

BME healthforum

Emotional Wellbeing Partnership Evaluating five projects that improve clients' wellbeing



Funded and Supported by West London CCG and Kensington & Chelsea Social Council

With Thanks to:

Ethiopian Women's Empowerment Group, Healthier Divas, Queens Park Bangladesh Association, Migrants Organise, SMART and NHS Time to Talk.

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Introduction

In July 2015, the BME Health Forum was awarded a grant of £8,600 from West London Clinical Commissioning Group (CCG) to form a partnership with five organisations to share learning around emotional wellbeing and evaluate 5 different projects with regard to their success in improving clients' wellbeing. The BME Health Forum had 4 targets:

- Evaluate projects from the 5 organisations to see if they improved the clients' emotional wellbeing
- Build relationships between the organisations and their clients and the Take Time to Talk service
- Get feedback from service users about what would improve their wellbeing
- Develop an issue log about difficulties clients had in accessing mental health services and trying to resolve these

Each organisation in the partnership received £1,200 and the BME Health Forum received the remaining £2,600. The partnership ran from November 2015 –June 2016.

Key Finding:

All five projects showed improvement in their clients' emotional wellbeing, particularly their confidence, their energy levels and their perception of how healthy they were.

Next Steps:

The BME Health Forum has allocated £10,000 to fund 8 small projects to improve people's emotional wellbeing through shared cultural, educational, social and physical activities.

Recommendation:

Cost benefit analysis should be undertaken to assess how community based wellbeing interventions can help manage demand on GP appointments and other NHS services in the short term and long term.

The Five Projects

NOTE: The 5 projects are not comparable in terms of outcomes or cost as they engaged very different populations for very different activities.

The Multilingual Emotional Wellbeing project at Ethiopian Women's Empowerment Group (This project was commissioned by the BME Health Forum).

- Bilingual volunteers were trained by the BME Health Forum to give emotional support and practical help to clients who were going through a difficult time psychologically, and who were not fluent English speakers
- Twenty five clients attended an average of 3 sessions (minimum attendance was 1 and maximum attendance was 7)
- Cost £5,000
- Funded by the BME Health Forum

The Healthier Divas project:

- Weekly Gym class for BME men and women at St Charles Centre for Health
- Clients attended an average of 12 sessions (minimum attendance was 7 and maximum attendance 18)
- Some clients also attended 3 workshops by Take Time to Talk service on emotional eating, getting a good night's sleep and stress management
- Cost £3,600 to run for 7 months
- Funded partly by the BME Health Forum project (£1,200) and partly by participants who contribute between £1.00 -£2.50 per class, and also raised some funds through a fundraising dance

The Mentoring Project at Migrants Organise

- Paired migrants, asylum seekers and refugees with mental health issues with mentors. The project also offered mentees lots of other activities besides the mentoring relationship including advice sessions, training and workshops
- Average attendance was 21 sessions (minimum attendance was 8 and maximum attendance was 35) from which 15-18 can be assumed to be mentoring sessions and the rest are additional services
- The project evaluated the emotional wellbeing of both mentors and mentees.
- Cost £15,000 to run per year but the total cost of the project including all the other services is up to £120,000

The Queens Park Bangladesh Association women's fitness class project:

- A weekly fitness class for BME women
- Women attended an average of 12 fitness classes (minimum attendance 6 sessions, maximum attendance 21 sessions)
- Cost approximately £5,500 to support 70-80 women per year

The SMART clubs project

- Series of clubs with recreational activities for clients with mental illnesses, including Bingo, gardening, music, Yoga, DVD night, discussion group, lunch club cooking and different clients attended different number of sessions
- When we evaluated the project, average attendance was 7 sessions (minimum 1 session, maximum 12 sessions)
- Cost approximately £12,000

Evaluation

1) Methodology

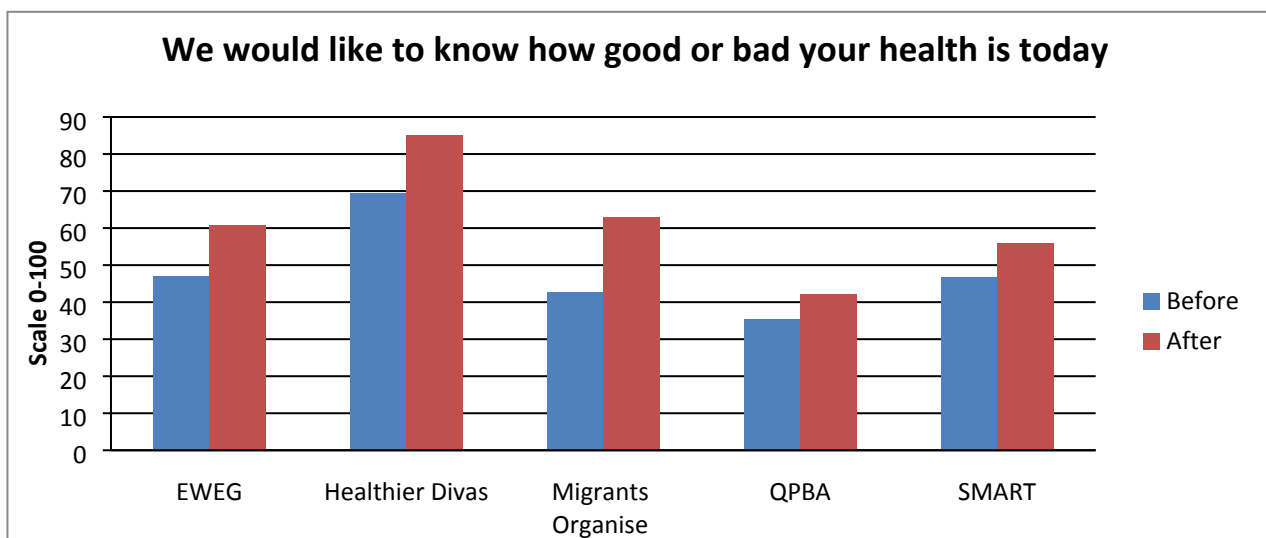
The organisations were asked to give their users a questionnaire to complete when they were first involved in the project and at the end (or after a few months of being involved in the project).

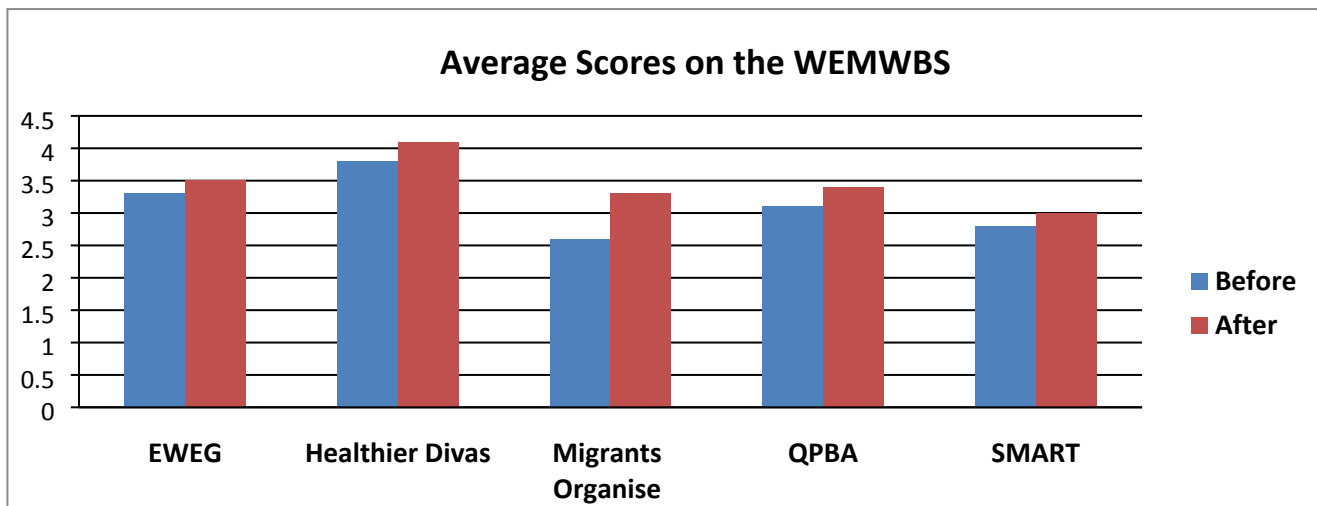
The questionnaires included:

