sources	A wider range evidenced since 2006
<i>External</i>	Reputation for innovation in services	LMA1 is known locally as pioneering WB	Reputation for delivery of effective services	Not possible to evidence during this evaluation
	Wider range of funding opportunities	Yes, partly as a result of CIC formation	Funding opportunities realised	- Some opps realised - Some cuts during evaluation period

### **LMA2: intended outputs and outcomes against evidenced changes**

	<b>Intended short term outcomes</b>	<b>Evidenced short term outcomes</b>	<b>Intended longer term impacts</b>	<b>Evidenced longer term impacts</b>
<i>Organisational</i>	WB approach embedded with staff	WB approach embedded (process predates)	Sustained improved subjective wellbeing for staff & vols	Not possible to evidence during this evaluation

	Intended short term outcomes	Evidenced short term outcomes	Intended longer term impacts	Evidenced longer term impacts
		evaluation)		
			Sustained increased wellbeing behaviours for staff & vols	Not possible to evidence during this evaluation
	Retention levels improved	Not observable during the course of evaluation	Sustained improved staff retention	Turnover rates reduced since 2006
<i>Beneficiaries</i>	improved subjective wellbeing for beneficiaries	No observable change	Sustained improved subjective wellbeing for beneficiaries	No observable change in subjective wellbeing for beneficiaries
	increased wellbeing behaviours	No observable change	Sustained increased wellbeing behaviours	No observable change in wellbeing behaviours for beneficiaries
<i>Service</i>	Referrals from wider range of sources	Evidence of ongoing change in referral patterns	Sustained connection with wider range of referral sources	Evidenced since WB change began in 2007/8
			concept of service user outmoded	Evidence of change but not final transition
<i>External</i>	Reputation for	- Evidenced in continued	Reputation for delivery of	Evidence of increase in

	<b>Intended short term outcomes</b>	<b>Evidenced short term outcomes</b>	<b>Intended longer term impacts</b>	<b>Evidenced longer term impacts</b>
	innovation in services	support from funders who required innovation  - Visits from other local Minds	effective services	activity levels 2009/10
	Wider range of funding opportunities	Evidenced	Funding opportunities realised	Evidenced ref allotment & other project work

### **LMA3: intended outputs and outcomes against evidenced changes**

	<b>Intended short term outcomes</b>	<b>Evidenced short term outcomes</b>	<b>Intended longer term impacts</b>	<b>Evidenced longer term impacts</b>
<i>Organisational</i>	WB approach embedded with staff	Well evidenced in increased awareness and increased WB activities	Sustained improved subjective wellbeing for staff & vols	Not possible to evidence during this evaluation
	Retention levels improved	Evidenced	Sustained increased wellbeing behaviours for staff & vols	Not possible to evidence during this evaluation
			Sustained improved staff	Not possible to evidence during this

	<b>Intended short term outcomes</b>	<b>Evidenced short term outcomes</b>	<b>Intended longer term impacts</b>	<b>Evidenced longer term impacts</b>
			retention	evaluation
<i>Beneficiaries</i>	improved subjective wellbeing for beneficiaries	Not evidenced	Sustained improved subjective wellbeing for beneficiaries	Not possible to evidence during this evaluation
	increased wellbeing behaviours	Evidenced increase in positive activities	Sustained increased wellbeing behaviours	Not possible to evidence during this evaluation
<i>Service</i>	Referrals from wider range of sources	Evidenced ongoing change in referral patterns	Sustained connection with wider range of referral sources	Evidence of wider range of referral sources
<i>External</i>	Reputation for innovation in services	Evidenced delivery of innovative approaches	Reputation for delivery of effective services	Evidenced: Innovations being adopted by other agencies
	Wider range of funding opportunities	Evidenced e.g. established a trading company to sell training and pass profits to LMA3	Funding opportunities realised	Evidenced: Additional income achieved

## **Becoming a more outward looking organisation**

All three local Minds commented on their shift to being more outward looking as an organisation. This involved engaging with community organisation beyond the traditional mental health partners, and all three organisations see this as one of the many positive aspects of becoming a wellbeing service.

LMA3 describe their service as 'the centre in the community and the community in the centre'. One expression of this is their arrangement with complementary therapists, who are employed one day a week by the service and then allowed to run their own business from a room in the centre on a second day. They have also run stress busting sessions for the Council's 'bin men' who face occasional challenging behaviour from members of the public. Activities of this type are a feature of all three pilot local Minds.

## **Developing a conceptual framework**

The evaluation team noticed at the beginning of the project staff in LMA2 and LMA3 used the term 'wellbeing' and would speak with enthusiasm about some aspects, but did not appear to have a broad understanding of the published conceptual approaches or research base. When pressed, several staff said that it was individual to each person, so a conceptual framework was not appropriate. This relativism made it hard at the beginning to share their idea with others, as they were not sufficiently clear about the implications for services of the wellbeing concept.

In contrast, at LMA1 the conceptual underpinning the wellbeing shift was very clearly articulated. On second visit the evaluation team felt both LMA2 and LMA3 had moved on in developing conceptual underpinnings.

## **Planning for personalisation**

There was little change that the evaluation team could identify on addressing the effect of personal budgets on service provision in LMA2 and LMA3. A fortnightly surgery on direct payments used to take place at LMA2, but only a few people attended these sessions and it has since been withdrawn. At LMA1, there is a weekly Direct Payments Support Service that assists people to arrange their support in ordinary community settings and has also several individually designed and costed support packages in place for people in the Housing Support Service.

Overall, there was little evidence that the local associations were gearing up for contracting with individuals for service during the course of the evaluation period. The ethos of personalisation, incorporating person-centred approaches, is compatible with wellbeing approaches.

However, only a small proportion of people with mental health issues are eligible for

personal budgets, while reductions in health and social care expenditure will impact local Minds and the wellbeing agenda applies far beyond this limited group of eligible citizens, and so designing sustainable funding arrangements is a considerable challenge.

We would recommend that the potential positive links between wellbeing and personalisation generally, and direct payments in particular, are further explored.

### **Structural changes at organisational level**

For both LMA1 and LMA2, the wellbeing-related changes have also been reflected in changes in their formal structure. Between 2008 and 2010, LMA2 changed its formal structure from an unincorporated association registered with the Charity Commission to a Company Limited by Guarantee. This decision was made for two reasons. Firstly, the traditional social club model had served only people with a mental health problem, while the wellbeing centre served the whole community – and the new formal structure represents this more appropriately. Secondly, the new structure has been found to be more effective for guiding an agile, responsive and rapidly changing service.

Likewise, LMA1, as outlined in earlier sections, has been undergoing major structural change for the last 18 months or more, and this process continued during the course of the evaluation. The structural changes involve the creation of two community interest companies to take over the wellbeing orientated services previously delivered by the local Mind, leaving the local Mind to deliver housing support services. The adoption of wellbeing approaches for LMA1 has coincided with a move away from affiliation with Mind.

## **4.3.2 Commonalities and differences across the pilot local Minds**

### **Leadership styles**

The evaluation team found substantial differences in leadership style at the three pilot sites. This relates to the role of the management committee and the personal style of the Director/Chief Executive. The staff team also influence the overall leadership of the project. One feature of approaches to leadership was the role of beneficiaries in design, delivery and evaluation of the service. One Director has the Henry Ford quotation as a computer screensaver: 'If I had asked customers what they wanted, they would have asked for faster horses.' Where beneficiaries views have been sought, some imaginative approaches have been used.

