

Supporting Health Promotion in Mental Health Services in Ceredigion

An Evaluation of the Mind Your Heart Programme 2005-2008



Mind Your Heart
July 2008



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Executive Summary

In his independent review of the future of the NHS in 2002, Derek Wanless emphasised the need for resources to be put into public health and health promotion so as to make the maximum impact on disease prevention. Ceredigion Local Health Board, in West Wales, was allocated finances from the Welsh Assembly Government to pursue this aim through a new initiative, the Mind Your Heart programme, as part of the local Wanless Action Plan. A partnership of organisations within the Health, Social Care & Wellbeing Strategy Group drew up the bid. The intention was to target a group that suffers poor physical health – people with severe and enduring mental health problems – by supporting healthier lifestyle choices.

There are many reasons for this group's poor physical health, but one is lifestyle. People with severe mental health problems often have poor nutrition, higher levels of smoking and alcohol use, are more likely to be overweight and take less exercise. However, many would like to do something about it. Mind Your Heart aimed to offer them the opportunity to increase their knowledge about healthy lifestyles and their engagement in activities that would reduce their risk of serious physical illness.

The programme planned to work at community level with organisations providing mental health services. By providing training for staff and volunteers we expected that, with these improved skills and knowledge, they could then better support clients to make healthier choices. This would be an efficient use of resources for a small programme in a rural county, and would be sustainable if the programme's funding were not continued. Mind Your Heart worked with six mental health voluntary organisations, two Community Mental Health Teams and the psychiatric ward at the main hospital in Ceredigion. Training was developed to suit the requirements of each organisation, small grants were offered to create more opportunities, and support and advice was available.

Evaluation was built into the programme from the beginning as an aspect of good practice, to inform its development and, as an innovative project, with the aim of sharing our experience with others. Both qualitative and quantitative evaluation methods were used including data collection, questionnaires, interviews and reflection.

To a greater or lesser extent we met all the objectives of the programme. Our approach of working with existing organisations, though slow in some cases, produced substantial benefits over the three years. The model we have used appears to be both effective and efficient and we see no reason why this approach would not be as successful if extended to other organisations in the county.

Organisations providing mental health services in Ceredigion have had the opportunity to gain more skills and knowledge about health promotion and some of them, particularly in the voluntary sector, have made excellent use of this. In some cases there has been a change of culture within the organisation and this appears to be permanent. There was also a positive impact on staff. Some individuals made changes to their own health behaviour with successful results, and staff teams have felt recognised and valued for the work they were doing in this area. For a number of reasons it has been more difficult to assess the success of the programme with the Community Mental Health Teams, though useful groundwork has been done.

Training sessions were well-received and have improved with experience. Some organisations had difficulty arranging time for training due to pressures of work and lack of staff cover. The production of the 'Healthier Lifestyles Toolkit for Workers in Mental Health', which brings together much of the information from the relevant training sessions, has been a major output of the programme. The Toolkit was launched in Aberaeron in March 2008 by Phil Chick, the Director of Mental Health for the Welsh Assembly Government. Grants to the voluntary sector were a useful way of engaging organisations which made good use of small amounts of money to provide more opportunities for clients to improve their health. Some useful work was done, building on existing networks, to signpost both staff and clients to training and activities provided by community organisations and projects. These included Walking the Way to Health, the Healthy Food Programme and Exercise for Life.

The management of the programme through a partnership, with the lead provided by the voluntary sector, worked well in the main. The programme's integration into the work of the Local Health Board could be improved.

Mind Your Heart fits in well with the values and principles of a 'Recovery' approach, which is increasingly being adopted in mental health. It is the only programme of its kind in Wales and has been recognised as an example of good practice at Welsh Assembly Government level. As a successful model for this challenging work we suggest it could be adopted with equally good results elsewhere.

It is recommended that:

1. Using the same approach, the programme be extended to include other organisations working with people with mental health problems in Ceredigion
2. A key worker is identified in each CMHT as health promotion advocate to provide a link with Mind Your Heart
3. The programme be extended to work with primary care staff
4. The Mind Your Heart programme be promoted as part of a Recovery approach
5. The possibility of integrating Mind Your Heart more fully into the reporting structures of the Local Health Board be explored.

1. Introduction

In his independent review of the long-term resource requirements for the NHS in 2002, Derek Wanless emphasised the need for resources to be put into public health and health promotion so as to make the maximum impact on disease prevention¹. Ceredigion Local Health Board, in West Wales, was allocated finances from the Welsh Assembly Government to pursue this aim through a new initiative, the Mind Your Heart programme, as part of the local Wanless Action Plan. A partnership of organisations within the Health, Social Care & Wellbeing Strategy Group drew up the bid. The intention was to target a group that suffers poor physical health – people with severe and enduring mental health problems – by supporting healthier lifestyle choices.