- 9 items from the 14 item scale Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) which are scored on a 1-5 point scale (ranging from 'None of the time', 'Rarely', 'Some of the Time', 'Often', 'All of the time').
- A question that asked participants to rate their health on a scale from 0-100 from the EQ-5D-5L scale
- 7 questions put together by Kensington and Chelsea Social Council where clients had to rate their experiences of seeing a GP their ability to manage their general health and any long term health condition, their knowledge about their health and their view on whether the service they were attending was likely to reduce their use of GP visits and hospitalisation.

2) Evaluation Summary

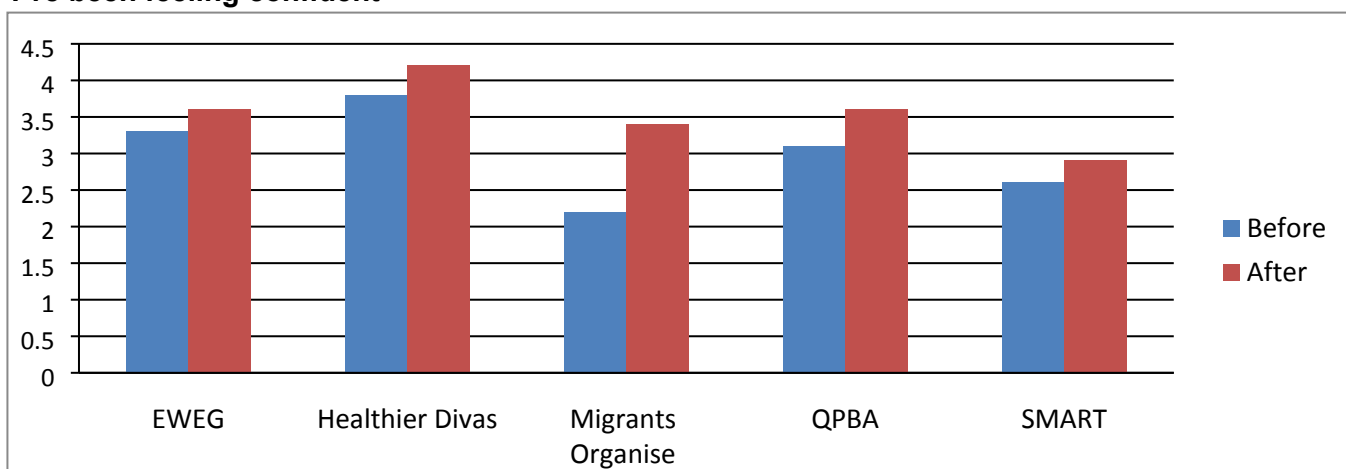
- All five projects demonstrated considerable overall improvements in their clients' wellbeing. This was shown both in the responses to the question 'How would you rate your health today?' and in the results of the WEMWBS.
- It was impressive that these improvements were shown in the two projects involving just weekly fitness classes even though average attendance was only 12 weeks. This shows that clients' emotional wellbeing can be improved even with low cost, short term projects.
- The mentoring project at Migrants Organise showed very considerable levels of improvement in their clients' wellbeing. Participants rated their own health at an average of 42.6% before joining the project and 62.9% after being in the project. Their average score on the WEMWBS improved from 2.66 to 3.33 (1-5 scale). This shows that great results can be achieved with a project that offers holistic support even when supporting a population that faces considerable challenges such as asylum seekers and refugees who have mental health issues.



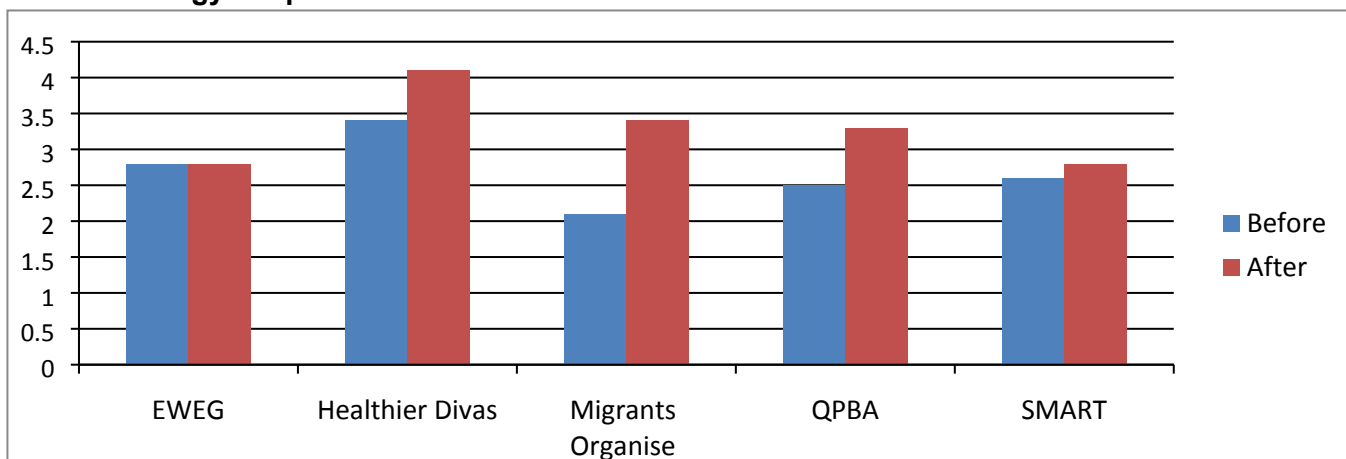


Overall the two dimensions of the WEMWBS that showed the most improvement across all projects were: 'I've had energy to spare' and 'I've been feeling confident'. These are therefore useful measures for the third sector to use to measure the effectiveness of their projects. By contrast, the dimension 'I've been feeling close to other people' showed considerable improvement at the SMART project which supported mental health service users but unsurprisingly it was unaffected by the fitness class at Queens Park Bangladesh Association.

