Mental Well-being Impact Assessment (MWIA) of Projects funded by ‘Target:wellbeing’

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August 2009
Mental Well-being Impact Assessment (MWIA)
of
Projects funded by ‘Target:wellbeing’:
Asylum Link Merseyside: “Better Lives”
Come Alive at 55: “Grow your Own for the Over 50s”
Liverpool PCT: “Cycle for Health”
Rice Lane City Farm: “Grow, cook, eat & exercise down on the farm”

Additionally:
“The Haven Project” at The Academy of St Francis of Assisi
Newsham Park Audience Development Plan

Reports written by Louise Holmes, Helen West & Hilary Dreaves

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Many thanks to the project leads and workshop participants for their support and input in the process of carrying out this work.
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Preface

With a Mental Well-being Impact Assessment (MWIA) there is much to do. In this instance the researcher has had to interview project leaders, book venues and refreshments, co-ordinate invitations to workshops and facilitate them. It was their responsibility to record the human interaction that fuels much of the MWIA process, keeping track of how well-being was assessed by six very different projects. They stimulated the necessary debate about how improvements can be tracked. They have documented the future actions needed to make this happen. This, their objective and evidence based report, is a culmination of all these actions.

As this is a commissioned piece of work for Liverpool Primary Care Trust I have been afforded the luxury of being able to take time to observe proceedings and reflect upon the ‘Mental Well-being Impact Assessment’ process.

To witness theory and methodology transformed into workshops and participation has been a hugely enjoyable learning experience. From my vantage point I have seen the MWIA process involve rich and varied groups of participants. In countless personal stories well-being theory has reflected individual interpretations of what makes us feel good. If the measure of well-being is relatively new in the NHS, workshop participants always demonstrated their knowledge of it and recognised how important it is in their lives. As the process unfolded it was fascinating to see the concept of well-being transformed into tangible realities relating to each project.

The amount of knowledge and experience gleaned about each project represented here will be a reflection of how many people participated in particular workshops. Some were very well attended and others were less so. The success of the MWIA process is dependent on everyone’s time and effort and the challenge of securing people’s commitment to participate is a real one. Other factors such as language barriers, the weather, the venue where the workshops took place and fatigue, are sometimes unavoidable.

However, it is in these workshops where I was offered a unique insight into every project and where I was always reminded of the inherent link between well-being and human contact. It’s not appropriate to include every snippet of information that came forth; tangents were often gone off on! Likewise, it was not possible to record every conversation that took place or this report would run to thousands of pages. You really had to ‘have been there.’

I hope that this report encourages others to want to explore the possibilities of the ‘Mental Well-Being Impact Assessment’ process for there is much to be gained.

Duncan Young
Liverpool Primary Care Trust
August 2009
THE IMPACT OF THE ASYLUM LINK MERSEYSIDE ‘BETTER LIVES’ PROJECT
FUNDED BY TARGET:WELLBEING ON MENTAL WELL-BEING

Mental Well-being Impact Assessment (MWIA): Report Summary

Helen West & Louise Holmes
July 2009

Introduction
A Mental Well-being Impact Assessment was carried out to look at the effect that ‘Better Lives’, Asylum Link Merseyside’s (ALM) Target:Wellbeing project could potentially have on mental well-being. The ‘Better Lives’ project aims to promote physical and mental health through offering asylum seekers porridge for breakfast three mornings a week, smoothie sessions and cookery classes, working on an allotment, and a bike-repair project. The project is funded by a Big Lottery ‘Target:Wellbeing’ grant. Mental Well-being Impact Assessment is a process that looks at the potential positive and negative effects of a project on mental well-being. It is used to develop evidence-based recommendations to increase the benefits for those who are involved in the project, and explore ways of measuring these effects. This MWIA was commissioned by Liverpool PCT.

Aims
- To identify how the ‘Better Lives’ project may affect the mental well-being of those involved.
- To identify ways to maximise the positive effects and minimise negative effects.
- To develop measures of mental well-being to see how the ‘Better Lives’ project affects people.

Mental Well-being Impact Assessment (MWIA)
“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation.” (Coggins & Cooke, 2004).

The Mental Well-being Impact Assessment toolkit (Coggins et al., 2007) helps to identify how the project has an impact on mental well-being by affecting people’s feelings of control, resilience, participation and inclusion. This is done by holding workshops for the people involved in the project, looking at the populations affected by it, and reviewing the research evidence. A workshop was held for the ‘Better Lives’ project on 17th November 2008. 2 ALM staff, 3 centre users, 3 representatives from other Target:Wellbeing projects, and 2 health professionals attended the workshop. A facilitator guided them through the process.

People affected by the ‘Better Lives’ project
The researcher compiled a ‘community profile’, looking at the type of people in Wavertree, and those who access the St Anne’s centre. The people taking part in the workshop identified that the people who would be affected by the project are:
• Staff at the St Anne’s Centre
• Users of the centre: asylum seekers and refugees
• Volunteers at the centre: including members of the local church
• People living in the immediate vicinity of the Centre
• Liverpool wide asylum seekers and refugees
• Women asylum seekers and refugees

The project targets asylum seekers, a vulnerable population group who would experience particular benefit from participating.

**MWIA workshops**
The MWIA toolkit presents evidence of how Control, Resilience and Community Assets, Participation, and Social Inclusion affect mental well-being. Participants at the workshop were asked whether ‘Better Lives’ had a positive or negative impact on aspects of these, and the importance of that impact. They were then asked to look at their top priorities in more detail, and suggest ways to improve them. The protective factors that the groups decided were of high importance and had a high impact are shown below.

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Determinants</td>
<td>Skills and Attributes</td>
<td>Emotional Well-being</td>
<td>Sense of belonging</td>
<td>Trust others</td>
</tr>
<tr>
<td></td>
<td>Opportunities to influence decisions</td>
<td>Trust and Safety</td>
<td>Feeling involved</td>
<td>Accept and be accepted</td>
</tr>
<tr>
<td></td>
<td>Sense of control over work</td>
<td>Social Networks</td>
<td>Opportunities to bring people together</td>
<td>Practical support to enable inclusion</td>
</tr>
</tbody>
</table>

A focus on these protective factors by ‘Better Lives’ will help to promote the mental well-being of the participants of the scheme.

**Appraising the evidence**
The literature review confirmed the importance of promoting the mental and physical well-being of asylum seekers in Liverpool, and the high level of need in this group. The evidence shows that this population group is particularly vulnerable, and that they often experience poor physical and mental health. The evidence from the research literature and the MWIA workshop consistently highlights the need for resources to improve the physical and mental health of asylum seekers. The recommendations focus upon developing links with other organisations, which would enable ALM to maximise their positive impact on asylum seekers’ well-being by involving relevant partners, and would increase the sustainability of the ‘Better Lives’ project.

The ALM ‘Better Lives’ project provides valuable and much-needed resources to particularly vulnerable members of the community. It is likely that these individuals’ access to fresh fruit, healthy and nutritious food, bicycles, and green-space would be extremely restricted without the programme. It is evident that even a small investment in these individual’s health and well-being makes a significant difference to their lives, and therefore that the funding from Target:Wellbeing is being directed in an effective way by supporting this project.
Recommendations
The following recommendations were developed to make the impact of ALM’s ‘Better Lives’ project on mental well-being as positive as possible.