Throughout the UK there has been an increasing emphasis from Government to encourage people to take more responsibility for their own health and engage in ‘healthy lifestyles’². ‘Health Challenge Wales’ has been the banner under which this has been promoted in Wales. Alongside this there has also been an expressed desire for better information and help with healthier living from users of mental health services as part of their recovery.

The Mind Your Heart programme was initially funded for two years from January 2005 and has been extended. This report is an evaluation of the Mind Your Heart programme from its inception in January 2005 to the end of March 2008.

2. Background to the Mind Your Heart Programme

Why Was It Set Up?

The poor physical health of people with severe and enduring mental health problems has been identified at a national level over a number of years. People who use mental health services, in particular those with a diagnosis of schizophrenia or bipolar disorder, are at increased risk for a range of physical illnesses, including coronary heart disease, diabetes, infections and respiratory disease. They are almost twice as likely to die from coronary heart disease as the general population and four times more likely to die from respiratory Disease^{3,4}.

There are many reasons for this inequality in health– poverty, lack of work, social exclusion and isolation, poor housing, as well as difficulties accessing physical health services⁵- but one factor is ‘lifestyle’. People with severe mental health problems often have poor nutrition, higher levels of smoking and alcohol use and are more likely to be overweight and take less exercise. As one example, those with a diagnosis of schizophrenia have a smoking rate as high as 80 per cent compared with 26 per cent in the general population.

Many people with mental health problems would like to do something to improve their physical health⁶. Well over half of people with a mental health problem would like to give up smoking, for example⁷. Focus groups run by Mentality concluded that service users showed a strong interest in ‘healthy living’ and achieving better physical health but they felt that once they had received a diagnosis of a ‘mental illness’ their physical health was neglected⁸.

Around 1 in 210 people in the UK live with a diagnosis of a severe mental illness such as schizophrenia or bipolar disorder⁹. In Ceredigion there are 559 people with a diagnosis of a severe mental illness registered with GPs¹⁰, one and a half times the UK average.

For these reasons Mind Your Heart was set up to improve the physical health of people with severe and enduring mental health problems in Ceredigion and in particular to reduce their risks of developing coronary heart disease and cancer, as these are the two main causes of death in the county¹¹.

What We Planned To Achieve

At its inception Mind Your Heart was given two years funding and had limited resources. It was important therefore that the programme be sustainable and efficient, as well as effective. Many organisations in the voluntary and statutory sector have had the experience of being awarded funding for a project for two or three years only to find that, just as they get going, funding is cut and the project has to end. To guard against this the Mind Your Heart programme planned to work at community level and to train people already working in mental health services, rather than provide an 'expert' input directly to clients. This would be an efficient use of the programme worker's time. Staff and volunteers could then cascade their evidence-based knowledge and skills to clients. This strategy meant that, even if the worst happened and funding was not continued, the skills capacity of the workforce would have been increased.

One further reason for this approach was the lack of access to specialist staff; for example, occupational therapists and dieticians. We are of the view that health promotion is the responsibility of all health workers, the basics can be taught easily and these workers are well-placed to influence and support the target group. Giving workers basic skills in this area could help to address some of this unmet need for the longer term.

Ceredigion is a rural county with some of the worst access to services in Wales¹². Training was taken out to organisations and tailored to their needs rather than putting on events and trying to get people to come from afar.

Alongside the training we planned to create more opportunities for people to engage in activities that would improve their physical health. We particularly wanted to remove obstacles to people participating in mainstream activities in the community. This would have the added benefit of reducing the stigma of mental illness and the isolation of individuals. Building on the work of existing organisations in the mental health, health and community sector would be an efficient method of working by stimulating interest and helping people make connections.

Ceredigion Local Public Health Team had previously worked in this way with the Healthy Food Programme and the Inequalities in Health 'Healthy Heart' programme and had found it an effective approach.

Healthier behaviours that help determine physical health are increasingly being shown to improve mental health. The programme therefore took a holistic approach by emphasising the benefits to both physical and mental health of engaging in healthier behaviours. We also

felt it would be more productive to focus on benefits rather than risks, and evidence supports this approach.