'I've been feeling confident'



'I've had energy to spare'

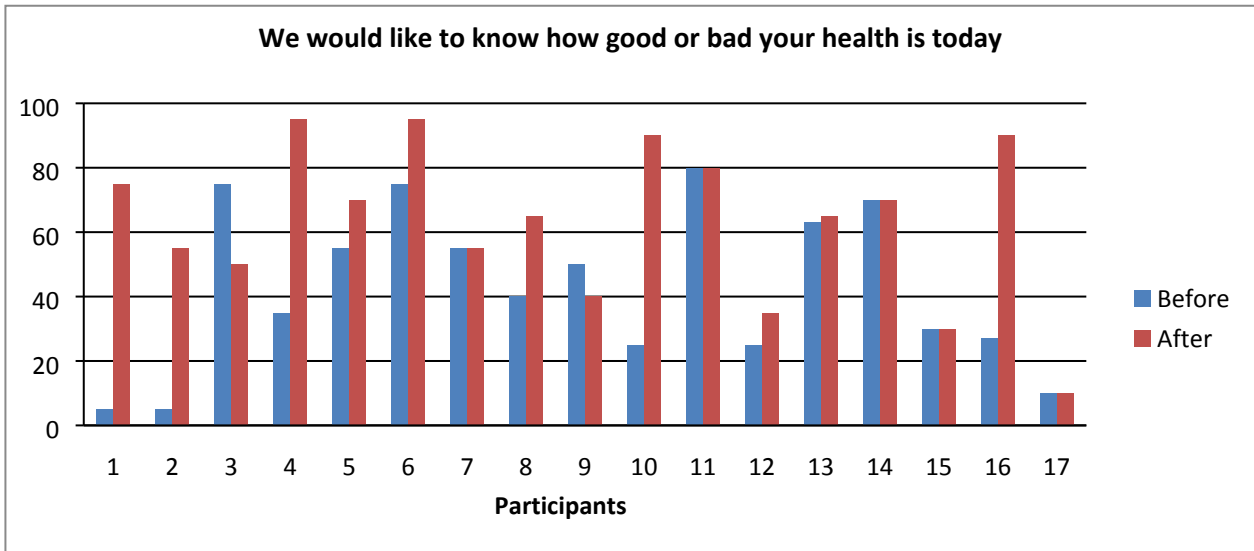


3) Evaluation of each project in more detail

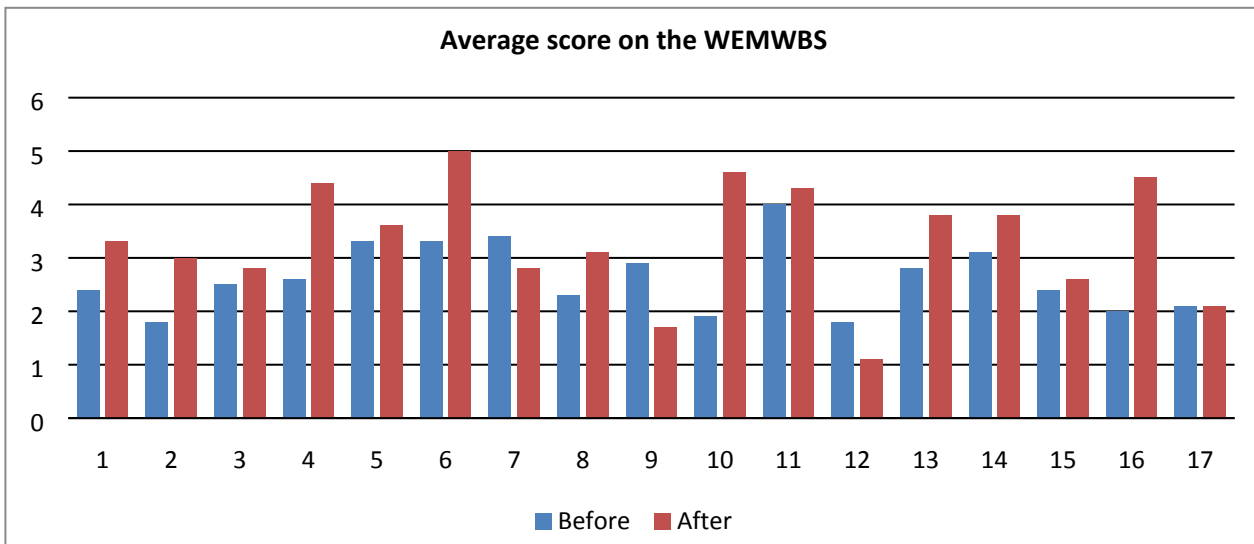
Migrants Organise

The Mentoring Programme delivered by Migrants Organise had the most positive results from the evaluation.

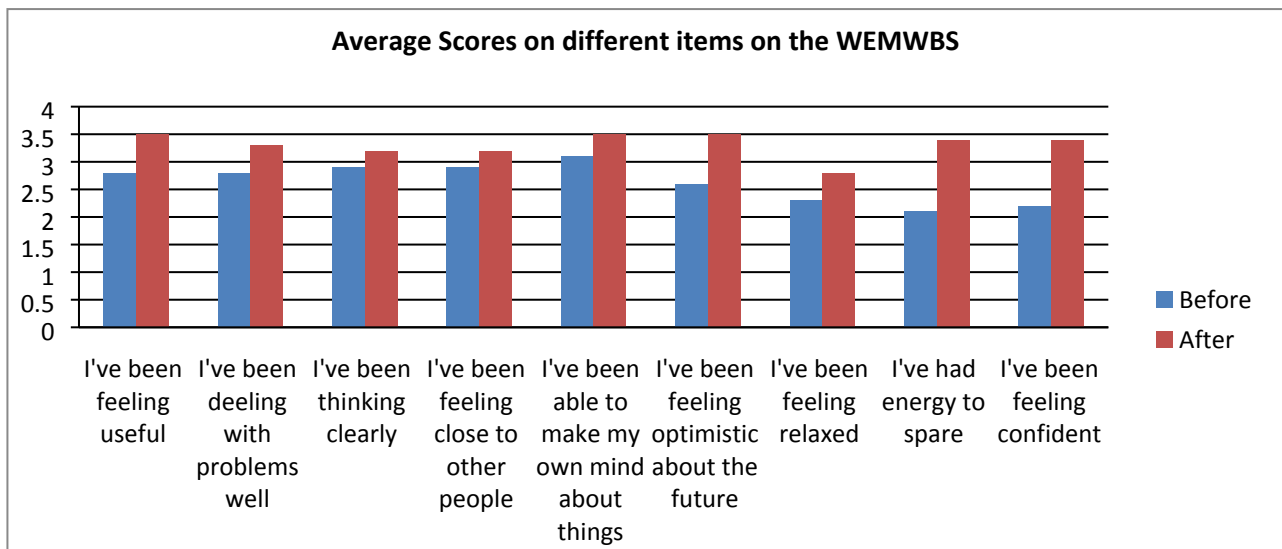
Participants rated their own health at an average of 42.6% before joining the project and 62.9% after being in the project.



In the Warwick Edinburgh Mental Wellbeing Scale (scale 1-5) the clients' average score improved from 2.6 to 3.3.



The most significant improvements were made in the items: 'I've had energy to spare' (2.1 to 3.4), 'I've been feeling confident' (2.2 to 3.4), 'I've been feeling useful' (2.8 to 3.5) and 'I've been feeling optimistic about the future' (2.9 to 3.5).