A second feature of leadership style is the extent to which the organisations focus on their core role. All three local Minds expressed very clear views about what they will not do as a service. Defining the things that other people can do better or should be doing well is a key part of their approach, allowing them to focus on the particular activities that they can

excel at. As an example, LMA3 do not focus on welfare/debt advice as there are local organisations who do this better. However, LMA3 is aware of the impact of financial and welfare issues on wellbeing (as well illustrated by our survey results). The increasing numbers of referrals by LMA3 to these services is therefore indicative of the increasing holistic approach to wellbeing.

### **Wellbeing as a unifying concept**

While the concept of illness divides the world into the sick and the well, the concept of wellbeing has the potential to unite everyone in a common search. This is part of its appeal in all three local Minds, and bringing together staff, volunteers and beneficiaries in a common humanity. All three local Minds are explicitly trying to replace the term 'service user' and provide some services without distinguishing between groups of people. In LMA3 and LMA1, wellbeing links together the previously disparate components of the service - instead of the housing team focusing on housing need and perhaps neglecting other areas of the person's life, everyone addresses wellbeing, which covers all areas.

As someone from LMA2 summed it up "It is not just that we work in a wellbeing centre, but wellbeing is at the centre of the way we work."

### **Working towards identified outcomes**

At LMA3, the wellbeing agenda brought a new commitment to offer skilled therapeutic interventions and look for real change in people's experience of mental health difficulties, rather than drifting along in low key support activities.

Both LMA1 and LMA2 have paid attention to the adult learning agenda and offer courses in a variety of skill areas, with LMA1 having achieved Open College Network accreditation. The wellbeing agenda brings its own set of behaviours that are being monitored through the survey and other mechanisms.

### **Promoting inclusion**

An inclusive approach will both reach out to hard to engage groups in the community and support people to move out from the service to engage in activities and relationships in the wider community. LMA2 provides an example of the challenges of this approach.

LMA2 operate in an ethnically diverse community and so decided to provide a vegetarian cafe as this would be the most versatile and acceptable option to people with different dietary traditions and preferences. They also have a dedicated BME project offering an advocacy service in one borough and have advertised their services in mosques. Staff indicate that their take-up is close to the local population profile.

Supporting people to move on is also skilled and challenging work. The focus of the pilot wellbeing work at LMA2 is an allotment project in partnership with the learning disability service - a new, environmental, but still rather segregated service. Despite the slow start on this project, the team are encouraged that one person who helped in the cafe kitchen has recently moved into the next town to set up his own cafe business.

### **Mind Quality Standards**

LMA1 and LMA2 both expressed concerns about the applicability of the Mind Quality Standards to their work. In essence it was felt that the underlying assumptions about what constituted quality were not applicable to wellbeing approaches. In particular, the concept of the service user and service user involvement that permeates and underpins the Mind standards is regarded as being antipathetic to wellbeing approaches, mainly because, viewed through a wellbeing lens, 'we are all service users'.

At LMA2, the Director avoided forming a new 'user advisory group' and instead encouraged people who wanted to be involved to use the feedback mechanisms that were already in place or to join the management committee. The change was unpopular at the beginning but has been welcomed in the long term.

If Mind opts to progress wellbeing work, we would recommend a review of the Quality Standards taking account of the specific issues raised by wellbeing approaches.

### **4.3.3 Changes in the profile of beneficiaries**

We have two sources of data on the profile of beneficiaries: the wellbeing surveys at baseline and endpoint, and self-reported data from site visit interviews and follow-up correspondence. It should be borne in mind that change over time data from the wellbeing surveys apply only to LMA2 and LMA3.

According to the wellbeing surveys (see section 3.2.1), the profile of beneficiaries showed the following changes over the course of the evaluation period:

- There was a considerable drop in the proportion of beneficiaries who said they were currently using mental health services, from 75% in January 2010 to 40% in August 2010
- The proportion of beneficiaries working part-time or full-time remained static at 23%, very close to the national average of 22% (Labour Force Survey 2007)
- There was no significant change in the gender profile of beneficiaries, in the ages beneficiaries left school, in the proportion who identified as heterosexual, or the proportion who identified as disabled



- There were no respondents from black and minority ethnic groups in the second survey, compared to 8% in the first; this is likely to be an artefact of the survey administration method (i.e. volunteer/self-selection) combined with small samples, rather than indicative of any change in the ethnic profile of beneficiaries.

We were able to gather some further proxy information on the profile of beneficiaries during our site visits when asking about referral sources:

- LMA1 reported a significant shift, dating back to 2006 when wellbeing changes began, which shows the source of referrals broadening from Recovery & Independent Living and Rehabilitation services out to Primary Care, IAPT, Wellbeing & Access services and the general public seeking independent support
- LMA2 reported a similar change; they have opened up their services to people independently seeking support, rather than taking referrals from local mental health/social care teams; LMA2 have also changed from working with people aged 18 to 65 to an open-to-all ages policy, in line with the new Age Equality duty and also as a response to the whole population agenda of wellbeing
- All LMA3's services are open access, and were throughout the course of the evaluation period. (Some, such as supportive housing and tenancy support, involve application criteria.)

On balance, and bearing in mind the caveats about data collection, there does appear to have been a shift in the profile of beneficiaries, with a larger proportion not being current users of mental health services. The change in patterns of referral, which is a conscious change on the part of all the local Minds, can reasonably be assumed to be the reason for this.

We noted varying attitudes at the three pilot sites to this change:

- LMA2 spoke about the inevitability of 'casualties' during the re-orientation of services; some people who had used the social club drop-in service did not like the new arrangements, and left
- LMA3 on first visit was planning a new outreach service to contact their missing people as soon as the building move had been accomplished. They reported that of those contacted some did not return because they were no longer in need of the services, having moved on to other things; others did come back, for reasons including the improved location, the new building and the new range of services.
- LMA1 were very mindful about not losing any of their current beneficiaries; they saw much value in the peer networks built up through the drop-in and other existing services, and have made considerable efforts to ensure that existing beneficiaries

were not 'lost' during the transition.

We would recommend that strategies to 'keep on board' existing beneficiaries should be part of the planning for any local Mind deciding to adopt wellbeing approaches. Otherwise there is a risk of excluding some of the people most in need of a local Mind's services.

#### **4.3.4 Evidence of improved wellbeing**

As we saw in section 3.2, we could not find any evidence of overall improved wellbeing at the local Minds; the levels of general life satisfaction remained essentially stable at LMA2 and LMA3 (change over time data was not available for LMA1). We did however see an increase in engagement in wellbeing activities, which suggests the local Minds have been successful in one of their primary aims of increasing the amount of wellbeing activities on offer.

We noticed that volunteers at LMA2 and LMA3 scored quite highly on a number of aspects of wellbeing. It is not possible from this evaluation to attribute cause and effect, but the findings are consistent with research evidence on the positive effects of volunteering (see Appendix 5 Evidence Resource).

When we aggregated the data from the local Minds and reviewed it by group, we saw an apparent drop in overall life satisfaction for beneficiaries and volunteers during the evaluation period, while staff general life satisfaction was relatively stable. This was in spite of an apparent increase in wellbeing activities across all three groups (staff, beneficiaries and volunteers) during the evaluation period.