- **Reinstate the Liverpool Strategic Group for Asylum Seekers.** This is the key recommendation of this report. It would give organisations in the public, private and voluntary sector the chance to work together across Liverpool. Re-establishing this group would increase joined-up working and therefore benefit asylum seekers, and all who work with them and for them.
- **Repair the bike shed roof** to improve the working environment for volunteers and increase the output of the bike-repair project.
- **Liaise with Cycle for Health** about helping with bike maintenance, and increasing women’s involvement in the bike project.
- **Provide opportunities for people to give feedback** on events/meals/classes to encourage participation and increase feelings of empowerment. This might involve building opportunities for feedback into the activities, and having a suggestions box in reception.
- **Hold monthly managers meals**, to give people the opportunity to have their say and facilitate good communication.

References

THE IMPACT OF ‘GROW YOUR OWN FOR THE OVER 50s’ FUNDED BY TARGET:WELLBEING ON MENTAL WELL-BEING

Mental Well-being Impact Assessment (MWIA): Report Summary

Helen West & Louise Holmes
July 2009

Introduction
A Mental Well-being Impact Assessment was carried out to look at the effect that the ‘Grow your Own for the over 50s’ project could have on mental well-being. ‘Grow Your Own’ is an allotment project for the over fifties, growing organic produce and promoting healthy eating, physical activity, and ‘green’ lifestyles. The project is delivered by Come Alive at 55 and Rotters Community Composting, and funded by a Big Lottery ‘Target:Wellbeing’ grant. Mental Well-being Impact Assessment is a process that looks at the potential positive and negative effects of a project on mental well-being. It is used to develop evidence-based recommendations to increase the benefits for those who are involved in the project, and explore ways of measuring these effects. This MWIA was commissioned by Liverpool PCT.

Aims
- To identify how ‘Grow Your Own’ may affect the mental well-being of those involved.
- To identify ways to maximise the positive effects and minimise negative effects.
- To develop measures of mental well-being to see how ‘Grow Your Own’ affects people.

Mental Well-being Impact Assessment (MWIA)
“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation.” (Coggins & Cooke, 2004).

The Mental Well-being Impact Assessment toolkit (Coggins et al., 2007) helps to identify how the project has an impact on mental well-being by affecting people’s feelings of control, resilience, participation and inclusion. This is done by holding workshops for the people involved in the project, looking at the populations affected by it, and reviewing the research evidence. A workshop was held for ‘Grow Your Own’ on 15th October 2008. 12 project participants, 3 course tutors, and 2 Directors of Come Alive at 55 attended the workshop. 2 facilitators guided them through the process.

People affected by Grow Your Own
The researcher compiled a ‘community profile’, looking at the type of people in Speke and Garston. This focused particularly upon deprivation, older adults and physical health problems. The people taking part in the workshop identified that the people who would be affected by the project are:
• People already taking part in the project - over 55 years old and the majority of whom are women.
• New people who may join
• The local community
• Other projects who may follow the example set by this group
• The staff at the Centre
• Other courses in the Centre
• Family of the participants of the project

The project targets older adults, a population group who would experience particular benefit from participating.

MWIA workshops
The MWIA toolkit presents evidence of how Control, Resilience and Community Assets, Participation, and Social Inclusion affect mental well-being. Participants at the workshop were asked whether ‘Grow Your Own’ had a positive or negative impact on aspects of these, and the importance of that impact. They were then asked to look at their top priorities in more detail, and suggest ways to improve them. The protective factors that the groups decided were of high importance and had a high impact are shown below.

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key</td>
<td>Sense of control</td>
<td>Problem solving</td>
<td>Enough money to live on</td>
<td>Not completed due to time</td>
</tr>
<tr>
<td>Determinants</td>
<td>over work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of control</td>
<td>Sense of control</td>
<td>Spirituality</td>
<td>Activities that bring people together</td>
<td></td>
</tr>
<tr>
<td>over finances</td>
<td>over finances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge and ability to make healthy choices</td>
<td>Emotional well-being</td>
<td>Opportunities for social contact</td>
<td></td>
<td></td>
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<tr>
<td>Having your say/Being heard</td>
<td>Feeling involved</td>
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</tbody>
</table>

A focus on these protective factors by ‘Grow Your Own’ will help to promote the mental well-being of the participants of the scheme.

Appraising the evidence
The researcher reviewed the published literature about gardening, physical activity, diet and greenspace. She assessed whether the evidence was consistent with the workshop discussions, and concluded that the literature review confirmed the findings from the workshop. The review showed evidence that physical activity, a healthy diet, social contact, and spending time in a natural environment are good for mental well-being. It highlighted the need for projects to address the poor health of the population of Garston and Speke, and confirmed that the approach taken by ‘Grow Your Own’ has the potential to do this.
Developing Indicators

Workshop participants suggested indicators for measuring the impact of the project upon aspects of mental 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>Increasing Control</td>
<td>Having your say/being heard</td>
<td>Participants report greater inclusion and input into project</td>
<td>Participants will be asked via anonymous questionnaire whether this has been implemented</td>
<td>June 2009 and then January 2010.</td>
</tr>
<tr>
<td>Resilience</td>
<td>Emotional well-being</td>
<td>Participants have an increased sense of self esteem one year from now</td>
<td>Participants immediately complete measurement scale and this is compared every six months.</td>
<td>Every six months</td>
</tr>
<tr>
<td>Participation</td>
<td>Opportunities for social contact</td>
<td>Membership to project is stable and participants become involved in other projects</td>
<td>Meeting is held every six months to discuss other activities in the area and to disseminate this information to participants.</td>
<td>Every six months</td>
</tr>
<tr>
<td>Inclusion</td>
<td>N/A</td>
<td></td>
<td></td>
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</table>

Recommendations

The following recommendations were developed to make the impact of ‘Grow Your Own’ on mental well-being as positive as possible.

- **Refurbish the greenhouse.** This was the top priority agreed by the group. It would enable the group to work in all weathers including in the winter months. This would also ensure that people have access to social contact throughout the year, the facilities for the project are improved and that there is a greater likelihood of community partnerships and intergenerational work, which is important for the wider community. It would also improve mental well-being. It is important from a cost cutting perspective in that plants can be grown as seeds all year round. It would also provide more produce overall, again increasing output for a minimal input.

- **Acquire another polytunnel.** Again, for the participants to use the project all year round and be in a warmer environment. This will also improve the skills they develop and their ability to learn more skills as it will provide more space to grow more things. The chance to learn and develop is a important component in positive mental well-being.

- **Develop more formal ways of meeting as a group to discuss current situations and future plans.** Funding applications and fundraising should be discussed with the participants of the project. Some may offer to help and to be the leads on some fundraising. They also may consider certain things more important than others and have contacts for ways of acquiring new tools etc. A regular meeting should be set up to increase the control the participants have over the project and to increase their sense of participation in the process, both known to have positive effects on mental well-being.

- **Provide information about other activities and groups in the area.** This can be in the form of leaflets, posters and if appropriate, talks on new projects. The participants of Come Alive
at 55 and in particular ‘Grow your Own’ are on the whole, active and would appreciate other groups offering them the chance to learn new skills, make new friends and keep active and healthy. The development of ‘skills and attributes’ was a important priority to the group, and information sharing fell into this construct in a number of ways e.g. office space created for gardening/other books, grow diverse vegetables and learn about ways of cooking them, and learning about new Health and Safety skills were all mentioned.