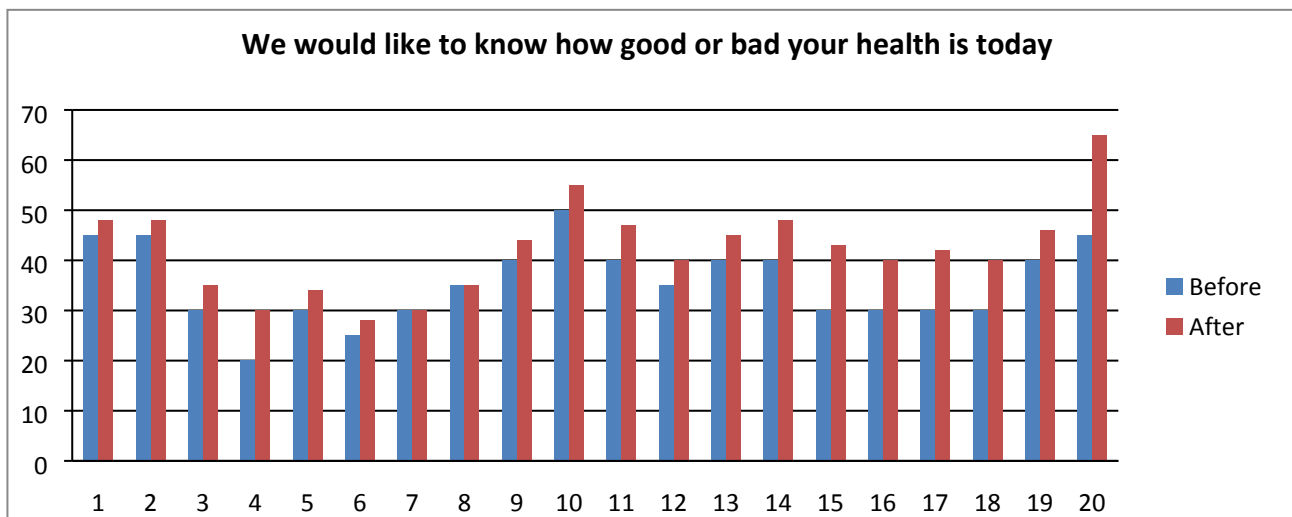


There was also improvement in the question 'I feel able to manage my general health' from an average of 3.2 to an average of 3.8, and in the question 'My level of knowledge about my health is good' from an average of 3.3 to an average of 3.9. Also 9/17 people agreed with the statement 'My use of the GP is likely to reduce because of this service' and 8/17 people agreed with the statement 'I believe it is less likely I will be admitted to hospital because of this service'.

In conclusion, this project produced dramatic improvements in the clients' emotional wellbeing. This may be because this project offered a holistic range of services designed to improve clients' wellbeing.

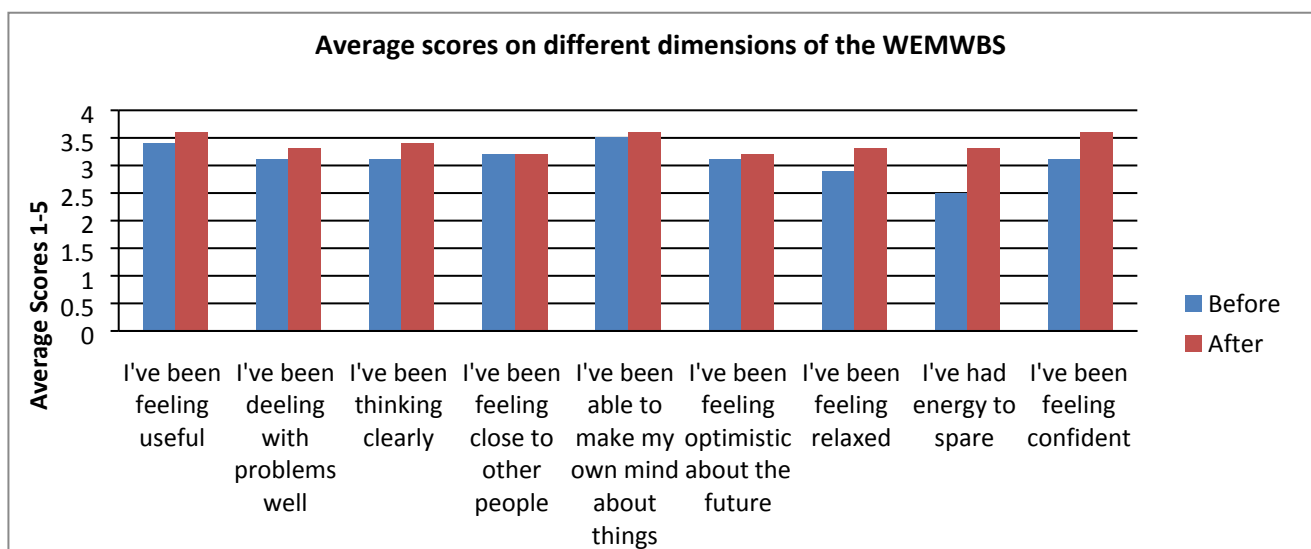
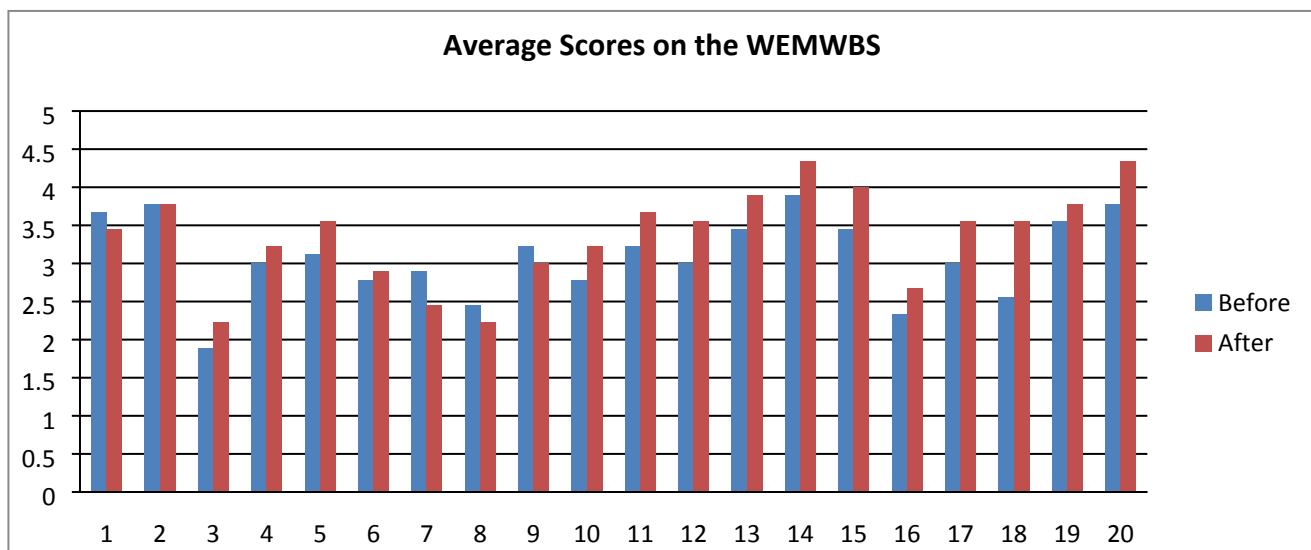
Queens Park Bangladesh Association (QPBA)

The project in QPBA was a women's fitness class for women who were from a Bangladeshi background but also attended by Iraqi, Kurdish, Moroccan, Algerian and Somali women. The project costs approximately £5500 to support 70-80 women per year. During our evaluation, women attended an average of 12 fitness classes (minimum attendance 6 sessions, maximum attendance 21 sessions). Interestingly, even with this modest intervention there was an improvement in how women rated their own health from an average of 35.5% to an average of 42.2%. As the graph below shows for some women the difference was considerably greater.



