Mental Well-being Impact Assessment (MWIA)

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and

Population Mental Health Programme Lead for Maudsley International
This workshop aims to:

• Present an overview of the MWIA toolkit

• Share work in the UK on the development of a MWIA toolkit and building a national profile and capacity to use MWIA

• Offer you a chance to ‘have a go’ with some of the resources for MWIA

• Provide an example of how the toolkit has been used to embed mental well-being in workplaces
“Everything we do is to improve the experience of people using our services and to promote mental health and well-being for all”
Mental well-being is……

“… a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.”

To work in Partnership to promote mental well-being

• Influencing for mental well-being
• Building Capacity and understanding
• Developing mental well-being services
Mental Health Promotion

Risk factors
- Unemployment
- Poverty
- Inequalities
- Poor education
- Poor living conditions

Protective factors
- Control
- Resilience and community assets
- Participation
- Inclusion

Individual
Community/organisational
Structural/policy
“MWIA is pioneering methodology for reforming systems to focus on well-being outcomes and determinants”

• Mental Well-being Impact Assessment is rooted in Health Impact Assessment methodology and exists to build healthy public policy

• It focuses on mental well-being and identifies factors that are having, or have the potential to have, a negative or positive impact on mental well-being. Once identified, actions and indicators are developed to maximise the positive and provide ways to measure this impact going forward

• MWIA provides a structured, evidence based analysis of how policies, proposals, programmes and projects might influence mental health and well-being

• With ever increasing policy emphasis on well-being, this tool provides an ideal methodology for supporting system reform to a well-being focus
Achievements and Developments:

• Highlighted in UK mental health outcomes strategy (HMG 2011)
• 2 National Capacity building programmes, training accredited by the Royal Society of Public Health
• Approximately 275 people have now been trained in the UK
• Over 750 MWIAs have been undertaken in the UK:
  Regeneration programmes, Timebanks, carers projects, mental health projects, community arts projects, the European Capital of Culture 08 (in Liverpool) and the Well London programme, Adult education, housing…
• 19,500 downloads
• Integration with Equality, and Health Inequality Impact Assessments
# The Mental Well-being Impact Assessment Toolkit

This Mental Well-being Impact Assessment (MWIA) Toolkit will enable you to assess and improve a policy, programme, service or project to ensure it has maximum equitable impact on people’s mental well-being.

It has been developed by a partnership of specialists and organisations bringing together mental health and well-being and Health Impact Assessment (HIA) knowledge and skills. There has been a development process over seven years beginning in Lewisham and Lambeth and developed further in the north west of England. A National Collaborative steering group (established in July 2008) oversees the development and implementation of MWIA, including capacity building and policy development.

The MWIA Toolkit introduces the user to the policy and evidence base for mental well-being (in England), and provides a framework and resources to undertake a MWIA. It is published in sections that follow the MWIA process. Some sections can be used as a ‘stand alone’ resource such as the Screening Toolkit and the Indicator section.

“Top tips” are shared throughout the sections to help the user make best use of the resource.

**Mental Well-being Impact Assessment: A completed Toolkit, 2010**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>An overview of MWIA, including the policy context</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>A detailed account of the current evidence and debate on the influences mental well-being and the evidence base for MWIA. It is fully referenced and can be used as a “stand alone” resource</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>A desk top Screening Toolkit. It can be used as a ‘stand alone’ process, undertaken by one or two people to make an initial assessment of the potential impact on mental well-being of the project. It will assist if further in-depth MWIA would be helpful</td>
</tr>
</tbody>
</table>
| **4** | How to do a complete MWIA:  
- screening – deciding whether to do an MWIA  
- scoping – planning your MWIA  
- appraisal – gathering and assessing the evidence  
- indicators – to measure impact on mental well-being (covered in detail in section 5)  
- formulating – recommendations, monitoring and evaluating your MWIA |
| **5** | An overview on policy context and benefits to monitoring the subsequent impact of a proposal on mental well-being following the MWIA process. It contains detailed guidance on identifying and developing indicators to complete the MWIA process |
| **6** | A set of resources to support the MWIA process, links with national Indicators and a master reference list |
Figure 2.2: A dynamic model of mental well-being for assessing mental well-being impact