- **Investigate training for the manager and associated staff in applying for funding.** This was discussed after the workshop between the facilitator and the project lead and seemed to be a concern of the project lead.

- **Increase the capacity of the project.** ‘Grow your Own’ projects would be useful, not only for the over fifties, but for the wider population of Speke Garston. Many people in the area are unemployed (38.6% in 2008) or have very low incomes (average income in Speke Garston was £12748 in 2006) and could benefit from not only increased physical activity, healthier eating and education surrounding diet and nutrition (see profile of community), they could also benefit from learning new skills and socialising with people. With approximately 34.1% of people in the area having ‘poor’ literacy skills and a further 38.6% having ‘poor’ numeracy skills, the chance to develop other practical skills would be of particular value. The cost effectiveness of growing your own vegetables would also benefit a deprived community such as this one.

**References**


THE IMPACT OF ‘CYCLE FOR HEALTH’ FUNDED BY TARGET:WELLBEING ON MENTAL WELL-BEING

Mental Well-being Impact Assessment (MWIA): Report Summary

Helen West & Louise Holmes
July 2009

Introduction
A Mental Well-being Impact Assessment was carried out to look at the effect that the ‘Cycle for Health’ training could potentially have on mental well-being. The project involves developing and delivering a short training course to equip cycle leaders with skills and knowledge to lead a cycle ride. The project aims to increase physical activity levels and improve health by facilitating safe, enjoyable rides for people who do not currently cycle or are physically inactive, utilising local green spaces and cycle routes. The project is delivered by Liverpool PCT, and funded by a Big Lottery ‘Target:Wellbeing’ grant. Mental Well-being Impact Assessment is a process that looks at the potential positive and negative effects of a project on mental well-being. It is used to develop evidence-based recommendations to increase the benefits for those who are involved in the project, and explore ways of measuring these effects. This MWIA was commissioned by Liverpool PCT.

Aims
- To identify how ‘Cycle for Health’ may affect the mental well-being of those involved.
- To identify ways to maximise the positive effects and minimise negative effects.
- To develop measures of mental well-being to see how ‘Cycle for Health’ affects people.

Mental Well-being Impact Assessment (MWIA)
“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation.” (Coggins & Cooke, 2004).

The Mental Well-being Impact Assessment toolkit (Coggins et al., 2007) helps to identify how the project has an impact on mental well-being by affecting people’s feelings of control, resilience, participation and inclusion. This is done by holding workshops for the people involved in the project, looking at the populations affected by it, and reviewing the research evidence. A workshop was held for ‘Cycle for Health’ on 21st November 2008. 29 cycle leaders, 2 staff, and 4 other staff (e.g. community workers, other Target:Wellbeing project leads) attended the workshop. 4 facilitators guided them through the process.

People affected by Cycle for Health
The researcher compiled a ‘community profile’, looking at the type of people in Liverpool. This focused particularly upon older adults and the frequency of health problems affected by physical activity.

- Cycle Leaders: young people, adults, older people, sedentary individuals, cardiac patients,
• Communities with poor health: cardiac patients, people with weight management problems, people with arthritis.
• Socially isolated people

MWIA workshops
The MWIA toolkit presents evidence of how Control, Resilience and Community Assets, Participation, and Social Inclusion affect mental well-being. Participants at the workshop were asked whether ‘Cycle for Health’ had a positive or negative impact on aspects of these, and the importance of that impact. They were then asked to look at their top priorities in more detail, and suggest ways to improve them. These discussions took place in two groups. The protective factors that the groups decided were of high importance and had a high impact are shown below. Those prioritised by both groups are highlighted. Due to time limitation, indicators for measuring the impact of the project upon mental well-being were not developed during the workshop.

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Determinants - Group 1</strong></td>
<td>Opportunities for self help</td>
<td>Social Networks</td>
<td>Cost and affordability</td>
<td>Positive Identities</td>
</tr>
<tr>
<td></td>
<td>Support to maintain independent living</td>
<td>Social Support</td>
<td>Feeling involved</td>
<td>Accepting and being accepted</td>
</tr>
<tr>
<td></td>
<td>Knowledge and ability to make healthy choices</td>
<td>Trust and Safety</td>
<td>Opportunities for Social contact</td>
<td>Challenging discrimination</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Determinants - Group 2</strong></td>
<td>Skills &amp; attributes</td>
<td>Access to green spaces &amp; shared public facilities</td>
<td>Opportunities for Social contact</td>
<td>Accepting and being accepted</td>
</tr>
<tr>
<td></td>
<td>Having your say/being heard</td>
<td>Emotional well-being</td>
<td>Accessible &amp; acceptable goods &amp; services</td>
<td>Practical support to enable inclusion</td>
</tr>
<tr>
<td></td>
<td>Knowledge and ability to make healthy choices</td>
<td>Trust &amp; safety</td>
<td>Feeling involved</td>
<td>Trust others</td>
</tr>
</tbody>
</table>

A focus on these protective factors by ‘Cycle for Health’ will help to promote the mental well-being of the participants of the scheme.

Appraising the evidence
The researcher reviewed the published literature about cycling and greenspace. She assessed whether the findings were consistent with the workshop discussions, and found that the literature review confirmed the findings from the workshop. The review showed evidence that physical activity and spending time in a natural environment are beneficial for mental well-being. It highlighted the need for projects to address the poor health of the population of Liverpool, and confirmed that the approach taken by ‘Cycle for Health’ has the potential to do this.

Recommendations
The following recommendations were developed to make the impact of Cycle for Health on mental well-being as positive as possible.
• **Increase the capacity of the project** by training more leaders and ensuring that existing leaders are retained.

• **Address development and democracy** by equipping experienced cyclists to mentor incoming participants, and by electing representatives.

• **Challenge negative public perceptions of cyclists** by participants distributing information and publicity, training participants in cycling ‘manners’, and increasing the availability of marked cycle lanes.

• **Improve access to the project** by producing a timetable of bus routes to cycle venues. Approach Travelwise about providing training.

• **Organise evening rides** in the summer to encourage participation from different population groups.

• **Investigate ways of reducing the cost** of buying bikes, e.g. the prison scheme.

• **Develop a newsletter or website** to help new cyclists find out about other groups or clubs that they could participate in.

• **Introduce new, longer cycle routes**, developed by experienced participants.

• **Identify and address the current barriers to participation** for black and minority ethnic groups, to encourage their participation and challenge discrimination.

**References**


THE IMPACT OF RICE LANE CITY FARM ‘GROW, COOK, EAT & EXERCISE DOWN ON THE FARM’ FUNDED BY TARGET:WELLBEING ON MENTAL WELL-BEING

Mental Well-being Impact Assessment (MWIA): Report Summary

Helen West
July 2009

Introduction
A Mental Well-being Impact Assessment was carried out to look at the effect that the Rice Lane City Farm Target:Wellbeing project could potentially have on mental well-being. The ‘Grow, cook, eat and exercise down on the farm’ project at Rice Lane City Farm aims to promote physical and mental health through working in the farm gardens, and eating the produce grown there. The project is funded by a Big Lottery ‘Target:Wellbeing’ grant. Mental Well-being Impact Assessment is a process that looks at the potential positive and negative effects of a project on mental well-being. It is used to develop evidence-based recommendations to increase the benefits for those who are involved in the project, and explore ways of measuring these effects. This MWIA was commissioned by Liverpool PCT.