The overall difference in WEMWBS scores was from an average of 3.1 to an average of 3.4. Within that there were much greater improvements in certain dimensions such as 'I've had energy to spare' (2.5 to 3.3), 'I've been feeling confident' (3.1 to 3.6).

There was also considerable improvement in the item 'My level of knowledge about my condition/ health is good' from an average of 3.2 to an average of 4 (Where 3 is 'Neither agree nor disagree and 4 is 'Agree') as well as in the item 'I feel able to manage my general health (from an average of 3.3 to an average of 3.7). Also, 12/20 clients agreed with the statement 'My use of the GP is likely to reduce because of this service' and 13/20 agreed with the statement 'I believe it is less likely I will be admitted to hospital because of this service.'



In conclusion, this project shows that a simple intervention like a women's weekly fitness class improves how these women perceive their overall health and their ability to understand and manage their health, as well as improve their overall emotional wellbeing, particularly giving them more energy and confidence.

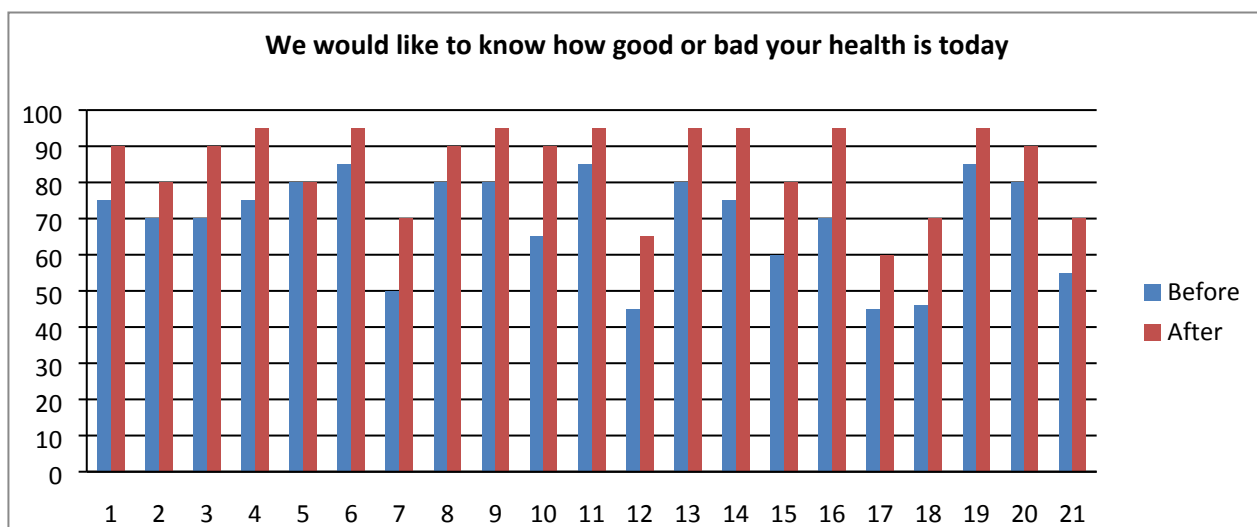
Healthier Divas

The project in Healthier Divas was a weekly Gym class. Clients attended an average of 12 sessions (minimum attendance was 7 and maximum attendance 18). Some of these clients also attended workshops by the Take Time to talk service, on stress management, emotional eating and getting a good night's sleep.

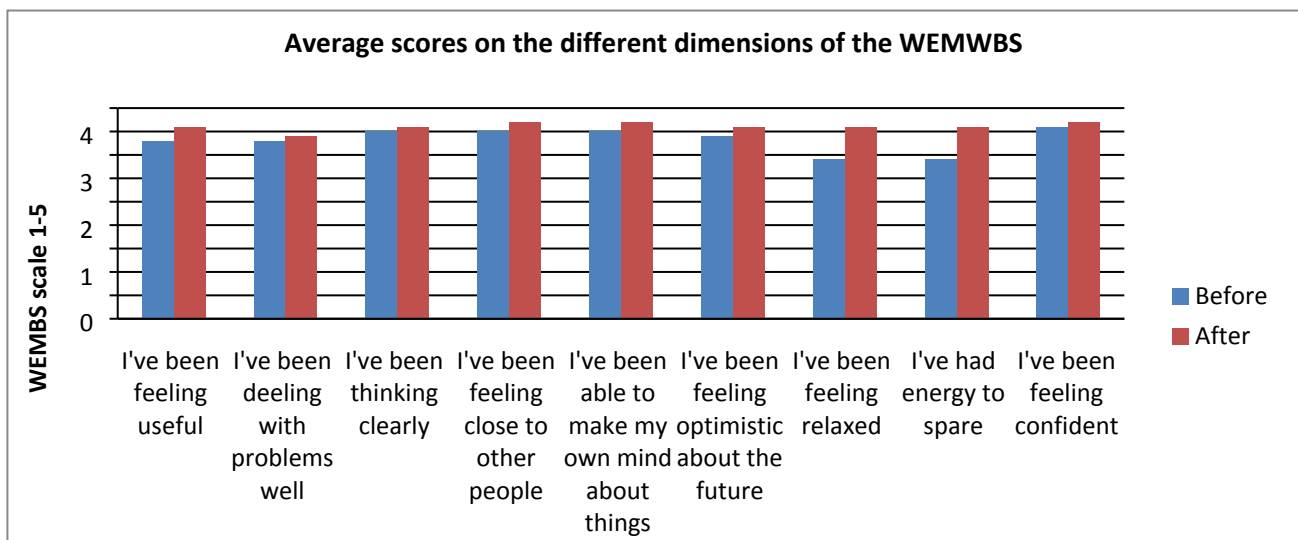
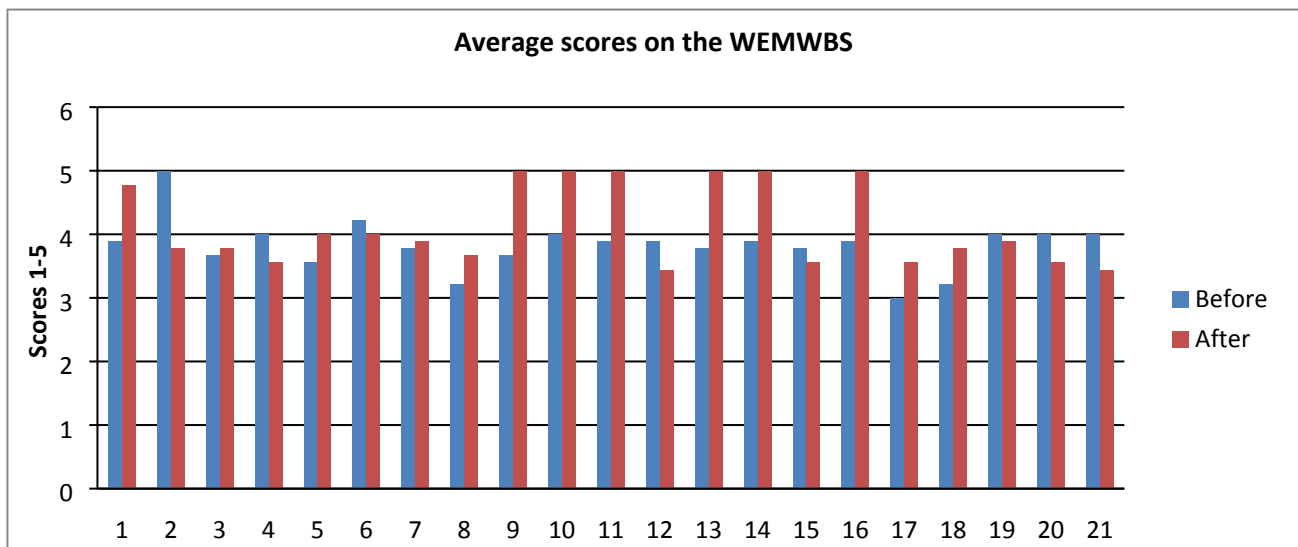
A short case study from Healthier Divas:

I started Gym Sessions in February 2016 feeling exhausted, tired and my posture was not good. In the last months, I feel confident, comfortable, I am volunteering to support people who have health conditions. I am very positive and feel excited to try out new things. At home, I am doing stretch exercises and walking. I feel healthier. I found the stress management talk very useful and I am now able to relax.

In this project there was considerable improvement in how women rated their own health from an average of 69.3% to an average of 85%. The overall difference in the average emotional wellbeing score also showed a modest improvement from 3.8 to 4.1 similar to the QPBA project, although scores for Healthier Divas are less consistent with some individuals' wellbeing scores going down. Overall, there was considerably greater improvement on certain items such as 'I've had energy to spare' from an average of 3.4 to an average of 4.1 (where 3 means 'Some of the time' and 4 means 'Often'), and 'I've been feeling relaxed' from an average of 3.4 to an average of 4.1 while other items such as 'I've been dealing with problems well' or 'I've been thinking clearly' showed almost no improvement. However, these items were scored highly from the beginning whereas greater improvement was shown in items that scored lower initially.



In this project as well there was considerable improvement in the responses to the statement 'My level of knowledge about my condition/health is good' where initially 15/21 agreed or agreed strongly with this statement and afterwards 20/21 agreed or agreed strongly with this statement. Also 12 people agreed with the statement 'My use of the GP is likely to reduce because of this service' and 'I believe it is less likely I will be admitted to hospital because of this service'. Also among the 18 people who indicated that they had a long term condition (including obesity, arthritis, thyroid, diabetes, asthma and hypertension) there was considerable improvement in how they perceived their ability to manage their condition from an average of 3.8 to an average of 4.2.



Overall this project, similarly to the project from QPBA, shows that a simple intervention like a weekly gym class attended over an average 12 weeks can make a real difference to how clients perceive their own health and their ability to manage a long term condition and can improve their overall mental wellbeing, particularly in terms of feeling energetic and relaxed.

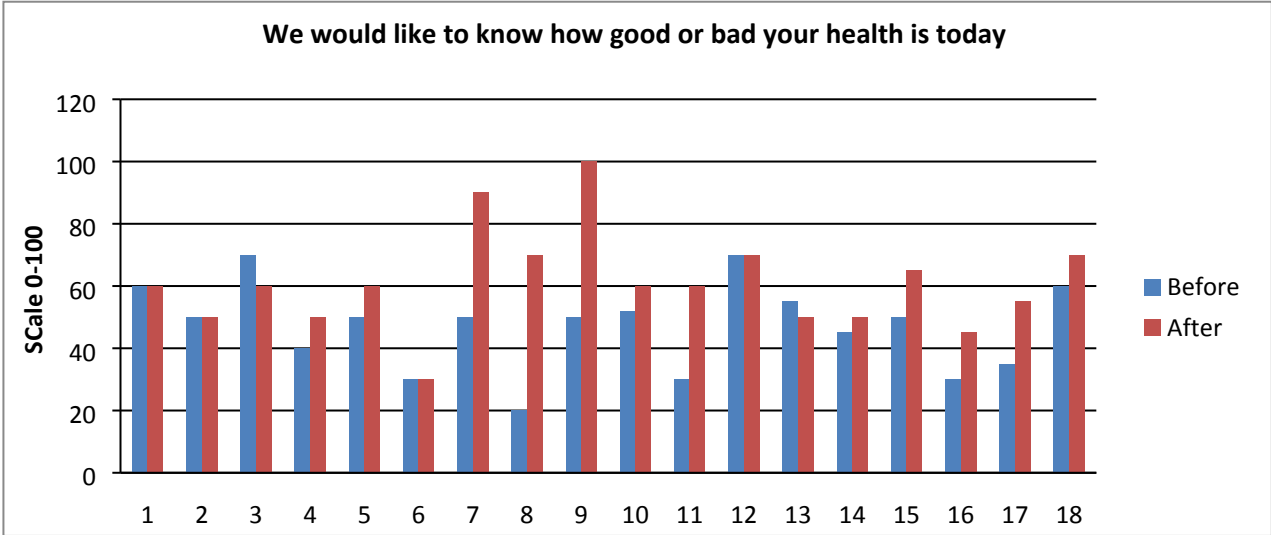
Ethiopian Women's Empowerment Group (EWEG)

The project at EWEG aimed at supporting community members who are going through a difficult time. Emotional support and practical help were provided by a trained member of staff or volunteer. Clients were supported for an average of 3 sessions each (minimum 1 session, maximum 7 sessions). This project costs approximately £200 per client supported (including the training and support for staff and volunteers).

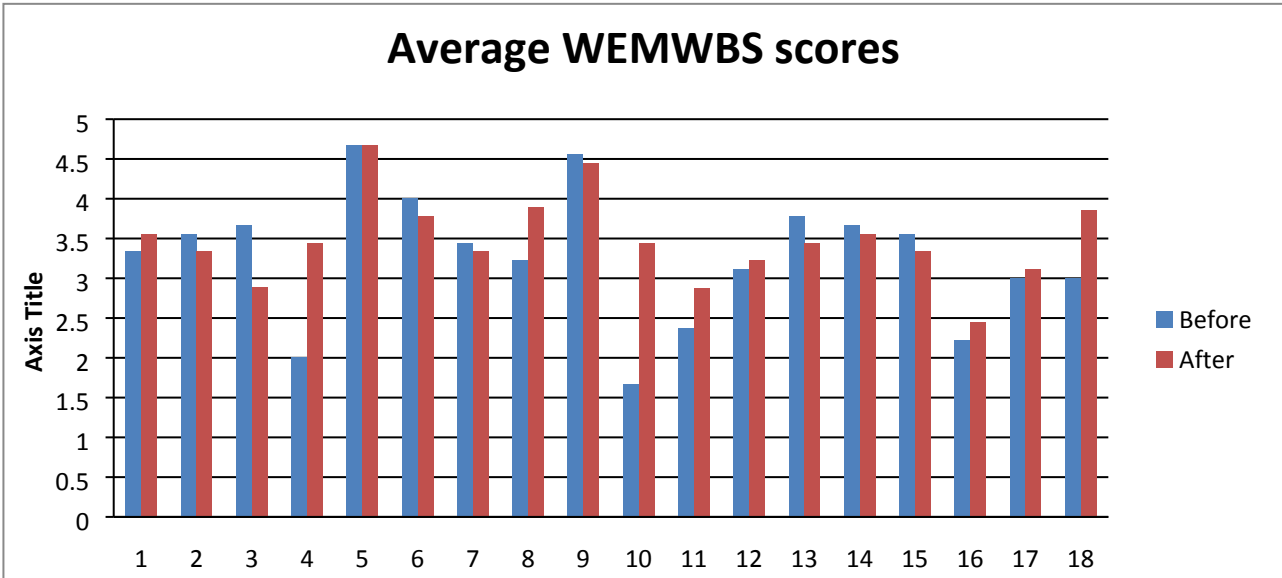
The project made a considerable difference to how clients perceived their own health from an average of 47.1% to an average of 60.8%. This shows a similar (but smaller) swing as the mentoring project discussed earlier where clients initially rate themselves on average below the 50% mark and afterwards rated themselves on average above the 50% mark. While the swing is smaller than in the