Placing responsibility on the most vulnerable for their choices could be blaming and ignores the social factors of unequal wealth and opportunity that both create ill-health¹³. It was important to us to acknowledge the wider factors that impact on people's health, putting lifestyle into context. At the same time we believe that people are entitled to information about the factors that affect health and the skills to put it into practice. Our view was that changes in health behaviour can be empowering and a step on the path towards hope and recovery. This is the message we aimed to promote.

It was also important to us that any intervention be respectful and acknowledge the experience and existing knowledge and skills of staff, volunteers and clients. The service should challenge the stigma of mental illness where necessary and be accessible to all those who wanted to be part of it.

3. Description of the Mind Your Heart Programme

Aims and Objectives

The **overall aim** of the Mind Your Heart programme is to improve the physical health of people with severe and enduring mental health problems in Ceredigion.

The **specific aims** are to:

1. Increase access to, and engagement in, activities that reduce the risk of cancer and coronary heart disease for the target group
2. Improve the skills and knowledge of the target group concerning health promoting behaviours
3. Raise awareness of the poor physical health of the target group with health professionals.

We intended to achieve these aims through the following **objectives**:

1. Engage mental health organisations and identify their training needs around health promotion.
2. Develop and deliver training for workers.
3. Develop and produce a Toolkit for workers on healthy lifestyles.
4. Support mental health organisations to carry out this work with advice, grants and information.
5. Develop relations with other local organisations providing services in the community to improve access for the target group.
6. Promote the work of Mind Your Heart through presentations and by developing relations with mental health organisations within and outside the county.

How We Went About It

To meet its aim Mind Your Heart offered training around 'healthy lifestyles' to all workers in mental health services in Ceredigion. It gave out small grants to mental health voluntary organisations to increase opportunities for people to engage in activities to improve their

physical health. It supported this work with information and advice and put people in touch with each other.

The programme employed a part-time (0.6 FTE) Development Worker. West Wales Action for Mental Health hosted the programme for Ceredigion Local Health Board, and Ceredigion Local Public Health Team provided substantial advice and support. The link with the Local Public Health Team meant that the work of Mind Your Heart was done in the context of the wider public health work of the team. A multi-agency Management Group has overseen the work of the programme. The organisations which have been part of this partnership are:

- Ceredigion Local Health Board
- Ceredigion Local Public Health Team
- West Wales Action for Mental Health
- Pembrokeshire and Derwen NHS Trust
- Ceredigion Association of Voluntary Organisations
- Ceredigion County Council

Initial meetings were held with managers to get an overview of current activities and levels of knowledge amongst staff in working with clients to improve their physical health. Discussions with staff then served as an introduction to the programme and identified training needs. Service Level Agreements were made so that, as a condition of the grant, organisations had to engage with the project by putting on training for staff. Regular visits and phone calls were continued.

All the following organisations took part in Mind Your Heart
In the voluntary sector:

- Camfan
- Clwb Croeso
- Hafal
- HUTS
- Kinora
- Mind Aberystwyth
- Noddfa
- British Red Cross Project for Carers of People with Dementia

And in the statutory/public sector:

- Community Mental Health Teams in Aberystwyth (Gorwelion) and Newcastle Emlyn (Hafan Hedd)
- Afallon Ward, Bronglais Hospital
- Want2Work – run by Job Centre Plus

Training sessions were developed using materials available through the Ceredigion Local Public Health Team and elsewhere. The aim was to achieve training that was participative, used people's own experience, was inspiring and enhanced skills as well as knowledge. The majority of the training was carried out by the Development Worker.

All the information and advice given was evidence-based, though as the links between mental and physical health are under-researched, inevitably there are gaps in the knowledge base. It

is a lively field and even in the past three years there has been an explosion of information targeted at people with mental health problems who want to improve their lifestyle.

All leaflets and publications were produced in English and Welsh.

Costs

Mind Your Heart employs a part-time Development Worker (0.6 WTE). Over the past year administrative support has been provided for 4 hours a week. The programme is managed by WWAMH who have been paid a fee for this. The Ceredigion Local Public Health Team provided 'in kind' support of approximately 166 hours in total. The Management Group met quarterly for about an hour each meeting. Ten people were on this group though attendance was usually between four and six. Over three years this amounts to approximately 72 person hours.

The total cost of the programme (excluding 'in kind' costs), from January 2005 to April 2008, was £118,359.

4. Evaluation Methods

The time and resources available for evaluation were limited as it has been undertaken in-house within the time allocated to the programme. Although evaluation was not part of the original bid we were of the view that evaluation should be built into the programme from the beginning as an aspect of good practice, to inform its development and, as an innovative project, with the aim of sharing our experience with others.