Aims
- To identify how Rice Lane City Farm may affect the mental well-being of those involved.
- To identify ways to maximise the positive effects and minimise negative effects.
- To develop measures of mental well-being to see how Rice Lane City Farm affects people.

Mental Well-being Impact Assessment (MWIA)
“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation.” (Coggins & Cooke, 2004).

The Mental Well-being Impact Assessment toolkit (Coggins et al., 2007) helps to identify how the project has an impact on mental well-being by affecting people’s feelings of control, resilience, participation and inclusion. This is done by holding workshops for the people involved in the project, looking at the populations affected by it, and reviewing the research evidence. A workshop was held for Rice Lane City Farm on 20th January 2009. 6 volunteers, 4 farm staff, and 1 carer attended the workshop. 2 facilitators guided them through the process. Many of the participants in the workshop had learning difficulties, and the usual workshop materials and length were therefore not appropriate for them. A follow-up meeting with staff at the farm was therefore used to develop recommendations.
People affected by Rice Lane City Farm
The researcher compiled a ‘community profile’, looking at the type of people in Warbreck Ward, and Liverpool as a whole. The people taking part in the workshop identified that the people who would be affected by the project are:
- Children
- Parents
- Adolescents
- Older People
- Men
- People from Black/Minority Ethnic groups
- People from other cultures
- People with a disability
- People with sedentary lifestyles
- Local schools & the wider community
- Staff & volunteers at the farm

The project targets older adults, a population group who would experience particular benefit from participating.

MWIA workshops
The MWIA toolkit presents evidence of how Control, Resilience and Community Assets, Participation, and Social Inclusion affect mental well-being. Participants at the workshop were asked whether Rice Lane City Farm had a positive or negative impact on aspects of these, and the importance of that impact. They were then asked to look at their top priorities in more detail, and suggest ways to improve them. The protective factors that the groups decided were of high importance and had a high impact are shown below.

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<tr>
<td>Key Determinants</td>
<td>Support to maintain independent living</td>
<td>Access to green space and shared facilities</td>
<td>Activities that bring people together</td>
<td>Challenging stigma</td>
</tr>
<tr>
<td>Knowledge and ability to make healthy choices</td>
<td>Social networks</td>
<td>Feeling involved</td>
<td>Trust others</td>
<td></td>
</tr>
<tr>
<td>Physical environment</td>
<td>Social support</td>
<td>Sense of belonging</td>
<td>Low levels of crime and anti-social behaviour</td>
<td></td>
</tr>
</tbody>
</table>

A focus on these protective factors by Rice Lane City Farm will help to promote the mental well-being of the participants of the scheme.

Staff at the follow-up meeting chose to discuss the following determinants of mental well-being: Knowledge and ability to make healthy choices, Sense of control over finances, Skills & Attributes, Having your say/Being heard, Practical support to enable inclusion, Accepting others and being accepted, and Challenging discrimination. These were selected for further discussion because the staff members felt they were particularly important from their perspective, or that there was scope to improve them.
Appraising the evidence
The researcher reviewed the published literature about gardening, physical activity, diet and greenspace. She assessed whether the findings were consistent with the workshop discussions, and found that the literature review confirmed the findings from the workshop. The review showed evidence that physical activity, a healthy diet, social contact, and spending time in a natural environment are good for mental well-being. It highlighted the need for projects to address the poor health of the population of Warbreck Ward and Liverpool overall, and confirmed that the approach taken by Rice Lane City Farm has the potential to do this.

Recommendations
The following recommendations were developed to make the impact of Rice Lane City Farm on mental well-being as positive as possible.

- **Promote participants’ knowledge and ability to make healthy choices.** The garden increases access to cheap, healthy food, and therefore growing more food will encourage healthy choices. Opportunities to eat together should be encouraged, such as the Big Lunch on 19th July. Developing raised beds in the garden will improve access for participants, increasing the healthy choices available to them.

- **Ensure that the group dynamics are beneficial for all participants.** To prevent more assertive individuals from dominating, the volunteers should work in different groups. People should also be ‘fed through’ the group, and on to other things.

- **Recognise the importance of appropriate information management.** Staff should balance their sensitivity to volunteers’ desire for a sense of control over the work and finances of the farm, with the business needs of the farm. They should release information at the appropriate time, while also giving the volunteers an opportunity to learn about issues such as risk assessment.

- **Continue to support the acquisition of skills.** Volunteers are learning new skills in horticulture, gardening and maintenance. They should be supported in developing these skills, and in moving on when appropriate.

- **Provide opportunities for volunteers to express themselves and feel that they are heard.** Recognise that not always getting their own way may be difficult for some of them.

- **Explore ways to evaluate the impact of the project on mental well-being.** The ‘unmeasured’ outcomes of the project are important and should be valued. For example, the improvements in people’s mood after spending time on the farm, whether they have engaged in an activity, talked to someone, or simply sat on the bench. Staff should investigate measures of well-being available to evaluate these outcomes (for example, the WEMWBS questionnaire).

- **Investigate potential solutions to help people access the farm.** Transport was a recurrent issue in discussions about the impact of the project on mental well-being, as it limits access to the farm. Work with other Target:Wellbeing projects is currently limited because of the difficulties getting to the farm. Potential solutions should be investigated, so that the project’s impact on people’s mental well-being can be maximised.

- **Recognise the importance of challenging discrimination through the project, and the impact of this upon mental well-being.**

References
THE IMPACT OF ‘THE HAVEN PROJECT’ AT THE ACADEMY OF ST FRANCIS OF ASSISI ON MENTAL WELL-BEING

Mental Well-being Impact Assessment (MWIA): Report Summary
Helen West July 2009

Introduction
A Mental Well-being Impact Assessment was carried out to look at the potential impacts of the Haven project group at the Academy of St Francis of Assisi upon mental well-being. Members of the Child and Adolescent Mental Health Service run a weekly group, using a holistic approach to support asylum seeker, refugee, and other vulnerable pupils in their social and emotional development and education. This year, pupils from years 7, 8 and 9 have worked on a garden in the school grounds, and have taken part in group work to build their self-esteem and confidence. Mental Well-being Impact Assessment is a process that looks at the potential positive and negative effects of a project on mental well-being. It is used to develop recommendations to increase the benefits for those who are involved in the project, and plan ways of measuring these effects. This MWIA was commissioned by Liverpool Primary Care Trust.

Aims
- To identify how the Haven project may affect the mental well-being of those involved.
- To identify ways to maximise the positive effects and minimise negative effects.
- To develop measures of mental well-being to see how the Haven project affects people.

Mental Well-being Impact Assessment (MWIA)
“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation.” (Coggins & Cooke, 2004).

The Mental Well-being Impact Assessment toolkit (Coggins et al., 2007) helps to identify how the project has an impact on mental well-being by affecting people’s feelings of control, resilience, participation and inclusion. This is done by holding workshops for the people involved in the project.

Two workshops were held for the Haven project. Three members of the Haven team, 5 teachers, and 3 other members of staff at the Academy came to the first workshop. 4 pupils, 1 member of the Haven team, and 1 other member of staff at the Academy came to the second workshop.

People affected by the Haven project
The researcher compiled a ‘community profile’, looking at the type of people in Kensington and Fairfield Ward, The Academy of St Francis of Assisi, and the Haven project. The people taking part in the first workshop identified that the people who would be affected by the project are:
- The Haven group
- Their families and friends
- The Haven team
MWIA report summaries

- Other students at the school
- Teachers
- People using the classrooms that look out over the garden.