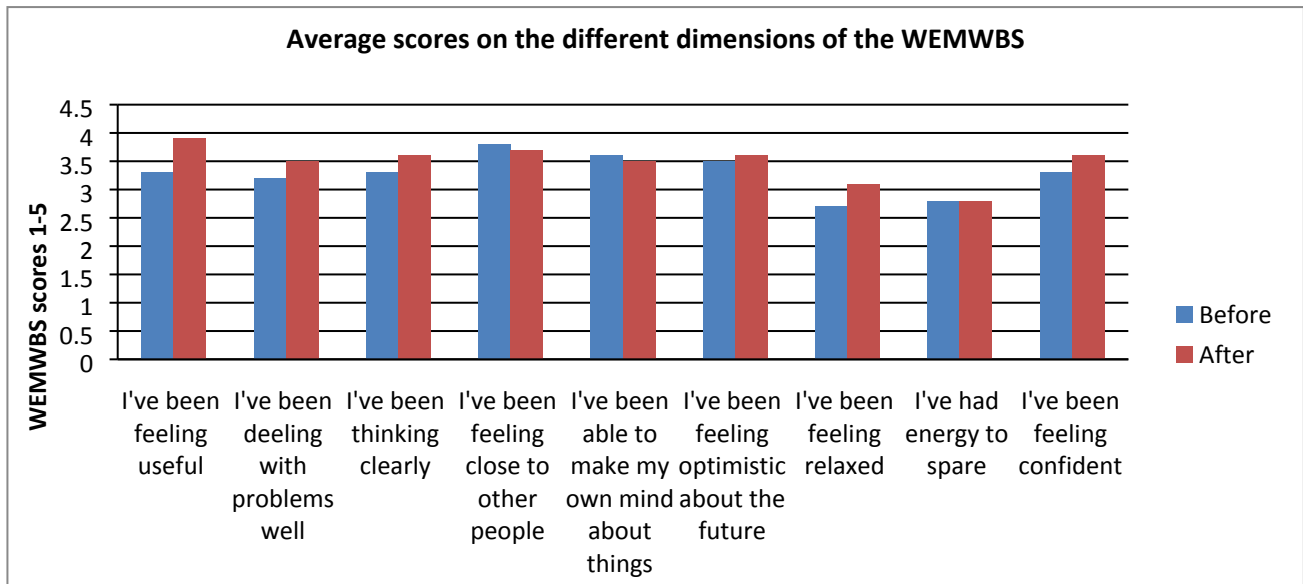
mentoring project, it is worth bearing in mind that the inputs are also a lot smaller, as clients were supported on average 3 times while in the mentoring project they were supported an average of 21 times.

The detailed graph shows that some clients made a huge improvement while some clients made no improvement and a couple slightly deteriorated.



Overall average WEMWBS scores improved only modestly in this project from 3.3 to 3.5. Improvement was much higher for some dimensions of the WEMWBS as before. So the dimension 'I've been feeling useful' showed improvement from 3.3 to 3.9 and 'I've been feeling relaxed' showed improvement from 2.7 to 3.1 (where 2 is 'rarely', 3 is 'Some of the time' and 4 is 'Often').





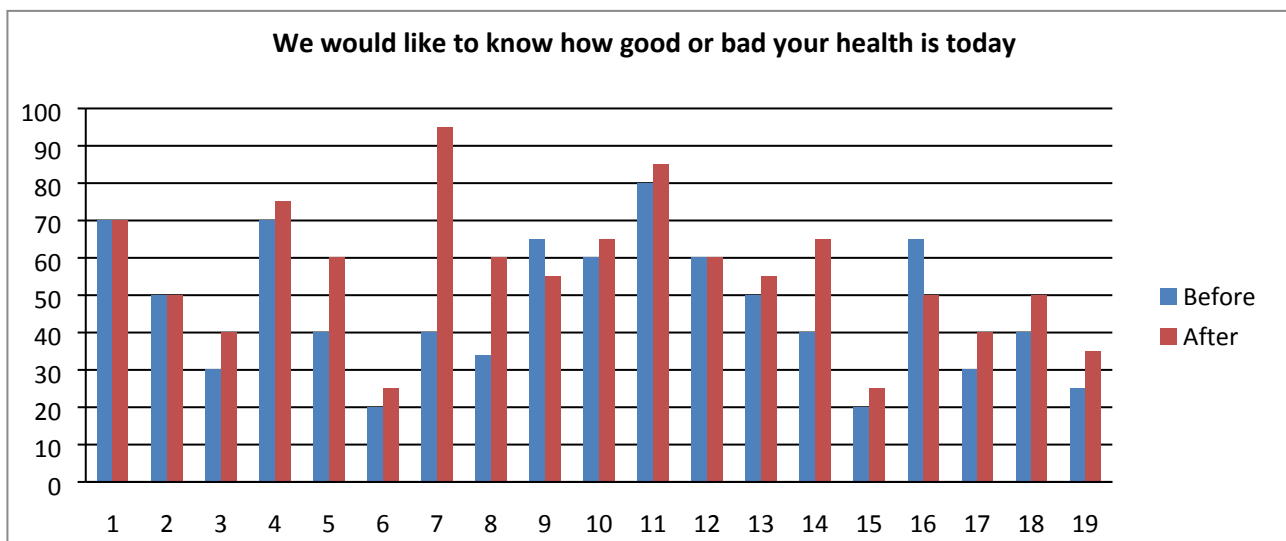
There was also considerable improvement in the item 'I feel able to manage my general health' from 3.2 to 3.6 (where 3 means 'Some of the time' and 4 means 'Often').

Overall, this project supported clients and particularly helped them improve their perception of how healthy they were by providing them with emotional support and practical help over an average 3 sessions. It is likely that the client's emotional wellbeing would have improved more if they had been supported for longer as is the case with the Migrants Organise mentoring programme.