We do note that the life satisfaction data appear to show a similar pattern over time to the data on satisfaction with standard of living and confidence about future financial prospects. We cannot link these data directly, but we note that the evaluation has been conducted during a period when national discourse is dominated by spending cuts and austerity measures. We could speculate that the decrease in financial satisfaction and confidence in the future reported by beneficiaries and volunteers may be off-setting any impact of increased wellbeing behaviours. However, repeated surveys and larger sample sizes would be required to further investigate this possible link.

What can be stated with certainty is that results show us that local Mind activities, and any immediate impacts they may have on people's behaviour, represent only one element in a complex web of factors affecting people's overall sense of subjective wellbeing and satisfaction with life.

Interpretation is complicated as little is known about the relative strength of each wellbeing activity compared with the others, their interactions, or differential impacts with specific

populations. For example, finding meaningful work may be crucial for people at certain stages in the life-course, men and women may assign different values to maintaining positive connections with family, and people who experience high levels of social anxiety may not always find that social activities make them feel better. Indeed, much wellbeing research has studied correlations rather than sought out cause and effect relationships, so whilst we may know that, for example, exercise helps to lift depression<sup>22</sup>, the mechanisms of change are not entirely clear for all so-called wellbeing activities.

In the light of these difficulties, local Minds who adopt a wellbeing approach need to be very cautious on what outcomes they design services to deliver. Improving wellbeing is a long-term impact which any wellbeing oriented service will ultimately be aiming for, however the outcomes used to measure services need to be more short-term and measurable.

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<sup>22</sup> Biddle, S & Mutrie, N. (2007) *The psychology of physical activity for health*. London: Routledge



## 5. Recommendations

While the brief for this evaluation did not include providing recommendations, we hope the following issues we identified during the course of the work could prove helpful in forward planning for Mind and/or local Minds.

### 5.1. Closely monitor responses to the economic climate

All of the pilot local Minds are experiencing an increase in demand due to the economic downturn, threats to income due to public sector austerity measures and uncertainty about the impact of the coalition government's policy changes (see section 2.3). The government's approach to 'Big Society' may favour wellbeing initiatives, while a tighter funding environment may narrow the eligibility group and focus the required outcomes. NHS restructuring may remove people who have previously been supported by a local Mind. In this turbulent environment, Mind has a key role in feeding intelligence from central government to the local Minds, whilst bringing feedback of local Minds experiences forward to civil servants and politicians.

### 5.2. Review Mind Quality Standards

A number of items in the Mind Quality Standards have been identified by the pilot local Minds as potentially in conflict with the wellbeing agenda. These matters should be debated at a national level to clarify whether strongly held values clash and priorities need to be selected, the Standards need to be revised, or explanatory notes issued to help local Minds achieve their obligations to the Standards and community wellbeing.

### 5.3. Further develop the Special Interest Group

Strengthen the community of practice that has been formed by the national wellbeing manager who has brought together interested local Minds into a special interest group. Offer learning events and peer support to improve local delivery and provide a central information source for identifying and promulgating best practice. The pilot sites harnessed a wide range of influences in developing their wellbeing services (see the key influences in section 2.3 and theories of change in section 3.1) and these could form the basis of a suite

of briefing notes for interested local Minds.

#### **5.4. Build a database of wellbeing interventions**

The catalogue of wellbeing interventions at appendix 5 could form the basis of a Mind version that gives examples of innovative responses to each item that have been pioneered by local Mind organisations. Appending details of published or ongoing research will quickly help newcomers find the leading edge and further advance wellbeing practice.

#### **5.5. Ensure outcomes are short-term and measurable**

Local Minds considering adopting a wellbeing approach will need to develop measures for assessing the success of services. We would recommend that these are kept within the established 'SMART' parameters – specific, measurable, achievable, realistic and time-based. Improving wellbeing is a long-term goal, not a short-term outcome. Local Minds may find it useful to refer to the Barnardo's Evidence Guide<sup>23</sup> for help on identifying measurable outcomes and selecting sources of evidence.

#### **5.6. Consider disseminating the learning resources in this report**

Early indications suggest that the learning and development tools developed as part of this evaluation may be of use to local Minds and perhaps other organisations wishing to promote wellbeing. They should be made widely available. A framework for using the tools in organisational development can be found at Appendix 3.

#### **5.7. Link wellbeing self-assessments and Mind development support**

The three pilot sites completed the *Aspects of a Wellbeing Organisation* self-assessment (see appendix 4) and this revealed several areas where scores were low – social inclusion, monitoring, participation and eco-sustainability. These areas could form the agenda for some shared development work across the three pilot sites. On a broader canvas, repeating this exercise from time to time with a larger group of local Minds would highlight areas where some targeted and systematic development work would be beneficial.

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<sup>23</sup> Frost et al. (2006) *The Evidence Guide: Using research and evaluation in social care and allied professions* London: Barnardo's

## **5.8. Maintain services for existing beneficiaries**

We would recommend that strategies to 'keep on board' existing beneficiaries should be part of the planning for any local Mind deciding to adopt wellbeing approaches.

## **5.9. Support volunteers**

The survey findings suggest that volunteering for a local Mind may be beneficial for wellbeing. Further work should be undertaken to discover whether people who change their role from beneficiary to volunteer do indeed increase their wellbeing, how and why. Both Mind and local Minds could consider developing more structured programmes to encourage and support volunteers, as wellbeing research suggests it is a genuine win-win for both parties. Such a programme might include, for example, offering volunteers support on employment and financial issues, in the same way as beneficiaries.

## **5.10 Link wellbeing and personalisation**

After more than a decade of the personalisation agenda only a tiny proportion of people in touch with mental health services are in receipt of a personal budget. While this was not the focus of this evaluation, it is clear that further work is needed by local Minds to respond changes if and when block contracts for mental health services are to be replaced by direct payments.

## Appendix 1: Glossary of evaluation terms

### **Inputs, mechanisms and activities:**

What the programme is doing. Resources and methods employed to conduct a project or programme e.g. people/roles, funding, training, providing a service etc.

### **Outputs:**

Relate to completion of activities, or product from input e.g. people in roles, grants awarded, people trained, meetings/events held, numbers (of different groups) receiving a service etc. Usually finite and don't represent change, but are often the first step in creating the longer term change.

### **Outcomes:**

The changes that result from a programme's activities (inputs & outputs). These changes are often short - medium term, and might be experienced by:

- individuals (e.g. increase in confidence, take up of new kinds of support, decrease in use of old kinds of support);
- particular groups / communities (e.g. greater feeling of being included or valued, different behaviours/actions) ;
- or within organisations or economic systems (e.g. decrease in use of hospital beds, economic savings, different investment patterns)

Can be negative as well as positive.

Desired outcomes are the changes you aim/hope/expect to achieve

Actual outcomes are those changes that have actually taken place (i.e. been observed/measured). They may or may not be the same as the desired outcomes

### **Impacts:**

Whereas an outcome is a change resulting from project outputs, 'impact' refers to broader, longer-term change relating to the overall vision/aims. Likely to be affected by many other factors (variables), not just local project activities (e.g. national policies, local events, other organisations/groups doing similar things etc).