MWIA workshops
The MWIA toolkit presents evidence of how Control, Resilience and Community Assets, Participation, and Social Inclusion affect mental well-being. Participants at the first workshop were asked whether the Haven project had a positive or negative impact on aspects of these, and the importance of that impact. They were then asked to look at their top priorities in more detail, and suggest ways to improve them. The ones that they decided were of high importance and had a high impact were:

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Determinants</td>
<td>Opportunities for self help</td>
<td>Emotional well-being</td>
<td>Sense of belonging</td>
<td>Accepting &amp; being accepted</td>
</tr>
<tr>
<td>Knowledge &amp; ability to make healthy choices</td>
<td>Learning &amp; development</td>
<td>Having a valued role</td>
<td>Trust others</td>
<td></td>
</tr>
<tr>
<td>Skills &amp; attributes</td>
<td>Access to green space and shared public facilities</td>
<td>Opportunities for social contact</td>
<td>Positive identities</td>
<td></td>
</tr>
<tr>
<td>Having your say / being heard</td>
<td>Social Networks</td>
<td>Accessible &amp; acceptable services</td>
<td>Practical support to enable inclusion</td>
<td></td>
</tr>
<tr>
<td>Physical environment</td>
<td></td>
<td>Trust &amp; safety</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the second workshop, pupils looked at these aspects of the Haven project, and commented on whether they thought the group had a positive or negative effect on them. They then suggested ways to improve them.

Appraising the evidence
The researcher reviewed the published literature about the mental health of refugee and asylum seeker children, gardening, greenspace, and physical activity. She assessed whether it was consistent with the discussions in the workshops. The literature review confirmed the findings from the workshop. It found evidence that spending time in a natural environment, gardening, and physical activity are good for mental well-being. It highlighted the needs of refugee and asylum seeker children, and confirmed that the approach taken by the Haven project is well-suited to supporting the development and education of vulnerable pupils.

Recommendations
The following recommendations were developed to make the impact of the Haven project on mental well-being as positive as possible.

Raise teachers’ awareness of the Haven project. Publicity of the Haven project, and in particular awareness of the project among school staff, was raised as an issue in both the staff workshop and the pupils’ workshop. Pupils felt that teachers sometimes thought they were lying to get out of lessons. The teachers in the workshop were happy for pupils to leave lessons to go to the group, however the teachers who chose to participate in the workshop are likely to be more aware of the
Haven project, and sympathetic to its aims, than those who didn’t attend. Raising the profile of the Haven project among staff at the Academy would make it easier for pupils to leave lessons.

**Develop links between the Haven team and staff at the Academy.** A need for better information for teachers and mentors about the role of the CAMHS team and mental health referral pathways was identified. Haven staff should be included in case study meetings and commissioned to provide inset training, to inform staff about mental health generally, raise the profile of the Haven project in the school, and to build links with staff. (The MWIA workshop fulfilled part of this recommendation, as school staff met the Haven team, worked in partnership with them, and found out more about the group).

**Publicise the successes of the Haven project.** The project should be profiled on the Academy and Alder Hey websites, and the posters currently being produced should be widely disseminated within the school. A celebration in the garden, with family and friends invited (and cake!) would be a positive way in which to end the school year. Producing a blog/film/vox pop would demonstrate the effects of the group on individuals.

**Use the feedback from pupils to increase the positive impact of the group.** Many of the recommendations generated in the pupils’ workshop related to the dynamics and functioning of the Haven group. They suggested starting sessions with a relaxation exercise to leave school behind and reduce conflict in the group. The participants preferred having a small group, with 8 members being the ideal number. They found trust games and teamwork had a particularly positive impact upon their mental well-being, and requested more of these activities. Trust and acceptance were particularly important issues, highly prioritised in both workshops, so activities that promote these factors would be especially beneficial to participants.

**Discover ways to apply the benefits that pupils have gained from the Haven group.** The pupils who have participated in the group this year should be invited to help in future projects. The Haven group should be linked to the Diversity group. A seat should be reserved on the school council for an ‘emotional well-being’ (or EAL) representative. Developing links between the group and staff at the academy may also help this, for example Miss Orange or a mentor regularly going to the Haven group.

**Promote the mental well-being of pupils in the rest of the Academy, using principles from the Haven project.** The participants in the staff workshop discussed creating other groups within the school, to promote mental well-being. One of the mentors had created a group to promote inclusion, mixing vulnerable and influential pupils, and this should be replicated in other years.

**Consider how the project could be made more sustainable.** Commitment from the school for long-term use of the garden should be sought to increase stability. The successes of the Haven project should be documented and publicised (see above) to provide evidence for its continued commissioning. Pupils who have taken part in the group should be invited to be involved in future projects, to add a consistency to the project and promote links between year groups.

**References**


THE IMPACT OF THE NEWSHAM PARK AUDIENCE DEVELOPMENT PLAN ON MENTAL WELL-BEING

Mental Well-being Impact Assessment (MWIA): Report Summary

Hilary Dreaves & Helen West
July 2009

Introduction
A Mental Well-being Impact Assessment was carried out to look at the effect that the Newsham Park Audience Development Plan could potentially have on mental well-being. An Action Plan has been appended to the Plan, with four main streams. These are:

- Public Consultation – Establish and maintain qualitative data from users of the Park at baseline and throughout the restoration project, using methods that will be sustainable beyond the life of the project.
- Community Events and Participation – Establish an events programme, sustainable beyond the life of the programme, develop a Junior Rangers Club, promote angling, model boat and school activities and increase use as a venue with partner organisations such as the Primary Care Trust and local schools.
- Marketing – Introduce a newsletter, improve the website, increase ranger-led tours, raise awareness particularly with population sub-groups such as non-users and hard to reach groups.
- Physical Improvements – Improvements to signage (including inclusive interpretation and wayfinding), lighting, restored heritage entrances and the bandstand, play facilities, footpaths, landscaping and planting, public artwork, particularly for use by population subgroups such as the disabled, workers, parents, children and young people.

Mental Well-being Impact Assessment is a process that looks at the potential positive and negative effects of a project on mental well-being. It is used to develop evidence-based recommendations to increase the benefits for those who are involved in the project, and explore ways of measuring these effects. This MWIA was commissioned by Liverpool PCT.

Aims
- To identify how the Newsham Park Audience Development Plan may affect the mental well-being of those involved.
- To identify ways to maximise the positive effects and minimise negative effects.
- To develop measures of mental well-being to see how the Audience Development Plan affects people.

Mental Well-being Impact Assessment (MWIA)
"Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people..."
around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation.” (Coggins & Cooke, 2004).

The Mental Well-being Impact Assessment toolkit (Coggins et al., 2007) helps to identify how the project has an impact on mental well-being by affecting people’s feelings of control, resilience, participation and inclusion. This is done by holding workshops for the people involved in the project, looking at the populations affected by it, and reviewing the research evidence. A workshop was held for the Newsham Park Audience Development Plan on 17th November 2008. 4 Liverpool City Council staff, the Chair of the Newsham Park Management Forum, and 1 member of staff from the Newsham Park Adult Learning Centre attended the workshop. Two facilitators guided them through the process.