We used the Action Research model of evaluation which is a form of enquiry that uses a cycle of action and reflection to inform practice. It has the advantage that evaluation and learning is ongoing and lessons can be put into practice immediately.

Alongside this we also used the following evaluation methods to find out whether we had achieved our aims and objectives:

- Numbers of training sessions
- Attendance at training sessions
- Grants given and activities supported
- Self-completed questionnaire on health behaviour and attitude for staff in the training programme
- Monitoring of publicity
- Publications
- Evaluation forms for each training session
- Face-to-face interviews with staff/managers
- Anecdotal case studies and personal communication
- Self-completed questionnaire by the Management Group
- Reflective diary by the Development Worker.

The questionnaire on health behaviours and attitudes (Appendix I) was completed at the start by anyone who was attending a Mind Your Heart training session. As names of participants were collected, the questionnaire could then be sent out again to named

individuals, with an SAE, in Jan/Feb 2008. Because the questionnaires were anonymous it was not possible to follow up non-respondents.

The face to face interviews were conducted by Helen Jones, Principal Public Health Specialist in Ceredigion Local Public Health Team with all the voluntary mental health organisations that had been part of the programme. Unfortunately, due to staff changes and absences, it was not possible for her to carry out interviews with the two Community Mental Health Teams. Bronglais Hospital was omitted from this aspect of the evaluation as they have only been working with Mind Your Heart for nine months.

Training evaluation sheets asked for qualitative comments on the training. They were all analysed by theme as were the face-to-face interviews and the Management Group questionnaire.

The evaluation was carried out by the Development Worker except the interviews with staff.

5. Results – what did we find?

In the first part of this section we look directly at the tasks we set ourselves, listing the achievements and assessing how well we met our objectives.

Objective 1: Engage mental health organisations and identify their training needs around health promotion

- Mind Your Heart was launched at two events in Cardigan and Aberystwyth in July 2005. This was an opportunity for people to come and see what the programme was about.
- A brochure was produced which outlines the work of Mind Your Heart. Its aim is to raise awareness of the programme and encourage engagement amongst organisations and staff
- An A3 folded newsletter - produced in May and December 2007 – gave up-to-date reports on groups' activities and information on Mind Your Heart for local groups and clients.

Objective 2: Develop and deliver training for workers

Training packages were developed to meet learning objectives agreed with each organisation and improved with the experience of each session. There are seven packages now in a developed form:

- 'Introduction to Healthier Lifestyles'
- 'Healthy eating'
- 'Food and Mood' workshop (developed by the 'Food and Mood' Community Interest Company)
- 'The Benefits of Physical Activity'
- 'Smoking and Mental Health' workshop
- 'Complementary Therapies'
- 'Helping People Make Changes'

A total of 18 training sessions were carried out with 127 attendees: 15 in the voluntary sector, 3 for the Community Mental Health Teams and 1 for Afallon ward. In addition 5

people were signposted to 'healthy eating' training carried out by Ceredigion Local Public Health Team and 3 to Walking the Way to Health's 'Walk Leader' training.

Evaluation forms (which were anonymous) were completed by participants at the end of training sessions to assess the appropriateness of the training and the areas to develop further. These were almost universally positive. Most participants found it 'enjoyable', 'informal', 'informative', and 'liked the participative approach' and the 'opportunity to share experiences and ideas'. Where people expressed dissatisfaction, it was in wanting to go deeper into the subject. This could point the way in the development of the training. Samples of the comments are below:

"Got people thinking and exploring ways to change."

"I liked the positive outlook."

"I did come to the training feeling a little negative but the explanation and positive manner I encountered completely changed my view" (about the 'Smoking and mental health' workshop)

"It made me feel more positive about the possibilities."

"It made me think about my own lifestyle"

"I liked the opportunity to discuss food issues – these often get forgotten."

"It made me aware that you can learn from your own experience and apply it to work."

"The course was well presented and encouraged everybody to take part."

"Excellent course, content and involvement."

A questionnaire was designed specifically for the 'Smoking and Mental Health' workshop and given before and after the training. The results were:

- Everyone increased their level of knowledge on smoking and mental health – over half feeling well informed by the end
- Five people who had said they were uncomfortable talking to clients about stopping smoking, by the end said they would feel comfortable
- After the workshop everyone thought it possible for their organisation to go smoke free – an increase of 2.