## Appendix 2: Wellbeing survey ('Allcomers')

### Mind Wellbeing evaluation 2009-10

#### Mind in XXXXXXXX survey 2 (2010)

##### ***What is the survey about?***

This survey asks questions about your general wellbeing at the moment. We are carrying out similar surveys at two other local Minds.

##### ***What is the survey for?***

The purpose of this survey is to find out about the current state of your wellbeing. It is part of a wider review of services at three local Minds that focus on wellbeing. We did the first survey in Jan/Feb this year. This is the second and final survey.

##### ***Why am I being asked to take part?***

We are inviting everyone involved with Mind – staff, volunteers and people using services – to take part.

##### ***Do I have to take part?***

No. This survey is completely voluntary. You do not have to take unless you want to.

##### ***I did it in Jan/Feb. Should I do it again?***

Yes please. We are interested to know whether things have changed for you.

##### ***How long will it take?***

The survey should take between 5 and 10 mins to complete.

##### ***Do I need to give my name?***

Yes please. We would like to have your name as it means we can make sure we don't accidentally get two surveys from the same person.

##### ***Is it confidential?***

Yes. All the answers you provide will be confidential. No one other than the independent researchers will see your name. No names will appear in any published reports.



### ***How do I take part?***

You can fill in this survey in whichever way you are most comfortable. You can:

- fill in the survey yourself in private; or
- ask a member of Mind staff to help you fill it in; or
- ask Jeff Walker, Mind Wellbeing Manager, to help you fill it in. Jeff does not work for your local Mind Association and would not discuss your responses with anyone. Ask a member of staff to let Jeff know you would like him to help you.

We have provided addressed envelopes for you to put your completed surveys in. These envelopes will only be opened by the independent researchers or Jeff Walker.

### ***What happens to the information I provide?***

The surveys will be sent to the independent researchers. They will code each survey, so everyone's names are removed, and then store the information electronically. The information you provide will be kept securely and then destroyed in a way that preserves confidentiality.

### ***What happens after the research is finished?***

This research is due to end in the autumn of 2010. A report will be written by the research team for Mind and the participating Local Mind Associations.

### ***Who is organising and funding the research?***

The research is being carried out by the National Development Team for Inclusion (NDTi) in partnership with Mind (National Association for Mental Health) and three local Mind Associations. It is funded by Mind (NAMH).

*Peter Bates, Mind Wellbeing evaluation project lead*

*NDTi, Montreux House, 18a James Street West, Bath BA1 2BT*

If you are happy to take part in the survey, please complete the consent form below. This section will be removed from the main part of the survey as soon as it is received by the NDTi.

---

[For office use] Unique code: EX:
---

## CONSENT FORM

1. I have read and understood the information about the above survey, and would like to take part

2. I understand that the researchers will write a report, which may include things I say, but my name will not be used. My personal information will not be shared with any other organisations.

---

Name of Participant

---

Signature

---

Date

**Section A – About you**

[For office use] Unique code: EX:
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**1. What is your date of birth?**

**2. Are you:** (please circle)

Male                  Female                  Transgender                  Prefer not to say

**3. How old were you when you left full-time education?** (please circle)

16 years or under    17 or 18 years    19 years or over    Still in full-time education  
 (includes mature students)

**4. Are you:** (circle all that apply)

Doing part-time or full-time work	Doing part-time or fulltime volunteering
Doing part-time or full-time study	Not currently working, volunteering or studying

**5. Your ethnicity:** (please circle)

<b>White</b>	<b>Black</b>	<b>Chinese or other Chinese</b>
British Irish Any other White background	Caribbean African Any other Black background	Chinese Any other Chinese background
<b>Asian or British Asian</b>	<b>Mixed</b>	<b>Other ethnic origin</b>
Indian Pakistani Bangladeshi Any other Asian background	White & Black Caribbean White & Black African White & Asian Any other mixed background	(please specify):
		<b>Rather not say</b> (please tick) <input type="checkbox"/>

**6. How do you describe your sexuality?** (Please circle)

Bisexual      Heterosexual      Lesbian      Gay      Unsure      Rather not say

**7. Do you consider yourself to have a disability, either registered or not?** (please circle)

No      Yes      [If yes], How would you describe your disability?

\_\_\_\_\_

**8. Are you currently using any specialist mental health services, or have you used any in the past?** (please circle)

No      Yes      [if yes] What kind of services? \_\_\_\_\_

**9. What is your involvement with Mind?** (tick all that apply)

- I use Mind services
- I am a member of paid staff
- I am a volunteer
- I am a network member.

## **Section B – Your physical and mental wellbeing**

### **1. Over the last two weeks.....**

(please tick)	All of the time (5)	Most of the time (4)	More than half the time (3)	Less than half the time (2)	Some of the time (1)	Not at all (0)
<b>1.1</b> I have felt cheerful and in good spirits						
<b>1.2</b> I have felt calm and relaxed						
<b>1.3</b> I have felt active and vigorous						
<b>1.4</b> I have woken up feeling fresh and rested						
<b>1.5</b> My daily life has things that interest me						

### **1.6. Over the last two weeks, I have felt I can cope with life's setbacks: (please tick one)**

- Very well (5)
- Well (4)
- Neither well nor badly (3)
- Badly (2)
- Very badly (1)

## **2. Material and financial wellbeing**

### **2.1. How satisfied are you with your current standard of living? (please tick one)**

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)

**2.2. How confident are you about your future financial security? (please tick one)**

- Very confident (5)
- Confident (4)
- Neither confident nor unconfident (3)
- Unconfident (2)
- Very unconfident (1)

**3. Engaging in positive activities**

**In the last two weeks:**

(please tick)	Every day (4)	Most days (3)	Some days (2)	Occasionally (1)	Not at all (0)
<b>3.1</b> I have spent time with close friends or family					
<b>3.2</b> I've been involved in some leisure activities (cinema etc)					
<b>3.3</b> I've been involved in some social activities					
<b>3.4</b> I've been involved in some physical activities (dog-walking, dance, cycling, gym etc)					
<b>3.5</b> I've been involved in some creative activities (music, art etc)					

#### **4. Family and relationships**

How satisfied do you feel with your close personal relationships (family or friends)?  
(please tick one)

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)

#### **5. Social support and engagement**

**5.1** Do you feel you have other people to turn to when you need to? (please tick one)

- Always (5)
- Most of the time (4)
- Some of the time (3)
- Occasionally (2)
- Never (1)

**5.2.** How satisfied are you with the support you receive from others? (please tick one)

- Very satisfied (5)
- Satisfied (4)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied (1)

#### **6. Sense of belonging**

Do you feel a sense of belonging to your local neighbourhood? (please tick one)

- Always (5)
- Most of the time (4)
- Some of the time (3)
- Occasionally (2)
- Never (1)

## 7. General life satisfaction

All things considered, how satisfied are you with your life as a whole nowadays?

(please tick one)

- Completely satisfied (5)
- Satisfied (4)
- Neither satisfied not dissatisfied (3)
- Dissatisfied (2)
- Very dissatisfied. (1)

Thank you very much for taking part in the first two sections of this survey. Your views are very valuable to us.