People affected by the Audience Development Plan
The researcher compiled a ‘community profile’, looking at the type of people in Kensington and Fairfield Ward.
The people taking part in the workshop identified that the people who would be affected by the park are:
- Local residents, particularly those backing onto the Park
- Young Families
- Older People
- Visitors of all ages, from across the City and elsewhere
- Active travellers, who traditionally utilise the park as a pedestrian thoroughfare

MWIA workshops
The MWIA toolkit presents evidence of how Control, Resilience and Community Assets, Participation, and Social Inclusion affect mental well-being. Participants at the workshop were asked whether the Audience Development Plan had a positive or negative impact on aspects of these, and the importance of that impact. They were then asked to look at their top priorities in more detail, and suggest ways to improve them. The protective factors that the groups decided were of high importance and had a high impact are shown below.

Appraising the evidence
In an urban environment like Liverpool, parks play an important role in encouraging healthy lifestyles, and giving an opportunity for contact with a natural environment. There was a high degree of coherence between the views of the participants and the evidence from the literature. The literature review confirmed the importance of greenspace, access to a natural environment, and physical activity. The potential impacts of the Newsham Park Audience Development Plan are therefore well supported by the research evidence.

It is plainly clear that the workshop would have benefited from a larger number of and wider range of stakeholders from among those invited to attend. There was a high degree of coherence between the views of the participants and the evidence from the literature. It was clear that there may have been some prior underlying tension in terms of the policy context, for example a possible bias to displacement and enforcement. The mental well-being impact assessment process and focus on the socio-environmental model of health was felt to present a means of encouraging further engagement and evidence to be taken forward, regardless of the success or otherwise of the funding bid.
Recommendations
The following recommendations were developed to make the impact of the Newsham Park Audience Development Plan on mental well-being as positive as possible.

- That the local community are “consulted to death” on a wide range of topics beyond this MWIA and feel it is tokenism and they are ignored. Evidence of being listened to, in terms of engagement in and delivery of the Plan is critical to foster feelings of ownership.

- Rather than adopting a purely “enforcement” approach to existing anti-social behaviour in the Park, particular efforts should be made to engage with children and young people likely to become users of the restored park. [This might also relate to a proposed further MWIA with the City Academy located in the Park]

- Regardless of whether Big Lottery funding is secured or not for the restoration and development of the Park, future plans must reflect the learning from the workshop. Future sustainability need not be bid-dependant.

- The MWIA has provided a platform for sustained development that, even in the absence of further funding, will provide a vehicle for bringing together stakeholders to ensure the sustainability of the Plan, even if impacts are at a reduced level.

- It is important that for sustainability and in order to contribute overall to well-being across the City, the Plan is not regarded as solely a “displacement strategy”.

References

Asylum Link Merseyside
“Better Lives Project”
A project funded by ‘Target:Wellbeing’
Mental Well-being Impact Assessment (MWIA)

Report written by Louise Holmes & Helen West
IMPACT, Division of Public Health, University of Liverpool

Project Management Group:
Catherine Reynolds (Liverpool PCT), Alex Scott-Samuel (University of Liverpool), Duncan Young (Liverpool PCT), Helen West (University of Liverpool), Louise Holmes (University of Liverpool)

Workshop held on 17th November 2008
Workshop Participants:
Gaby, Tekle, Hedwig, Sleshi, Ewan, Maggi, Duncan, trainee psychiatrist, & representatives from other Target:Wellbeing projects
1. INTRODUCTION

Asylum Link Merseyside (ALM) is a charitable organisation helping asylum seekers and refugees in Merseyside. Most services are accessed on a drop-in basis and the centre is open from Monday to Friday providing tea, coffee and a place to meet. ALM grew from Kensington Welcome, an informal organisation of befrienders based in Kensington, which was set up to offer some friendship, practical support and advice. Asylum Link Merseyside was formed in March 2001 developing into a more professional service through a combination of funding and increased demand.

ALM has grown rapidly to keep up with the increase in demand, however lack of funding means that demand is outstripping ALM’s ability to enlarge its services. Due to the increased prominence of Liverpool as a Home Office processing and reporting centre the numbers of Asylum Seekers passing through the city is approximately 5000-6000 per year. Asylum Link’s vision is to challenge discrimination and injustice in the treatment of asylum seekers and refugees through befriending, advocacy, direct assistance and education. The aim is to enable asylum seekers and refugees of all faiths and cultures to live in dignity, participating fully in the life of their local communities and contributing to their diversity and enrichment. The services offered at the centre include clothing and furniture collection, English classes, and volunteering opportunities. ALM runs on minimal funding and relies largely on volunteers to help an increasing number of asylum seekers and refugees.

The ‘Better Lives’ project at Asylum Link, funded by Target:Wellbeing, aims to promote the physical and mental health of asylum seekers. The project involves providing porridge for breakfast three mornings a week, smoothie sessions (although irregular), cookery classes, and access to a cycling project which includes a bike lottery (chance to win a bike) and the opportunity to cycle and repair bikes. ‘Target: Wellbeing’ is a programme of over 90 projects that increase exercise, promote a healthy diet and improve mental well-being. £8.9 million from the Big Lottery Fund has been awarded to projects, and is managed by Groundwork UK, a charity which, “supports local communities in need and sets out to work with partners to improve the quality in people’s lives, their prospects and potential and the places where they live work and play” (http://www.groundwork.org.uk/).

The Mental Well-being Impact Assessment (MWIA) toolkit (Coggins et al. 2007) is used to identify how a proposed policy, programme or project will impact on mental well-being and what can be done to ensure it has the most positive impact. The toolkit was developed from 2003 and published in 2007. There have been at least 300 Rapid MWIAs undertaken over the last five years in England – 150 using the early version and the rest as part of developing the published MWIA toolkit; and one Comprehensive MWIA was undertaken of Liverpool 08 European Capital of Culture (West, Hanna, Scott-Samuel & Cooke, 2007). The MWIA of Asylum Link’s ‘Better Lives’ project was commissioned by Liverpool Primary Care Trust.

2. AIMS OF THE MWIA ASSESSMENT

- To identify how the ‘Better Lives’ project potentially impacts on the mental health and well-being of the participants and staff involved.
- To identify ways in which the project might maximise its positive impacts and minimise its negative impacts
To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well-being of the users of the St Anne’s centre, their families, the staff at the centre and the wider community.

3. WHAT DO WE MEAN BY MENTAL HEALTH AND WELL-BEING?

The Mental Well-being Impact Assessment was developed using the 1997 Health Education Authority definition of mental health and well-being:

“...the emotional and spiritual resilience which enables us to survive pain, disappointment and sadness. It is a fundamental belief in one’s own and others dignity and worth” (Health Education Authority, 1997)

Put simply our mental well-being is about how we think and feel.

“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation.” (Coggins & Cooke, 2004).

4. METHODOLOGY

The Mental Well-being Impact Assessment (MWIA)

The Mental Well-being Impact Assessment is a two part toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental well-being. (Coggins, Cooke, Friedli, Nicholls, Scott-Samuel, & Stansfield (2007) Mental Well-being Impact Assessment: A Toolkit ‘A Living and Working Document”).

The evidence base suggests a four factor framework for identifying and assessing protective factors for mental well-being, adapted from Making It Happen (Department of Health 2001).

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The MWIA is based on these four key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. In this way the toolkit enables a link to be made between policies, programmes or service and mental well-being that can be measured.

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Department of Health 2001).
**MWIA Workshop**

The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that Asylum Link Merseyside will have on the mental well-being of the users of the centre, in particular the participants of the ‘Better Lives’ Project. It will also identify actions to maximise positive impacts and minimise potential negative impacts on mental well-being. Due to time limitations, it was not possible to develop indicators to measure the impact of the project upon mental well-being.