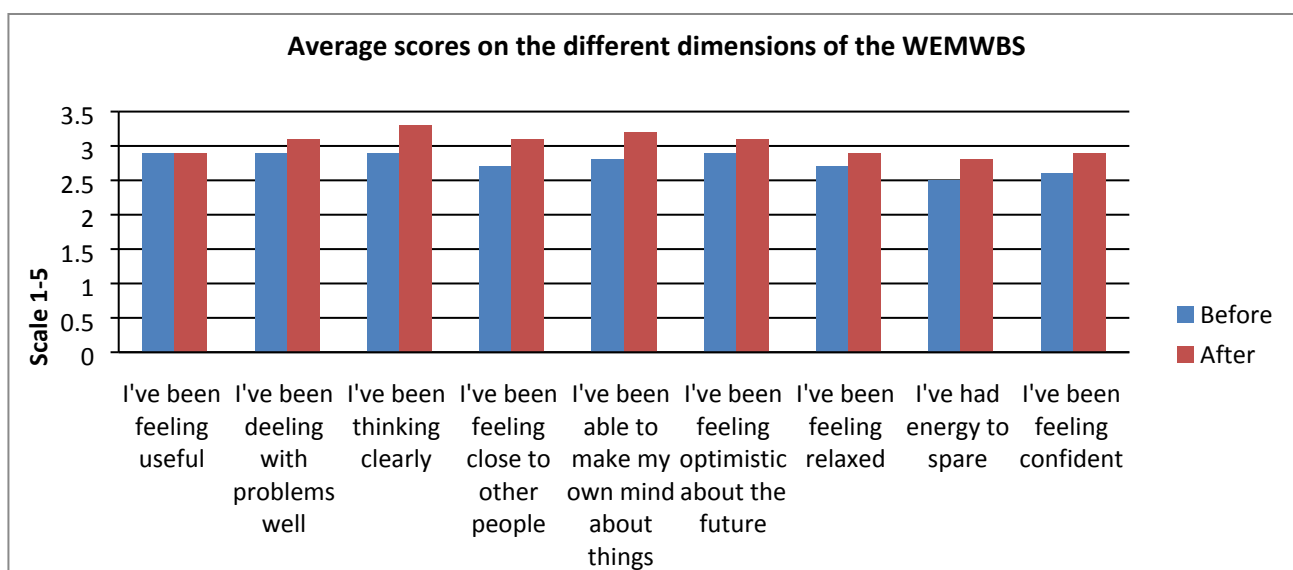
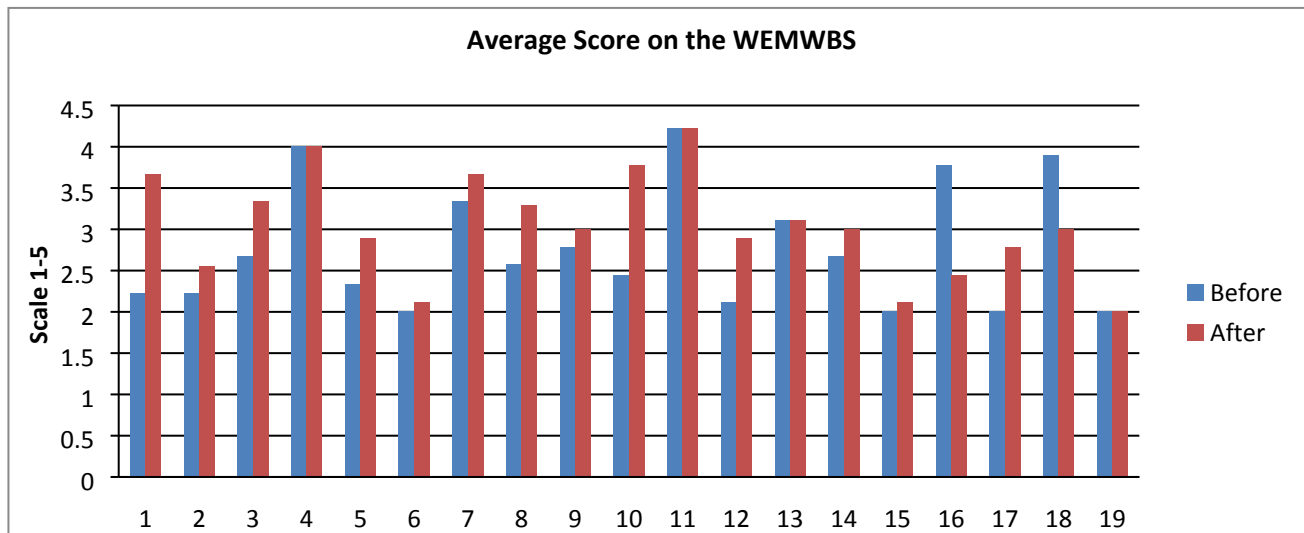
SMART

The project in SMART was about providing social clubs to clients with serious and enduring mental illness. There were many different types of recreational clubs to attend including Bingo, gardening, music, Yoga, DVD night, discussion group, lunch club cooking and different clients attended different number of sessions. Average attendance was 7 sessions but attendance varied from 1-12 sessions).

Overall the way clients rated their own health improved from 46.8% to 55.8%.



The overall improvement in the WEMWBS scores was modest from an average of 2.8 to 3, similar to the project in EWEG. Some items showed greater improvement such as 'I've been thinking clearly' from 2.9 to 3.3, 'I've been feeling close to other people' from 2.7 to 3.1, 'I've been able to make up my own mind about things' from 2.8 to 3.2.



Other Aspects of the Project

a) Building Relationships between organisations and the IAPT Take Time to Talk service

The organisations met with Alex Plakides from the 'Take Time to Talk' service once a month. Staff were able to discuss barriers their clients' had faced in accessing support from the IAPT service (e.g. concerns about the client information collected). Some of these issues were resolved. This helped build relationships and the Take Time to Talk service was invited by each of the 5 organisations to give workshops to their users. Eight workshops occurred in the duration of the project attended by 53 clients and more were planned. There were also anecdotal reports of self referrals to the IAPT service by the clients who attended the workshops.

b) Feedback from users about what would improve their emotional wellbeing

Each organisation collected feedback from their users about what would improve their emotional wellbeing. There were responses from nearly 100 clients.

The most frequent response from clients was that they wanted opportunities to connect with other people in shared enjoyable activities. Suggestions included going to the theatre or cinema, singing, forming book clubs and going to the countryside. A typical response was: 'Spending less time at home' and 'Visiting places that are new and interesting.'

Clients also said that they wanted to learn new things and develop themselves. Suggestions included learning English, learning new crafts, holding discussions groups, learning about available services, and learning more about how the system works, so that they were not disadvantaged by sudden changes to the system. A typical response was: 'Having more opportunities to learn and open my horizons.'

Clients also wanted access to some form of psychological support, including: low cost counselling, peer support groups, self-help groups, all night drop ins, learning meditation, mindfulness, breathing techniques, or more generally 'having someone to talk to'.

Clients also wanted access to physical activities, including yoga, dance and sport, and they wanted better access to general services and support with accessing benefits. Unsurprisingly, they also wanted more money, better housing and less crime.

c) Issue Log

As part of the project, we asked all the organisations to report any issues their clients faced with accessing mental health services so that we could attempt to resolve them. Both Migrants Organise and SMART reported such difficulties. In practice it was difficult for the BME Health Forum to take these further because service providers requested confidential clients' details and organisations were unable to share these.. Additionally, when we tried to progress cases, tensions arose between the organisation bringing forward the cases and the providers of the mental health services which meant that organisations were reluctant to bring forward any more cases because they didn't want to damage their relationship with service providers (as they needed to have good relationships in order to be able to get support for the majority of their clients). We did have success with one client who had been unable to access services previously. We believe the way forward is to build ongoing relationships between different organisations who support mental health service users in order to build their capacity as well as build relationships with mental health providers and commissioners so that over time, organisations know who to turn to get support for their clients when mainstream services are not working for their clients.

Acknowledgments

We would like to give thanks to West London CCG and Kensington and Chelsea Social Council who funded and supported the project and to Ethiopian Women's Empowerment Group, Healthier Divas, Queens Park Bangladesh Association, Migrants Organise and SMART for taking part in the project.