## Section C – Your views on Mind services

**Please fill in this part of the survey if you use Mind services.**

*This part of the survey offers a range of comments about Mind , and asks you to rate how much you agree or disagree with the comments on a five-point scale where:*

- 1 means you strongly agree*
- 2 means you agree*
- 3 means you neither agree or disagree*
- 4 means you disagree, and*
- 5 means you strongly disagree.*

*Please circle whichever number you feel best reflects your feelings*

***There are no right or wrong answers.*** *Please feel free to give us your honest opinion, and if you do not feel you can answer a question, just circle 'Don't know'*

### 1. How long have you been using Mind services?

- Less than 1 month
- Between 1 and 6 months
- Between 6 and 12 months
- Between 1 and 5 years
- More than 5 years

### 2. How did you hear about Mind?

- I was referred by my doctor/other health or care worker
- I heard about it from another service (housing or benefits advisor, library etc)
- I heard about it from a friend/family
- I heard about it in the local press/radio
- I saw a leaflet or advert about it



Other (please specify)

**3. The overall approach of Mind** (please circle)

3. 1 I feel I get what I expected from Mind

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

3.2. Mind is tailored to my individual needs and personal circumstances

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

3.3. Mind supports me to achieve personal goals

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

3.4. Mind is generally welcoming and open

Strongly agree      1      2      3      4      5      strongly disagree  
Don't know

3.5 I would recommend Mind to other people

Strongly agree      1      2      3      4      5      strongly disagree  
Don't know

3.6 Mind recognises my strengths and ambitions in life

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

3.7 Any other comments on overall approach:

**4. Help in dealing with life**

4.1. Mind helps me build self-confidence and self-esteem

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

4.2. Mind helps me deal with difficult events in my life

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

4.3 Any other comments on help dealing with life:

**5. The world beyond Mind**

5.1. Mind helps me build relationships beyond the local Mind association

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

5.2. Mind helps me connect with community based activities in my local area (this could include educational, recreational or voluntary work)

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

5.3 Any other comments on the world beyond Mind :

**6. Involvement in planning and reviewing Mind services**

6.1. Mind asks for and values my input in decisions about the design and operation of the service

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

6.2. Mind asks for and values my views about the quality of the service it provides

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

6.3 Any other comments on involvement in service planning or review

## 7. Physical health and mental wellbeing

7.1. Mind promotes and supports my overall physical health

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

7.2. Mind helps me with my mental wellbeing (for example by helping me feel more relaxed or optimistic or useful)

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

7.3 Any other comments on physical health and mental wellbeing

## 8. Other things that affect my wellbeing

If I needed advice on any of the following, Mind would be able to help, or tell me where to get help, with:

8.1 Housing issues

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

8.2 Money or benefits issues

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

8.3 Legal issues

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

8.4 Employment issues

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

8.5 Training or education issues

Strongly agree      1      2      3      4      5      Strongly disagree  
Don't know

8.6 Any other comments on other aspects of wellbeing

## 9. Satisfaction with life

9.1 Thinking generally, what impact would you say Mind has on your overall satisfaction with life?

*Please rate the impact on a five-point scale, where 1 means it makes it a lot better, and 5 means it makes it a lot worse.*

Makes it a lot better 1      2      3      4      5      Makes it a lot worse  
Don't know

9.2 Would you like to add any other comments about the impact on you of using Mind?

## Section D – About this survey

In this section, we would like to know about how you feel this survey was carried out.  
Did you feel this survey:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1.1 was easy to use					
1.2 was easy to understand					
1.3 was the right length					
1.4 covered the right areas to give us an idea of your wellbeing?					

1.5 Do you have any other comments on this survey?

*Thank you very much for taking part in this survey. Your views are very valuable to us.*

*Peter Bates , Mind wellbeing evaluation team, NDTi*

## Appendix 3:

### Action Planning tool: Six steps towards becoming a Wellbeing Service

Step	Resources and Examples
1. Understand the context within which you work. How do these factors affect your plans?	Build your own <b>Context Map</b> like those in section 3.1
2. Reflect on the best way to stimulate change in individuals and your organisation as a whole. Which approaches do you think will be the most successful?	Look at the <b>Theories of Change</b> summarised in section 3.1.1.
3. Select the <b>Wellbeing Activities</b> you want to promote.	Review the list in Appendix 5 – <b>Improving Your Wellbeing</b> . Which activities do you need to start, stop or change?
4. Decide how your organisation will run.	Carry out a self evaluation of your current activity and goals by completing the grid in Appendix 4 – <b>Aspects of a Wellbeing Organisation</b> .
5. Create a clear statement of <b>Outcomes</b> .	Integrate your chosen activities (from step 3 above) with your organisational arrangements (from step 4).
6. Monitor your effectiveness.	See the <b>Wellbeing Survey</b> at Appendix 2, along with the discussion of methodology at section 4.2.3.

## Appendix 4: Self-evaluation tool: Aspects of a Wellbeing Organisation

### Ways to use this tool

#### Team development

1. Use the descriptions in a staff meeting to stimulate discussion about how you want your organisation to run.

#### Review your service

2. At the end of your discussion about each item, give it a score. Repeat the exercise after 6 or 12 months to check what has changed.
3. Ask different groups in your organisation to discuss and score each item and then compare the findings. You may find that people using the service give different scores to the Trustees or longstanding participants hold different views to newcomers.

#### Learn about other Minds

4. Add a third column called 'What other Minds have done' and collect examples of good practice to learn from. Seek convincing evidence to support your scores.
5. Form a benchmarking club with other Minds and share your scores with each other. Celebrate your successes and let others spur you to improve where necessary.
6. If you identify an item where everyone scores poorly, discuss with Mind whether there is a need to generate central resources that will help everyone improve.

#### Prepare reports for others

7. Use a third column called 'What we have done through the year' to remind yourselves of what you have achieved and include these items in your monitoring reports.

#### Change the form or the process

8. If you dislike the 5-point numbering system, replace it with a single line and ask people to put a mark on the scale where they think the service is at. It will be harder to make comparisons with other places, but you may have a better discussion.
9. If there are individual items that do not fit with your mission, simply set them aside and focus on the other aspects of wellbeing.

10. Anonymise the process, so you obtain the scores from individuals or from different Minds, but describe them as site A, B and C rather than using names. Compare your own scores with them and think about what it means for you.

### Health Warnings

11. Wellbeing is a moving target, rather than a fixed milestone to achieve and then relax. The document is designed to stimulate discussion and continuous reflection and improvement, rather than complacency.

12. Finally, bear in mind that, like other useful ideas, the wellbeing concept works best when used alongside other goals. Wellbeing is good, but may not be the only thing.

### *Aspects of a Local Mind Association that promote wellbeing*

<b>Minds that are successful but don't deliberately promote wellbeing tend to:</b>		<b>In addition, Minds that are successful and also deliberately and actively promote wellbeing tend to:</b>
1. Be outcome driven with a coherent operating philosophy that aligns its mission and actions. The mission may not be focused on wellbeing.	Values 1-2-3-4-5	Specify wellbeing in its mission and values, and drive these through the whole organisation to deliver wellbeing outcomes for individuals and the whole community.
2. Focus on people who are separated from staff and other people by the use of terms like 'people with mental health problems' and 'service user'.	Unifying 1-2-3-4-5	Use thinking that reinforces the similarity between people using the service and staff, volunteers and other citizens, through the use of unifying terms like 'wellbeing'.
3. Reach out to people who have mental health issues to offer information, support, services and employment.	Welcoming 1-2-3-4-5	Be welcoming and open to all and make efforts to engage with all parts of the community (the 100% - not just the 2.4% using specialist services or the 28% with mental health difficulties).