The four protective factors are influenced by population characteristics, wider determinants and the core economy. All of which are influenced by levels equality and social justice.
MWIA Protective Factors:

MWIA is based on 3 key protective factors which promote and protect mental well-being

These are:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation and promoting inclusion

(Adapted from the Department of Health, 2001)
The 6 Stage Process of MWIA:

1. **Screening**
   - Deciding whether you carry out an MWIA
   - Using the screening toolkit to identify from a range of proposals those that you wish to undertake a more in-depth assessment of

2. **Scoping**
   - How will you carry out the MWIA?
     - Initial policy appraisal
     - Assessment of impacts
     - How will the assessment be undertaken?
     - Who will be involved?
     - What resources are required?
     - How to ensure the process is open and transparent?

3. **Appraisal Process**
   - Community profiling
   - Stakeholder MWIA Workshop
   - Research – Literature Review

4. **Identifying Impact**
   - Identifying positive and negative impacts of the policy/project/strategy

5. **Identifying Indicators**
   - How can the impact on mental well-being and the recommendations made be successfully monitored?

6. **The Report & Recommendations**
   - Identifying recommendations
   - Writing the report
Have a go at Screening

What’s the impact of a service restructure on the mental well-being of staff?
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6. **The Report & Recommendations**
   - Identifying recommendations
   - Writing the report
Collecting, analysing & interpreting information

Local information: profile of local population, socio-economic & other determinants from census, NHS, council, police, local reports etc

Triangulation

Epidemiological data & other published & peer reviewed research evidence

Views & experience of interested parties eg community & vol groups, decision makers, staff, patient groups
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Maudsley International
Improving global mental health
Changing Minds – Case study

A 7-month part time training course that equips mental health service user with the skills and confidence to challenge stigma and discrimination and facilitate wellbeing and recovery training.

Purpose:
• Build capacity of people who use services to challenge stigma and discrimination within local communities and SLaM itself
• Provide employment opportunities to deliver training
• Promote recovery, social inclusion and mental well being
• Participants mental health and wellbeing is monitored whilst attending - MWIA Measurements
### Changing Minds measures of well-being

<table>
<thead>
<tr>
<th>Factor</th>
<th>Determinant</th>
<th>How do you know?</th>
<th>Data collection</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Decisions and choices</td>
<td>Participants take difficult decisions</td>
<td>Participants list decisions that they are struggling with in their lives.</td>
<td>Before and after</td>
</tr>
<tr>
<td>Resilience</td>
<td>Self esteem</td>
<td>People feel more positive about themselves</td>
<td>Self-assessment Survey</td>
<td>Before and after</td>
</tr>
<tr>
<td></td>
<td>Optimism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>Valued role</td>
<td>People go on to take on a variety of roles</td>
<td>Collection of information volunteering, training, consultancy and employment</td>
<td>At 6 months and 1 year</td>
</tr>
<tr>
<td>Inclusion</td>
<td>Support networks</td>
<td>People have more people who offer help and support</td>
<td>Draw support networks at the beginning</td>
<td>Before and after</td>
</tr>
<tr>
<td>Provider</td>
<td>TOTAL GRADUATED</td>
<td>DATA On</td>
<td>12 MONTH FOLLOW UP CONTACT</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------</td>
<td>---------</td>
<td>----------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Graduates</td>
<td>Paid train</td>
<td>Employed</td>
</tr>
<tr>
<td>SLaM led (5) (2004-2008)</td>
<td>29 out of 49 (59%)</td>
<td>24</td>
<td>19 (79%)</td>
<td>14 (58%)</td>
</tr>
<tr>
<td>Commissioned (4) (2009-2010)</td>
<td>33 / 55 (60%)</td>
<td>24</td>
<td>18 (75%)</td>
<td>7 (29%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>62 / 104 (60%)</td>
<td>48</td>
<td>37 (77%)</td>
<td>21 (44%)</td>
</tr>
</tbody>
</table>
Overall Changing Minds well-being data

Average Score for all participants
- Self esteem
- Meaning
- Inclusion

Information sessions total
- £14.38
- 15.69

Session 8 total
- £14.55
- 16.91

Final session total
- £16.35
- 18.99

15.21 15.78
How do we know MWIA makes a difference?