Objective 3: Develop and produce a toolkit for workers on healthy lifestyles

The 'Healthier Lifestyles Toolkit for Workers in Mental Health' brought together much of the information from the relevant training sessions. The Toolkit has been a major output from the work of the programme. Although there is an increasing amount of information about looking after yourself targeted at people with mental health problems, we are not aware that anything as comprehensive aimed at workers in mental health has been produced elsewhere. The Toolkit was launched in Aberaeron in March 2008 by Phil Chick, the Director of Mental Health for the Welsh Assembly Government. These have been distributed to the organisations we have worked with and will be used in training with newly engaged organisations.

Objective 4: Support mental health organisations to carry out this work with advice, grants and information

Grants to voluntary mental health groups totalling £11,000 were made in the years 2005-6 and 2007-8.

Organisation	Total Grant	Activities
Camfan	£1000	Training on 'Addictions', bikes, walking group
Clwb Croeso	£250	Kitchen equipment, food hygiene training
Hafal: Ystwyth project; Queen Street; Aberystwyth Social Club; Ymateb	£1000	Sports equipment, court & pitch hire, bike hire, gym sessions, kitchen equipment
HUTS	£2000	Gardening, transport for walks and trips out
Kinora	£2000	Water dispenser, walking trips, healthy food, sports equipment
Noddfa	£2000	Kitchen equipment, healthy food, food hygiene training
Mind Aberystwyth	£2000	Hire of swimming pool & equipment

In addition to these activities we are aware that a number of walking groups have come into existence through these organisations with links to the Ramblers.

One of the organisations worked with, Afallon Ward at Bronglais Hospital, was recently listed in the top three for the 'Best Team Contribution to Inpatient Care' in the Welsh Assembly Mental Health Nursing Awards for its healthy lifestyles initiative.

Objective 5: Develop relations with other local organisations providing services in the community to improve access for the target group

In the Community we were able to signpost people to the following programmes:

- Walking the Way to Health
- Exercise For Life (Ceredigion's Exercise Referral Scheme)
- Healthy Food Programme

The Development Worker also met with and visited a wide range of key organisations providing healthy activities around Ceredigion in the first six months of the programme to publicise the programme and build a resource list for mental health organisations.

The catering staffs at various venues throughout the county and other outside caterers have supplied food for training events. Mind Your Heart has worked with them to ensure healthy eating choices and to educate and promote this where necessary.

Objective 6: Promote the work of Mind Your Heart through presentations and by developing relations within and outside the county.

- Annual Reports were published in January 2006 and January 2007.
- Electronic versions of the Toolkit have been sent out to interested parties outside the county
- Articles were published in 'Bywyd Da', the County's Health, Social Care and Wellbeing newsletter in 2005 and in 'Copa', the newsletter of Ceredigion Association of Voluntary Organisations in 2006.
- The Development Worker made six presentations to organisations not involved directly in its work, but who have an interest in the programme, within Ceredigion over the three years.

In the second part of this section we consider other parts of the evaluation that cover more than one objective, relate to the overall aim, or explore the way we went about it. First, Helen Jones' report on her face-to-face interviews with staff from the mental health voluntary organisations.

Review of Programme by Organisations Involved

Helen Jones, Principal Public Health Specialist for the Ceredigion Local Public Health Team, visited organisations that were involved in the Mind Your Heart programme to form part of the evaluation through short interviews with staff. The aim of a person other than the Development Worker visiting the organisations was to give an element of independence to the evaluation. It must be noted however, that Helen has been supporting the programme and knows the Development Worker well, but not the staff of the organisations involved. This may have introduced an element of bias to this part of the evaluation, but nevertheless, it was hoped that, through organisation staff speaking to a different person, another perception of the programme in practice might be obtained.

Generally, organisation staff spoken to were very enthusiastic and complimentary regarding both the programme and the Development Worker. All agreed that Mind Your Heart had influenced their organisation, staff and clients.

Specific themes identified through discussion

Support for Staff and Change in their Health Behaviour

All of the organisation staff commented that the programme had been very supportive of the staff themselves, working with a client set with complex needs. They felt recognised and appreciated for the work they were already achieving; they felt that someone was taking notice of them and what they had to say. Furthermore they felt the project had helped them address personal behaviours and make healthier lifestyle choices.

"I had to lose weight; it gave me the push I needed to set an example. After all, if I couldn't do it, how could I expect the clients to?"

(Staff member who lost 4 stones following an initial meeting with the Development Worker)

Authority and Legitimacy

Other members of staff said that the training they had attended as part of the programme had given them the authority to promote good practice and healthier behaviour to clients - they could now be sure that they were promoting the correct messages:

*“I could back up information I was giving with facts...I felt sure of what I was saying”
(Staff member, talking about how they felt after receiving Food and Mood training.)*

Staff also said that it had legitimised asking clients about lifestyle behaviours such as eating, physical activity and smoking.