<b>Minds that are successful but don't deliberately promote wellbeing tend to:</b>		<b>In addition, Minds that are successful and also deliberately and actively promote wellbeing tend to:</b>
4. Focus on the provision of health and social care services and supports	Holistic 1-2-3-4-5	Focus on providing services that promote wellbeing by enhancing control, increasing resilience, facilitating participation and promoting inclusion in the community beyond mental health services.
5. Promote support between people who use services by assisting people to find friendships and positive roles within the mental health community.	Inclusion and community engagement 1-2-3-4-5	Support people who use services to find friendships and positive roles in the wider community, and stimulate the growth of vibrant communities that include everyone. Help agencies beyond mental health offer respectful opportunities for all.
6. Focus on assessment of individual or group needs that relate to mental health issues, eligibility criteria and review of interventions. Most people receive standard packages of services in segregated settings	Unique support 1-2-3-4-5	Attend to people's overall wellbeing (which includes symptoms of mental distress but also moves far beyond this), in partnership with informal supporters. Most people design (with support as needed) their own unique package of support to promote their mental wellbeing
7. Service monitoring systems track the delivery of mental health processes and outputs	Monitoring 1-2-3-4-5	Monitoring systems track wellbeing outcomes for communities and individual citizens: friendship, inclusion, work, home, ambitions, creativity, spirituality.
8. Staff are valued, listened to, empowered and supported to be creative at work. The organisation is a Mindful Employer and employs people who have used mental health services.	Staff wellbeing 1-2-3-4-5	Improving staff wellbeing is considered to be a major route to improvements for people using the service. Significant steps have been taken to support employees with mental health issues whilst meeting the organisation's targets.

<b>Minds that are successful but don't deliberately promote wellbeing tend to:</b>		<b>In addition, Minds that are successful and also deliberately and actively promote wellbeing tend to:</b>
9. Staff job descriptions clearly specify competencies and obligations. Thorough supervision systems identify staff skill gaps and address them with appropriate training.	Creative freedoms 1-2-3-4-5	Wellbeing is written into job descriptions. Staff are supported to solve problems through imagination and creativity.
10. Restrict partnership and jointly funded projects to a few similar agencies	Partnership 1-2-3-4-5	Support a wide variety of community organisations that help people to engage and participate in the community
11. Exercise limited responsibility for the impact of its service on the natural world	Eco-friendly 1-2-3-4-5	Pay real attention to reducing harm and promoting a sustainable contribution to the eco-system
12. Involve people using the service by asking for their views on issues before decisions are made, sometimes giving voting rights and involvement in quality assurance programmes.	Participation 1-2-3-4-5	Recognise that people using the service and frontline staff can help with designing, running and evaluating the service. Use a co-production approach to develop democratic structures.
13. Help individuals adapt to the external circumstances that shape their life, and to work with others to improve mental health services	Social Justice and inequality 1-2-3-4-5	Help individuals build alliances with other citizens beyond the mental health world and then work together to build a better world for everyone.
14. Be experts on mental health problems and their consequences by promoting sensible use of medication and therapy.	Expertise 1-2-3-4-5	Adopt a culture of continuous learning about recovery, positive psychology and wellbeing through promoting gratitude, forgiveness, good food, etc.
15. Ask people about their feelings in relation to mental health problems and services	Satisfaction 1-2-3-4-5	Ask people about their overall wellbeing.

<b>Minds that are successful but don't deliberately promote wellbeing tend to:</b>		<b>In addition, Minds that are successful and also deliberately and actively promote wellbeing tend to:</b>
16. Engage in corporate social responsibility activities to benefit the wider community	Corporate Social Responsibility  1-2-3-4-5	Offer leadership and help with community development so that all agencies support citizens to connect with one another and stimulate both individual and community wellbeing.

# Appendix 5: Evidence resource: Improving your wellbeing

## How to use this resource

### Keeping up with the research

1. Stay focused on the evidence by updating the document as you come across new information or themes. For example, there is nothing here about the positive impact of grooming and personal appearance.
2. Look for research evidence that shows how one element relates to another. For example, keeping a gratitude diary has been shown to help people take up and maintain an exercise regime. Understanding more about these links would tell us how to sequence actions to promote wellbeing.
3. Use this list to examine what is covered and what is left out of other wellbeing frameworks, such as the framework produced by the New Economics Foundation or the Mental Wellbeing Impact Assessment.
4. Create a 'warnings' document that shows how, in individual circumstances, the document can be used to make people feel worse, or control or oppress people.

### Review your service

5. Review your service by comparing the subheadings in the document with the activities that you have formalised into a specific programme or service. Look at any gaps or biases you may have. For example, one service may focus on what people think about, while another emphasises food and exercise.
6. Take this process deeper by reviewing your service against the individual items listed in the document.
7. Review your service by considering in detail, not just whether a particular item is addressed - for example, the contribution of employment to wellbeing scores - but exactly *how* this topic should be adopted to gain the best possible improvement in wellbeing. For example, it is not just a job, but a well-matched job (where employees have minimum commuting time and maximum control over their work patterns) that will generally yield the most advantage to wellbeing.

## Improve your own wellbeing

8. Use the list as a pick and mix guide to personal life planning. Simply browse the list and see if there is one or more items which appeal as a realistic and practical area to develop in your own life.
9. Use a highlighter pen to mark all the items on the list that you already have in your life. Make these things a reason for encouragement and celebration.
10. Build on the items you already have in place by deciding which remaining items are practical and build a wellbeing plan that systematically accrues further positive items over the next period of time.

## Check out other services

11. Add contact details of 'beacon sites' that are already working on areas you wish to develop. Find out how they do it.
12. Review the value and status of the wellbeing activities of other projects by comparing them with the document. What is addressed? What is left out?

---

## Improving your Wellbeing

Over recent years, researchers have been finding out about the things that improve wellbeing for us all. The quality of the evidence<sup>i</sup> varies from topic to topic, and no single thing can be guaranteed to make a difference to you as an individual, but people who have these things in their lives tend to report better wellbeing scores.

We have turned the research findings into action points. Please note that they are *not* listed in order of importance. There are lots here<sup>ii</sup>, so you may want to choose one new thing<sup>iii</sup> where you can make a difference.

## Maybe you can organise your day

1. Build a positive routine into your day<sup>iv</sup> that includes a sensible work/life balance<sup>v</sup>.
2. Do the things that help you keep a good rhythm of sleeping and wakefulness<sup>vi</sup>.
3. Don't spend all day just sitting<sup>vii</sup> – get active with some exercise<sup>viii</sup> outdoors with green

spaces trees and water<sup>ix</sup>. If you can't get out, look at pictures of nature<sup>x</sup>.

4. Get plenty of natural light, and spend time in the sunshine when you can. Use a Seasonal Affective Disorder lightbox if necessary<sup>xi</sup>. Choose an environmentally friendly lifestyle<sup>xii</sup>.