✓ Engages stakeholders and increases the participants’ awareness of well-being
✓ It influences the way programmes, projects & services are implemented
✓ It translates into workplace well-being practice
✓ Professionals trained in MWIA use it regularly in their work
✓ Can lead to development of local measures of mental well-being
Any Questions?

For further information on MWIA please contact:

Tony Coggins
Email:  tony.coggins@slam.nhs.uk
Tel:  +44 (0) 23228 1688

You can download further information on MWIA and the toolkit from:

www.hiagateway.org.uk
www.maudsleyinternational.com
An Example: Kings Health Partners

• Academic Health Services Partnership between 3 Large Hospital Trusts and Kings College London
• One of largest centres of health care research in Europe
• Based in South London
• Diverse communities with large health inequalities
• Employs over 31,000 staff
Workplace Mental Health

Cost of mental illness in the workplace:

**Absenteeism**  £1,035 per employee per year  (Institute of Clinical Excellence 2009)

**Presenteeism**  £15.1 billion  (Sainsbury’s Centre 2002)

Flourishing workplaces:

Improve productivity and performance
Reduction in sickness absence
Increased staff retention  
(NICE Guidelines on Promoting Mental Well-being at Work, 2009)

Each £ spent on a multi-component intervention to promote mental well-being at work results in £9.7 saving/year from lower absenteeism & improved productivity (Knapp et al, 2011)
Double Diamond Design Process

1. Discover
   - Help!
   - Innovate

2. Define

3. Deliver

Don't forget to test it!

Success!
Discover: Engagement

- 2 in-patient wards
- Corporate services
- Health Visitors
- Gynaecology
- Sexual Health Services
- Community Mental Health Teams
Collecting, analysing & interpreting information

Local information: profile of local population, socio-economic & other determinants from census, NHS, council, police, local reports etc

Triangulation

Epidemiological data & other published & peer reviewed research evidence

Views & experience of interested parties eg community & vol groups, decision makers, staff, patient groups
An Example – The impact of reconfiguration of CMHT’s on the mental well-being of staff

<table>
<thead>
<tr>
<th>MWIA Factor</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation and inclusion</th>
<th>Wider Determinants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Components</td>
<td>Workplace Job Control</td>
<td>Trust</td>
<td>Cost of participating</td>
<td>Physical space</td>
</tr>
<tr>
<td></td>
<td>Believe in own abilities &amp; self determination</td>
<td>Emotional support</td>
<td>Feeling involved</td>
<td>Access to education</td>
</tr>
<tr>
<td></td>
<td>Opportunities for expressing views &amp; being heard (influence)</td>
<td>Ability to understand, think clearly and function socially</td>
<td>Practical support</td>
<td>Transport</td>
</tr>
</tbody>
</table>
Recommendations and Action plans

1. Improve the quality of the physical space
2. Ensure that ICT is fit for purpose
3. Build skills and time for reflective practice and meaningful engagement to supporting emotional well-being
4. Investigate the impact of reorganisation on workload
5. Improve learning and development support for new roles and bring alive the academic element
6. Investigate whether the structures and resources are adequate to meet client needs: beds and G.P referrals

See action plan
Discover:
What’s impacting on staff well-being?

Sense of Control over workload:
- Volume/complexity
- Equity of resources
- Impact of processes

Resilience:
- Work-life balance
- Time for reflection
- Peer support
- Line management
Discover

Participation & Inclusion:
- Reward & recognition
- Senior management
- Measuring the right things

Environment:
- Not valuing staff
- Limiting performance
- Feelings of safety and control
- Reinforces status differences

Discrimination, inequity & unfairness
Design
Individual Level

Prevention
Stress Awareness:
6 x 3 hours

Promotion:
Mindfulness:
7 courses 8 x 2.5 hour sessions

Education:
Leading light seminars:
2 x 90 minutes
## Design: Team Level

<table>
<thead>
<tr>
<th>Promotion</th>
<th>Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team action plans outlining:</td>
<td>Creating space for well-being:</td>
</tr>
<tr>
<td>Issues identified</td>
<td>Access to an expert on space and well-being plus a budget for minor alterations</td>
</tr>
<tr>
<td>What will help</td>
<td></td>
</tr>
<tr>
<td>Actions that will be taken</td>
<td></td>
</tr>
</tbody>
</table>