These comments were some of the most consistent throughout all of the discussions with staff. Staff felt both the training and support they had received from the Development Worker had been hugely beneficial for themselves personally. They gave many examples of where the training provided had changed the way they looked after themselves, and being able to help clients was almost a ‘spin-off’.

Changes in the Organisation

Staff cited examples of the issues that had been tackled within the organisation as a result of the programme. Healthy eating, increasing physical activity and stopping smoking were the most frequently mentioned.

*“We introduced no smoking on our premises even before the ban was introduced and would not have done it without Mind Your Heart”
(Staff member at drop-in)*

Use of Grants

Staff gave many examples of the diverse ways they had used the grants given by Mind Your Heart (see page 10). A couple of the organisations commented that the grants had made a huge difference to them and they would not have been able to achieve change without it.

“(The grant) really did enable us to get out and about. We would not have been able to do it without the Mind Your Heart grant. ...it really benefited clients, not so much for the physical activity side, but for the social and achieving something – self-esteem - side”

“The Mind Your Heart grant really turned things around here”

Some of the organisations were not so dependent on the grants, but the staff said that it had helped them introduce changes and not worry about possible waste. For example, it enabled them to introduce fruit and healthy eating menus so that clients could try different things.

To some of the organisations the grants were obviously crucial and demonstrated what a small sum of money could achieve in terms of facilitating change.

Development Worker

All the staff gave very positive feedback about the Development Worker herself. They said she was non-judgemental and very supportive. They all said that she never imposed anything on them, but supported and facilitated the changes that were proposed by staff and clients. This was an interesting observation as there were occasions when she had not agreed with the proposals suggested, as they were not in line with the aim of the project, and yet no-one referred to these, although specifically asked. Possibly they had forgotten about these proposals or that the Development Worker had helped them to change the proposals in order to achieve the desired aim.

“Jan was brilliant, very professional.”

General Observations

All of the organisations that were visited provided a much needed resource for a very vulnerable group of people who are least likely to be able to express their needs. The organisations often provide their only source of social contact and support and have an important role in advocating and articulating hidden need on behalf of their clients. The staff all spoke of the stigma that still surrounds mental illness. Not a surprise, but all organisation staff spoke of the lack of services and difficulty of access and transport to the services that do exist for this client group.

During the time these evaluation visits were taking place Ceredigion Local Health Board was undertaking its voluntary sector review. This was of great concern to some organisations. During the visit I did ask how they felt they ‘fitted in’ to the bigger picture of policy and strategy in the county. Although most of the organisation staff were aware of the ‘Health, Social Care and Wellbeing Strategy’ for example, they did not feel connected to it or feel they could influence it. They were just ‘getting on with it’ and unaware of the importance of the service they were delivering.

One of the huge benefits of the Mind Your Heart programme has been that staff have felt listened to and the value of their work recognised.

Helen Jones
Principal Public Health Specialist

Health Behaviours and Attitudes Questionnaire

This part of the evaluation did not relate directly to any of the objectives we originally set. However, we decided we did want to see whether the training had an impact on the behaviour and attitudes of staff around healthier choices. It also proved a useful, non-threatening way of engaging with staff to initiate discussion.

Eighty-nine (89) initial questionnaires were completed and forty-three follow-up ones received. We looked at the difference between the two sets of questionnaires. Results should be treated with caution because of the low numbers for some questions.

- ☺ The percentage of people who say they are eating 5+ portions of fruit and vegetables a day increased
- ☺ The percentage of people who only eat 2 portions of fruit and vegetables a day, but say they would like to eat more, increased
- ☺ The percentage of people eating 0 to 1 portion of fruit and vegetables a day decreased
- ☺ Drinking rates of alcohol were similar, but the percentage of people who drink over 20 units and say they would like to cut down increased
- ☺ The percentage of non-smokers has increased and numbers of cigarettes smoked decreased
- ☺ One staff member reports giving up smoking
- ☺ The number using stress-reducing techniques increased

- ☹ The percentage of people who do less than the recommended amount of physical activity, but who think they do enough, increased
- ☹ The percentage of people who say they experience high stress at work increased, and more of them feel unable to cope

There is evidence from Helen Jones' report in the previous section that some staff changed their lifestyles significantly, partly as a result of being involved in the Mind Your Heart programme. Anecdotally the Development Worker is also aware of several stories of change prompted by contact with the programme. These include both staff and clients who have sought help with substance dependencies or who have made significant changes to their diet and physical activity.