### **Maybe you can relate more to other people**

5. Relate well to your family<sup>xiii</sup>. Be a good parent and help others be good parents so that children form healthy attachments to family, community and school (both in- and out-of-school activities<sup>xiv</sup>) early in life. Find safe places for children to play outdoors<sup>xv</sup>. Promote good mental health, especially for mothers and get involved in parenting programmes. Breast feed<sup>xvi</sup>. Utilise help from early years' services, such as home visiting and early education programmes<sup>xvii</sup>. Stay in touch with supportive family networks<sup>xviii</sup>. Phone people for a bit of peer support<sup>xix</sup>.
6. Take on something different<sup>xx</sup> and relate to people from different backgrounds so you don't get too narrowed in your outlook<sup>xxi</sup>.
7. Build your social contacts through groups and friends. Be neighbourly<sup>xxii</sup>. Spend time with people who are a positive influence<sup>xxiii</sup>. Nurture both a wide network of acquaintances of different ages and your deeper, close relationships<sup>xxiv</sup>.
8. Smile and act like a happy person<sup>xxv</sup>.
9. Learn to trust others by listening and being listened to. Learn to forgive<sup>xxvi</sup>, maybe with the help of mediation and conflict resolution agencies<sup>xxvii</sup>.

### **Maybe you can improve your health and wealth**

10. Reduce alcohol and drugs misuse<sup>xxviii</sup>, smoking<sup>xxix</sup> and obesity<sup>xxx</sup>. Get your physical health checked and sorted out if at all possible<sup>xxxi</sup>. Tell the doctor your experiences<sup>xxxii</sup>.
11. Take some exercise – even ten minutes can help<sup>xxxiii</sup>. Play team sports<sup>xxxiv</sup>.
12. Eat healthily by choosing food that really is good for mood, not just comforting<sup>xxxv</sup>.
13. Avoid places with poor air quality and instead get plenty of fresh air<sup>xxxvi</sup>.
14. Increase your economic security so that you have enough to get by, reduce your debts and aim for financial contentment<sup>xxxvii</sup>.

### **Maybe you can be more generous towards others**

15. Take an interest in your community - report problems and engage in community action<sup>xxxviii</sup>. Respond to consultations, vote and get your voice heard - work to eliminate discrimination, reduce inequality and make the world a better place<sup>xxxix</sup>.
16. Do random acts of kindness, be generous to your neighbours and colleagues<sup>xl</sup> and pay attention to others<sup>xli</sup>. Become a volunteer<sup>xlii</sup>.
17. Replace dependency with self-help, independence, peer support and inter-dependence. Keep your independence<sup>xliii</sup>. Manage your own care with a personal budget or direct payment<sup>xliv</sup>.

### **Maybe you can work and be more creative**

18. A satisfying job adds a lot of wellbeing, so work if you can, even after you turn 65<sup>xlv</sup>. Choose a satisfying job if at all possible<sup>xlvi</sup>. If possible, choose work that brings security, gives you some freedom of choice and that fits well with your skills<sup>xlvii</sup>. Take control of the room temperature at work and make sure you have a window that looks out on to a natural, green view. Avoid places that have noisy machinery or overheard private conversations<sup>xlviii</sup>. Reduce commuting time<sup>xlix</sup>.
19. Find ways to express yourself artistically. Have fun and play. Make art and music together with others, use recreational facilities and engage in cultural events and activities as a participant rather than a spectator<sup>l</sup>. Display some artwork on your walls and listen to uplifting music<sup>li</sup>.
20. Develop your logical reasoning, memory<sup>lii</sup> and problem solving skills and coping strategies<sup>liii</sup>. This might include finding meaning through expressive writing<sup>liv</sup>.
21. Keep learning, increase your educational achievements and find settings where you have opportunities to succeed<sup>lv</sup>.

### **Maybe you can make more choices in what you think about**

22. Take control rather than feeling helpless<sup>lvi</sup>. Commit to your positive goals that are larger than just career and wealth<sup>lvii</sup>. Find out where to get help when you need it<sup>lviii</sup>.
23. Be curious, attentive to the world around you in the present moment and savour life's joys<sup>lix</sup>. Make optimism a habit, laugh more<sup>lx</sup> and choose to be cheerful<sup>lxi</sup>. Keep a gratitude diary to overcome the habit of grumbling<sup>lxii</sup>. Appreciate others.

24. Rather than dwelling on your problems, change things by distracting yourself with activities<sup>lxiii</sup> that absorb you in the ‘flow’ of concentration and achievement<sup>lxiv</sup>.
25. Foster your spiritual and religious life<sup>lxv</sup> and build a positive sense of identity<sup>lxvi</sup>.

### **Maybe you can shape your environment...**

26. Can you make home improvements? Get insulated and stay warm. Reduce dampness, mould, extremes of temperature, pollution and crowding. Get structural problems and repairs fixed, put the rubbish out, tidy up and do the cleaning. Arrange things so you have some private space of your own where you are ‘in charge’<sup>lxvii</sup>.
27. Can you choose your home? Select a real home rather than an institution. Avoid noisy neighbours, traffic or aeroplane noise and other kinds of pollution. Live close to the ground as this helps people feel happier and more connected to the community, so avoid anything above the 4<sup>th</sup> floor. A detached or semi-detached home is better than a flat. Live near but not on the same street as the shops. Secure your tenancy or home ownership if possible. Grow indoor plants or keep fish. Choose a home with a garden and look after it, and make sure your windows look out on green, natural spaces<sup>lxviii</sup>.
28. Can you choose your neighbourhood? Live where housing is not too densely packed together and that has good access to transport, services and amenities. Avoid areas that have lots of physical decay and abandoned buildings, litter, poorly maintained roads, vandalism and graffiti<sup>lxix</sup>. Reduce your fear of crime and abuse by avoiding forbidding looking neighbourhoods where there is widespread public drinking and drug use and instead select a place where there are good views, other people about and few places for predators to hide, such as poorly lit alleyways or dense shrubbery. Build shared public spaces into urban landscapes, and use green spaces and ‘walkable’ neighbourhoods<sup>lxx</sup>.

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<sup>i</sup>Most population studies have been cross sectional rather than longitudinal and little work has been done on effect sizes, so it is difficult to assign causality or compare actions. Aked J, Marks N, Cordon C & Thompson S (undated) *Five ways to wellbeing* London: New Economics Foundation p8.

<sup>ii</sup>In contrast to the nef analysis of 5 ways, Coggins et al use three headings - control, resilience and community assets, and inclusion and participation. Coggins T, Cooke A, Freidli L, Nicholls J, Scott-Samuel A & Stansfield (2007) *Mental wellbeing impact assessment: A toolkit* Hyde, Cheshire: Care Services Improvement Partnership, North West Development Centre.

<sup>iii</sup>Repetition reduces the potency of activities, so introducing new activities from time to time is beneficial. (Aked et al, op cit p4).



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<sup>iv</sup><http://lib.bioinfo.pl/auid:3988955>

<sup>v</sup>Bacon N, Brophy M, Mguni N, Mulgan G & Shandro A (2010) *The State of Happiness: Can public policy shape people's wellbeing and resilience?* London: The Young Foundation p60; Aked op cit pp5-6.