### Early Intervention

**Mental Health Awareness for line managers:**

8 x 1 day
Design: Organisational level
Feedback & influence

**HR & org dev:**
Building on assets, line managers, peer support, values base, reward & recognition

**Occ Health:**
Linking with HR & managers
How to make emotional support a default?

**Education & Training:**
Influencing staff
Training plans

**Estates:**
Engagement & learning
Creating space for well-being
Deliver: Promotion
A coordinated programme

happier@work
briefing note 2: mindfulness

- Mindfulness will not eliminate life’s stresses, but it can change the way we perceive and respond to them. By guiding our attention, mindfulness can help us become more aware of the present moment and our own thoughts and feelings. This can lead to reduced stress, increased focus, and improved well-being.

What is mindfulness?
- Mindfulness practices, such as meditation and breathing exercises, involve focusing on the present moment and observing your thoughts and feelings without judgment.

What are the benefits of mindfulness?
- Improved concentration, reduced stress, and enhanced emotional well-being.

happy@work
Leading Light Seminars

to be happier at work?

programme will host the first of a series of seminars with international leaders in

- Mindfulness and happiness

kinds of health partners

KHP Staff Well-Being Initiative

Maudsley International
Improving global mental health
Deliver:
Interventions

**Stress awareness:**
- 63% increase in confidence
- 69% increase in knowledge
- 96% approval rating
- 68% better able to manage stress 5-8 months later

**Mindfulness:**
- 66% more mindful
- 74% more choices in dealing with stress
- 57% kinder to themselves
- 3-6 months later

**Mental Health Awareness for line managers:**
- 56% increase in confidence
- 55% increase in knowledge
- 98% approval rating
- 74% better able to support their team 6-9 months later
LSBU Evaluation: Employee well-being survey

Response rate issues: a health warning!
Baseline: 183 (52%), Post-intervention survey: 71 (20%)

Well-being
Baseline: 60% lower than average well-being decreased to 53%

Psychological health
Baseline: 35% threshold for minor psychiatric disorder decreased to 16%

Sickness absence
Reduction in time taken off in last 2 weeks but no significant difference

Productivity (burnout)
Baseline: 21.8% average time limited performance reduced to 14.7%

Employee satisfaction:
15% increase in those who would recommend their trust as a place to work
LSBU Evaluation:

“despite the methodological difficulties of this evaluation, the results would suggest that well-designed employee well-being interventions that are integrated into the workplace could help increase the well-being of employees...”
Mainstreaming

- Continuation funding from King’s Health Partners (KHP)
- HR trained in Mental Well-being Impact Assessment
- Influencing workforce strategies
- Occupational Health Emotional Resilience Group set up for KHP
- Education & training have commissioned some interventions as part of CPD
- Estates & Facilities engaged in Creating Spaces Project
- New Programme Kent County Council
What did we learn?

- The discovery phase is important: survey, assessment & job shadowing
- Designing the programme of interventions based on your staff needs
- Whole system approach: individual, team and organisational level
- Range of interventions: early interventions, prevention and promotion
- A co-ordinated and branded programme of interventions
- Feedback and influence
- Measuring staff well-being
Maudsley International (MI)

MI aims to improve **global mental health** by sharing local expertise with overseas colleagues

It is a **joint venture** between an NHS mental health service provider (SLaM) and a University (King’s College London - Institute of Psychiatry (IoP))

The Maudsley was founded on the principle of integrating academic and clinical interests and at its heart is the concept of **translating expertise in research and training into high quality practice on the ground**

MI does this in an international context by providing access to a wide range of expertise through programmes designed to bring SLaM and IoP colleagues together to describe best practice and how this may **inform developments in other countries**

MI offers a **range of services** tailored to the needs of colleagues working in very different environments around the world eg study visits, training programmes, quality assurance and evaluation consultancy