Evaluation by the Management Group

The Management of Mind Your Heart were asked to complete a questionnaire to ascertain their views on the management of the programme.

Overall, members thought the management group itself worked well. There has been a core group attending meetings, whilst other organisations were represented sporadically and by different people with little continuity. This had an impact on the engagement of the Local Health Board and the Community Mental Health Teams. It also meant that there was a gap in expertise at the meetings and the opportunity for raising the profile of the project was missed. To integrate the programme better into the work of the Local Health Board it was suggested that Mind Your Heart could be subsumed into an existing group such as the Multi-agency Mental Health Planning Group and report directly to Ceredigion Local Health Board.

Whilst the benefits of partnership working were acknowledged, some thought this meant the identity of Mind Your Heart took a long time to be established and there was some confusion about how it was funded and who was hosting it. In particular it has been pointed out that some people misunderstood and thought it was part of MIND. To address these concerns some suggested that we could have had a different name or different host organisation such as the Local Health Board or the Ceredigion Local Public Health Team. All the members of the Management Group who responded thought their involvement and time spent was worthwhile.

6. Critical Reflection on the Programme

This section explores the outcomes of the programme, both positive and negative, the approach taken, and what we have learnt from it.

To a greater or lesser extent we met all the objectives of the programme. Our approach of working with existing organisations, though slow in some cases, produced substantial benefits over the three years.

Impact on Staff and Organisations

At the start of the programme organisations in mental health in Ceredigion had varying degrees of engagement with health promotion. To some extent all were already doing it according to our wider definition, but the degree to which they thought about the physical health of their clients differed. Despite this, the Mind Your Heart programme has had a positive impact on all the voluntary organisations, increasing knowledge and skills which have been used to improve the support for service users. Of course, there is a whole wide world out there, and Mind Your Heart has not been the only factor that may have influenced change. The Smoking Ban for Wales in April 2007, for example, changed the culture of smoking.

One unexpected outcome has been the positive impact the programme had on organisations and staff teams. We thought it might have an impact on individual staff in terms of their thinking about their own health and making improvements, and this was borne out by the evaluation, but it has also had an encouraging impact on staff teams. They have felt recognised and valued, have welcomed the opportunity to do some work together and share ideas and have changed the culture of their organisation in the process. In fact, for some individual staff and organisations, it seems to have had a transformative effect. Modelling healthy behaviour by staff and changes to the norms of the organisation seem to have had a positive impact on staff and the people they work with. We see no reason why this approach should not work with other organisations (Recommendation 1).

We have found it difficult to assess the impact of the programme on the Community Mental Health Teams. They are working with people who are at their most ill or in acute crisis and may struggle to see the relevance of the programme to these clients. On the other hand, the training sessions done were well received and some individual staff are clearly passionate about the benefits of exercise or good food and organise activities around this. It was unfortunate that we did not manage to interview the Community Mental Health Teams as this may have given us some clues as to how to engage with them better. Reorganisation and

large staff turnover have not helped and we did start work with them later into the programme. In the light of this we suggest that the identification of a key worker in each Community Mental Health Team who would take the lead in liaising with Mind Your Heart may improve engagement (Recommendation 2).

Training

We delivered fewer training sessions than we originally envisaged. Change within organisations happens slowly so one piece of training might have long-lasting ripples whilst staff and the organisation absorbed the learning and made changes. There were problems in organising training for some organisations with staff having time off from their normal duties, because of pressure of work or having to find cover. Making training specific to people with mental health problems has been important in making it relevant and attractive. The fact that training is not accredited may have had a negative impact on the perception of its value.

The small grants were definitely useful in helping groups engage with the programme and 'test the water'. We always provided a healthy lunch with the training which was well received - an example of 'walking the talk' that people appreciated.

Access to Mainstream Services

People with mental health problems often do not feel confident about joining something new, which is true for all of us at times. So the activities put on by organisations are extremely useful in building their confidence and providing opportunities. The Toolkit contains a section on local resources and organisations doing healthy activities, but there may be more work we could do on this.

The other area which has had significant publicity recently with the publication of the Disability Rights Commission's report¹⁴ is the difficulties some people with mental health problems find accessing GP services. Whilst we have no reason to believe this is a particular problem in Ceredigion, we plan to engage more with Primary Care over the next three years (Recommendation 3).

Involvement of Mental Health Workers and Clients

Until last year there was no network of mental health service users in Ceredigion. A Service User Involvement Worker for mental health is now funded. The Development Worker has taken the opportunity, where presented, to talk to clients informally to ascertain their needs and aspirations around healthier behaviours. Due to limited time, though, she has relied heavily on research and from information from workers in the county.