<sup>vi</sup><http://www.mentalhealth.org.uk/information/mental-health-a-z/sleep-disorders/>

<sup>vii</sup>HMG (2010) *Confident communities, brighter futures* p65

<sup>viii</sup>Michaelson J, Abdallah S, Steuer N, Thompson S & Marks N (2009) *National Accounts of Wellbeing* p46; <http://www.countrysiderecreation.org.uk/pdf/CRN%20exec%20summary.pdf>

<sup>ix</sup>Cooper R, Boyko C & Codinhoto R (2008) *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century* London: The Government Office for Science. p14; Bacon et al op cit pp81-2; Aked op cit p12.

<sup>x</sup>Cooper op cit p14.

<sup>xi</sup>Cooper op cit p21, <http://scnp.dk/journal/index.php/SCNP/article/view/96/0>

<sup>xii</sup> Bacon op cit p81.

<sup>xiii</sup>Bacon op cit p19.

<sup>xiv</sup>Bacon op cit p53.

<sup>xv</sup>Cooper op cit; Aked op cit p12.

<sup>xvi</sup>HMG (2010) op cit p63.

<sup>xvii</sup>HM Government (7 Dec 2009) *New Horizons: A shared vision for mental health* Cross government strategy: Mental Health Division. p35

<sup>xviii</sup>Coggins op cit.

<sup>xix</sup>HM Govt (2010) op cit p32.

<sup>xx</sup>[www.neweconomics.org](http://www.neweconomics.org)

<sup>xxi</sup>Coggins op cit.

<sup>xxii</sup>Bacon op cit, pp 8-9, 72.

<sup>xxiii</sup>Coggins op cit.

<sup>xxiv</sup>Griffin J & Tyrrell I (2004) *Human Givens: A new approach to emotional health and clear thinking* Chalvington: HG Publishing, pp98-118; Lyubomirsky S. (2008) *The how of happiness: A scientific approach to getting the life you want*. New York: Penguin Press, pp139-151; Snyder CR & Lopez SJ (2007) *Positive Psychology* Thousand Oaks, CA: Sage p145; Aked op cit p6, HMG (2010) op cit p54.

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<sup>xxv</sup>Lyubomirsky op cit pp261-265; Snyder op cit p145, Aked op cit p10.

<sup>xxvi</sup>Lyubomirsky op cit pp172-183

<sup>xxvii</sup>Coggins op cit

<sup>xxviii</sup>Coggins op cit.

<sup>xxix</sup>HMG (2010) op cit p46.

<sup>xxx</sup>Bacon op cit p30.

<sup>xxxi</sup><http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/physicalillness/copingwithphysicalillness.aspx>

<sup>xxxii</sup>Bacon op cit pp8-9.

<sup>xxxiii</sup>[http://www.mind.org.uk/help/medical\\_and\\_alternative\\_care/mind\\_guide\\_to\\_physical\\_activity](http://www.mind.org.uk/help/medical_and_alternative_care/mind_guide_to_physical_activity) ;Aked op cit p7

<sup>xxxiv</sup>Bacon op cit p14.

<sup>xxxv</sup>[http://www.mind.org.uk/help/medical\\_and\\_alternative\\_care/food\\_and\\_mood/did\\_you\\_know](http://www.mind.org.uk/help/medical_and_alternative_care/food_and_mood/did_you_know) ;  
[www.mentalhealth.org.uk/feedingminds](http://www.mentalhealth.org.uk/feedingminds)

<sup>xxxvi</sup>Cooper op cit

<sup>xxxvii</sup>Coggins op cit., Layard R (2005) *Happiness: Lessons from a new science* London: Allen Lane.

<sup>xxxviii</sup>Shah H & Marks N (2004) *A Wellbeing Manifesto for a Flourishing Society* London: New Economics Foundation p3

<sup>xxxix</sup>Coggins op cit, Bacon op cit pp72, 76; Aked op cit p6; HM Govt (2010) op cit pp13, 66.

<sup>xl</sup>Bacon op cit p58, Aked op cit p10.

<sup>xli</sup>Griffin op cit. p103-113; Michaelson op cit. p46

<sup>xlii</sup>Griffin op cit. pp123-127; Shah op cit. p3; [http://www.csv.org.uk/NR/rdonlyres/7BBA0170-EDAD-480D-8F9CD794B3A00AB8/83260/loPFINALintrimreport\\_4May2008.pdf](http://www.csv.org.uk/NR/rdonlyres/7BBA0170-EDAD-480D-8F9CD794B3A00AB8/83260/loPFINALintrimreport_4May2008.pdf)

<sup>xliii</sup>Cooper op cit.

<sup>xliv</sup>Coggins op cit.

<sup>xlv</sup>Bacon op cit p14

<sup>xlvi</sup>Waddell G & Burton K (2006) *Is Work Good for your Health and Wellbeing* Department for Work and Pensions.

<sup>xlvii</sup>Coggins op cit.

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<sup>xlvi</sup>Cooper op cit p11

<sup>xlix</sup>Bacon op cit pp8-9, 57.

<sup>l</sup><http://www.socialinclusion.org.uk/publications/MHSIArts.pdf> , Coggins op cit, Bacon op cit p70-1.

<sup>li</sup>Cooper op cit. p18

<sup>lii</sup>Bacon op cit p62.

<sup>liii</sup>Bacon op cit p51-2

<sup>liv</sup>Lyubomirsky op cit pp154-172; Linley PA & Joseph S (2004) *Positive Psychology in Practice* Hoboken, NJ: John Wiley p213; Shah op cit. p9; Snyder op cit p145.

<sup>lv</sup>Coggins op cit; Bacon op cit p54.

<sup>lvi</sup>Griffin op cit pp127-133

<sup>lvii</sup>Linley op cit. pp455-6; Lyubomirsky op cit pp2131-235; Aked op cit p6, 9.

<sup>lviii</sup>Coggins op cit.

<sup>lix</sup>[www.neweconomics.org](http://www.neweconomics.org)

<sup>lx</sup>Lyubomirsky op cit p100-111; Snyder op cit. p195;

[http://www.laughteryoga.org/index.php?option=com\\_content&view=article&id=1235:new-laughter-yoga-research-studies&catid=125:latest-&Itemid=275](http://www.laughteryoga.org/index.php?option=com_content&view=article&id=1235:new-laughter-yoga-research-studies&catid=125:latest-&Itemid=275).

<sup>lxi</sup>Bacon op cit p19.

<sup>lxii</sup>Emmons RA (2008) *Thanks! How practicing gratitude can make you happier* Boston: Houghton Mifflin. pp27-35; Linley op cit p213; Seligman M, Steen TA & Peterson C (2005) Positive Psychology Progress: Empirical Validation of Progress, *American Psychologist* Vol 60, No 5, p416; Snyder op cit, p145; <http://au.reachout.com/find/articles/gratitude-and-forgiveness-their-influence-on-your-happiness>

<sup>lxiii</sup>Lyubomirsky op cit p111-124

<sup>lxiv</sup>Bacon op cit pp17, 56.

<sup>lxv</sup>Lyubomirsky op cit pp237-250

<sup>lxvi</sup>Coggins op cit.

<sup>lxvii</sup>Cooper op cit. p3-11, HMG (2010) op cit p13.

<sup>lxviii</sup>Cooper op cit

<sup>lxix</sup>Cooper op cit. p15.

<sup>lxx</sup>Coggins op cit, HMG op cit p54.