Where we have engaged with staff, their involvement in the programme has been good. All needs are identified by them and we have worked in a flexible way to support their own initiatives. Mind Your Heart has encouraged workers and organisations to consult service users about the use of the grants and to individualise their work with clients to promote autonomy and self-responsibility.

Obstacles and Opportunities

Staff have underlined often that working with this group of clients, though rewarding, can be challenging. The lack of motivation, negative thoughts and difficulty of focus that characterise many people's experience of mental illness make it difficult to make and sustain healthy choices. On the other hand, staff recognise that people who have suffered a crisis in their health in this way may be more open to ideas, especially if they are seen as helpful, relevant and manageable.

There have been moves, particularly in the voluntary sector, in recent years to use more widely a 'Recovery' model which takes a holistic view of health, addresses all aspects of a person's life and focuses on their own strengths, resources and autonomy¹⁵. Mind Your Heart fits in well with this model as it provides information and skills in the important area of physical health and the benefits for both mind and body of looking after yourself. It has become clear that placing it in this context, as part of a Recovery model, could increase its perceived relevance (Recommendation 4).

Management of the Programme

The joint management of the programme mostly worked well. There were benefits in being linked with WWAMH who have the respect of mental health voluntary organisations in Ceredigion. The intention from the outset was to locate the programme in the voluntary sector to increase its access to health promotion, and this has been achieved. However, the possibility of integrating Mind Your Heart more fully into the reporting structures of the Local Health Board should be explored (Recommendation 5). The Local Public Health Team provided a wider context to the work as well as technical knowledge and advice on health promotion and its methods. The move in November 2006 into the office of the Public Health Team from working alone improved the Development Worker's access to this support and connection considerably.

Was it Value for Money?

Mind Your Heart is supporting organisations to do primary prevention work amongst a vulnerable group that have some of the poorest health and the greatest inequalities in health. The high costs of treatment for coronary heart disease and cancer further down the line mean that this work is likely to be extremely cost-effective. The cost of cardiovascular system medication to treat coronary heart disease in Ceredigion is £5,179,207 per annum¹⁶. This figure does not include diagnosis, monitoring or side effects of medication. The average cost of the Mind Your Heart programme per year was £36,418. The Management Group were of the view that the programme has been cost-effective and the Local Health Board has agreed funding for the next four years. Working with existing groups has proved an effective and efficient way of using limited funds.

7. Recommendations

It is recommended that:

1. Using the same approach, the programme be extended to include other organisations working with people with mental health problems in Ceredigion
2. A key worker is identified in each Community Mental Health Team as health promotion advocate to provide a link with Mind Your Heart
3. The programme be extended to work with primary care staff
4. The Mind Your Heart programme be promoted as part of a Recovery approach
5. The possibility of integrating Mind Your Heart more fully into the reporting structures of Ceredigion Local Health Board be explored.

8. Conclusion

The Mind Your Heart programme has provided a focus and legitimacy for health promotion in mental health in Ceredigion. It has given mental health workers the opportunity to reflect on their own health behaviours, has prompted significant changes in some individuals and has stimulated culture change in some voluntary organisations in the mental health sector. It also seems to have increased wellbeing by recognising the valuable work being done by staff in these organisations.

The approach of working with existing networks and organisations - training and supporting them – has proved to be an effective, sustainable and efficient intervention. Engagement with the Community Mental Health Teams has been more difficult, but valuable connections and groundwork has been laid.

Mind Your Heart is the only programme of its kind in Wales and has been recognised as an example of good practice at Welsh Assembly Government level. It is providing a successful model for this challenging work which, we suggest, could be adopted with equally good results elsewhere.

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SMOKING

8. Please tick the box that applies to you

Non smoker	Smoker 1-9 a day	Smoker 10-19 a day	Smoker 20 or more a day

9. If you do smoke would you like to give up? Yes
 No

RELAXATION

10. How stressed do you feel in your work?

Highly stressed	Medium stressed	Not very or low stress

11. Do you feel able to cope with this level of stress? Yes
 No

12. Do you practise any stress-reducing techniques such as yoga, t'ai chi, and meditation? Yes
 No

13. If there is anything else you do to reduce stress please write it here

AND FINALLY...

14. Would you like training to support your clients in...?

	Yes	No
Giving up smoking		
Eating more healthily		
Increasing physical activity		
Alcohol awareness		
Managing stress levels		

15. Are you a Welsh speaker? Yes
 No

16. Do you consider yourself to have a disability or a health condition? Yes
 No

Please add any other comments below.

Thank you.