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff at centre</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Users of centre</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Rice Lane City Farm representatives</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Trainee Psychiatrist</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Lead for Health Promotion in Liverpool PCT</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Table 1: Workshop participants**

What does mental well-being mean to the stakeholders in the project?

The group seemed quite positive when asked to think about and then discuss what makes them happy or improves their mental well-being. The participants were asked to explain to the group what they have done in the past week that has made them happy or improved their well-being. Unlike other workshops the most common thing mentioned was having the chance to work—perhaps something unique to asylum seekers is their inability to work due to current laws and restrictions. Other examples given were seeing good things, seeing people happy, good weather, the outdoors and the fresh air, taking time out and relaxing, and seeing an act of kindness—someone acting with no self interest. Although the facilitator was unsure about how the diverse cultures in the room would receive this exercise and whether it may be difficult to grasp, the participants had an excellent understanding of mental well-being and the different areas it could/does encompass. This exercise highlighted to all the participants how they have a similar view of what it is that improves well-being. The participants were then asked to read some definitions of mental well-being from academics, lay people, economists, and from the health service, and decide whether they liked the definitions or not. We then discussed the different definitions as a group, and why we felt some of them described mental well-being better than others.

**5. POPULATIONS MOST LIKELY TO BE AFFECTED BY THE ‘BETTER LIVES’ PROJECT.**

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups.

The community profile was compiled by using the Ward Profiles produced by Liverpool City Council in collaboration with the Office of National Statistics. Although the location of the centre falls within the area of Edge Hill, there is no ward profile for this area and so the Wavertree Ward profile was used. However, due to asylum seekers and refugees accessing the service from across Liverpool, this is limited in value. It has been difficult to find out the exact demographic information of the participants that use the centre and they would not be included in any official statistics due to the nature of the project. It is also difficult to ask for information from the centre as many of the users of the centre do not disclose such information or may move on within a number of weeks and therefore records could be limited. The centre manager has been very helpful in supplying some of this information.
Profile for Location of Centre
People are placed first and foremost in areas of the city where housing is available. Five years ago this was in Granby, Toxteth, Lodge Lane and Smithdown Road. As time has passed there has been a general move into Wavertree and Kensington which the Police had to stop in 2005 for six months due to disturbances. Now in 2008-9, people are being housed in the North of Liverpool in Bootle, Anfield and Walton, areas not traditionally associated with visible minority communities.

The ALM centre is located on the border of Wavertree and Kensington. The population includes people from Black and Minority/Ethnic Groups and these amount to 9.2% of the total population of Wavertree. The worklessness rate in Wavertree is 20% compared with the Liverpool average of 26.3%, and the mean household income is £29,658 compared with the rate of £26,800 for the average Liverpool home. This is a snapshot of the area but not particularly representative of the users or staff of the project. More information can be found at http://www.liverpool.gov.uk/Images/tcm21-29283.pdf

Profile for Users of Centre
In 2007 there were 30,075 recorded visits to the centre. The busiest day at the centre had 196 people visit. Due to Liverpool being one of only two places where ‘in country’ asylum claims can be made, this is not surprising. Over 2007, this can be broken down into over 1080 food bags being given out, 4200 clothing requests, 195 furniture deliveries and 3-5 per week destitution support requests. There are 66 different nationalities at ALM the top ten most popular being people from Iran, Eritrea, Iraq, Afghanistan, Zimbabwe, Somalia, Iraqi Kurd, DRC Congo, Sudan, Pakistan. The gender split is approximately 30% female, 70% male, with the vast majority of males and females being between the ages of 21-45 years old, however although data has not been collected on the numbers of asylum seekers using the centre under 21 years old, the centre manager and staff report that they have large numbers of young men aged 18-21 also, with a few being under 18 years old. It is uncommon to see young women at the centre. It is also worth noting that there is a church organisation a short distance away from ALM which runs twice weekly pregnancy and toddler groups and that it seems women of every age can be found socialising there. This may also account for the small numbers of women accessing the centre.

In order to identify those communities that local stakeholders consider to be affected by ALM a discussion was facilitated. The findings are presented in table 2.

Table 2

<table>
<thead>
<tr>
<th>Priority population group</th>
<th>affected or targeted by the project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff at the St Annes Centre</td>
<td>Users of the centre- asylum seekers and refugees</td>
</tr>
<tr>
<td>Volunteers at the centre- including members of the local church</td>
<td>People living in the immediate vicinity of the Centre</td>
</tr>
<tr>
<td>Liverpool wide asylum seekers and refugees</td>
<td>Women asylum seekers and refugees</td>
</tr>
</tbody>
</table>
6. **WHAT ARE THE KEY IMPACTS OF THE ‘BETTER LIVES’ PROJECT ON MENTAL HEALTH AND WELL-BEING?**

The MWIA toolkit suggests a four-factor framework for identifying and assessing protective factors for mental well-being, adapted from Making it Happen (Department of Health 2001) and incorporates the social determinants that affect mental well-being into four factors that evidence suggests promote and protect mental well-being:

- **Enhancing control**
- **Increasing resilience and community assets**
- **Facilitating participation**
- **Promoting inclusion.**

Participants were introduced to the factors and asked to think about ALM and rate how important it was to the people using the service and the potential impact that the service could have on the participants.

**The Potential Impact of the Project on Feelings of Control**

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**Enhancing control - the evidence from the MWIA toolkit (Coggins et al. 2007)**

A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/ the environment to meet personal needs), autonomy (self-determination/individuality) or self-efficacy (belief in one’s own capabilities) are key elements of positive mental health that are related to a sense of control (Mauthner and Platt 1998; Stewart-Brown et al in press).

Enhancing control is fundamental to health promotion theory and practice, and is identified in the Ottawa Charter as a key correlate of health improvement:

“Health promotion is the process of enabling people to increase control over, and to improve their health”. (Ottawa Charter for Health Promotion. WHO, Geneva,1986.)

Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainsford et al 2000). People who feel in control of their everyday lives are more likely to take control of their health (McCulloch 2003). Job control is a significant protective factor in the workplace, and this is enhanced if combined with social support (Marmot et al 2006).

Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley et al 2006). Job insecurity, low pay and adverse workplace conditions may be more damaging than unemployment, notably in areas of high unemployment (Marmot and Wilkinson 2006)

As we only had a small number of participants attend the workshop, we worked through all of the charts and then identified which components could be changed to create a better environment for all concerned. It should be noted that ALM is such a positive project and have such a positive impact on users of the centre that it was difficult to decide which components needed attention and could be addressed within the budget the centre has. This is not to say that nothing needs to change at
ALM. This means that due to the severe lack of funding and money coming into the centre, and the increasing numbers of asylum seekers and refugees using the centre, we felt it to be unfair to expect many changes from the staff as they are all already severely over worked. As a group we identified the things that had the potential to create a more positive impact on the centre users mental well-being. The results are presented in figure 1.
Figure 1

*Protective factors for Enhancing Control*
AsylumLink Merseyside: ‘Better Lives’ project

The Potential Impact of ALM on Resilience

Increasing resilience and community assets – the evidence from the MWIA toolkit (Coggins et al. 2007)

Emotional resilience is widely considered to be a key element of positive mental health, and is usually defined as the extent to which a person can adapt to and/or recover in the face of adversity (Seligman, 2002). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on ‘emotional resilience’ (and ‘life skills’) may imply that people should learn to cope with deprivation and disadvantage (Secker 1998). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes (Commission on Social Determinants of Health, 2008).

Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation 2006a). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Grant 2000; Mutrie 2000; Department of Health 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern; Mental Health Foundation 2006b; Royal College of Psychiatrists 2006)

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a framework to cope with and reduce the stress of difficult life situations (Mental Health Foundation 2006c; Grant 2000; Mutrie 2000; Department of Health 2004).

Low educational attainment is a risk factor for poor mental health; participation in adult education is associated with improved health choices, life satisfaction, confidence, self-efficacy and race tolerance. (Feinstein et al 2003).

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness; (Fitzpatrick and LaGory 2000; McCulloch 2003)

Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Chu et al 2004; Allardyce et al 2005; Jackson 2002). Housing is also associated with mental health - independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood
Participants were then invited to work between themselves to identify which of the factors that contribute to a sense of resilience that ALM had the potential to have either a positive or negative impact, and the degree of importance of that impact. The results are presented in figure 2.
Figure 2

Protective factors for Resilience & Community Assets

Economy (affects the project negatively. A better local economy may help users of service)

Importance

Very High

High

Med

Low

Low

Robust local economy

Spirituality (too personal & complex in this situation. Does affect MWB but above the aim of the project)

None

Low

Med

High

Very High

Social networks

Emotional wellbeing

Arts & creativity

Access to green space and shared public facilities

Trust & safety

Learning & development

Problem solving, decision-making, communication skills

Social support

East of access to services

Negative Impact

Positive Impact
The Potential Impact of ALM on Participation and Inclusion

Facilitating participation and promoting social inclusion – the evidence from the MWIA toolkit (Coggins et al. 2007)

Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental well-being (Warwick-Edinburgh Mental Well-being Scale (WEMWBS) 2006).

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs, groups etc., participation in local decision-making, consultation, voting etc.

Social inclusion is the extent to which people are able to access opportunities, and is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health.

Although participation and social inclusion are different constructs, there is some overlap in the literature, and they are therefore considered together here.

Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes (SEU 2004). Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health and social isolation is an important risk factor for both deteriorating mental health and suicide (Pevalin and Rose 2003). Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin and Rose, 2003).

However, social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion (Mohan et al 2004; Morgan and Swann 2004; Gordon et al 2000).

Anti discrimination legislation and policies designed to reduce inequalities also strengthen social inclusion (Wilkinson 2006; Rogers and Pilgrim 2003).

There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).

Higher national levels of income inequality are linked to higher prevalence of mental illness (Pickett et al 2006). Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with low income, low standard of living, financial problems, less education, poor housing and/or homelessness. Inequalities are both a cause and consequence of mental health problems (Rogers and Pilgrim 2003; SEU 2004; Melzer et al 2004).

Participants were then invited to work between themselves to identify which of the factors that contribute to facilitating participation and reducing social isolation they felt ALM had the potential to have either a positive or negative impact, and the degree of importance of that impact. The results are presented in figure 3.
Figure 3

Protective factors for Participation

- Enough money to live on (negative for the project, but not for participants)
- Having a valued role
- Opportunities for social contact
- Feeling involved
- Sense of belonging
- Transport
- Cost, affordability
- Opportunities to get involved
- Activities that bring people together

Very High
High
Med
Low
None
Low
Med
High
Very High

Negative Impact
Positive Impact
Protective factors for Inclusion

AsylumLink Merseyside: ‘Better Lives’ project
Having identified these factors participants were invited to work through their top three priorities to identify in more detail the potential impacts and any recommendations that emerged.

<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the TWB funding project on all of the protective factors</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Transport-</td>
<td>-Better environment to work in</td>
<td>-Temptation to other AS’s with increased output</td>
</tr>
<tr>
<td>In particular the bike shed</td>
<td>-More people working there especially through Winter months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Helps to keep the mechanics we have</td>
<td>-More crime?</td>
</tr>
<tr>
<td></td>
<td>-Better access to bikes</td>
<td>-Resources needed;</td>
</tr>
<tr>
<td></td>
<td>-Meeting the ‘bike a week’ target</td>
<td>Driven by people</td>
</tr>
<tr>
<td></td>
<td>-Decreased electricity bill</td>
<td>Taking funds from other places</td>
</tr>
<tr>
<td></td>
<td>-Rapidly changing constituency leading to unreliable requests?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Consultation takes time</td>
<td>-Formal ways can often be seen as another intrusion</td>
</tr>
<tr>
<td></td>
<td>-Consultation can raise expectations</td>
<td>-Language problems can create barriers to asking questions.</td>
</tr>
<tr>
<td></td>
<td>-Formal ways can often be seen as another intrusion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Communication difficulties could prevent some things being successful BUT the staff DO want to improve this.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Strategic group (Liverpool wide) to be reinstated for wider benefits and ‘joined up thinking’ for services for AS’s and Refugees across the city.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Communication difficulties could prevent some things being successful BUT the staff DO want to improve this.</td>
<td></td>
</tr>
</tbody>
</table>

-Event feedback could be incorporated for things such as meals and events
-Create management meals once a month where representative AS’s and staff could meet and discuss events etc.
-Suggestion box at reception

-Recruit volunteers to help with refurbishment
-Contact Cycle for Health project to assist with maintenance of bikes?

-Evaluated and being listened too will create sense of community

-Improves MWB
-Listening and being listened too will create sense of community

-Consultation can raise expectations
-Formal ways can often be seen as another intrusion
-Language problems can create barriers to asking questions.

-Formal and thorough English classes would improve language and a pastoral support
-Service user involvement through group workers could be improved.
Summary
The stakeholders identified some key determinants of mental well-being that were both of high importance and had a high impact.

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Determinants</td>
<td>Skills and Attributes</td>
<td>Emotional Well-being</td>
<td>Sense of belonging</td>
<td>Trust others</td>
</tr>
<tr>
<td></td>
<td>Opportunities to influence decisions</td>
<td>Trust and Safety</td>
<td>Feeling involved</td>
<td>Accept and be accepted</td>
</tr>
<tr>
<td></td>
<td>Sense of control over work</td>
<td>Social Networks</td>
<td>Opportunities to bring people together</td>
<td>Practical support to enable inclusion</td>
</tr>
</tbody>
</table>

A focus on these for Asylum Link Merseyside’s ‘Better Lives’ project will help promote the mental well-being of the participants in the project and users of the centre.

7. REVIEWING THE LITERATURE EVIDENCE BASE

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature that research suggests are helpful in promoting and protecting mental well-being. In order to build on this evidence base a short additional literature review was undertaken to identify published research studies relating to the potential effects of ALM on mental well-being. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop.

The literature review was compiled by searching existing relevant published papers and articles relating to asylum seekers and the mental well-being or mental health status of the asylum seekers and refugees. Literature provided by the centre was also used including the yearly newsletter detailing recent events and changes as well as success stories, a LASAR/MRSN produced magazine in collaboration with Liverpool City Council, the European Union and Merseyside Refugee Support Network. A study into ALM was also conducted with the University of Central Lancashire and this has been used for the literature review.

Project Background
This project is unique in that its primary aim is to create a community for people who otherwise are likely to have extreme difficulty in becoming part of one. Projects such as this one can help foster a sense of community that otherwise wouldn’t exist and make connections for people who live geographically close which may not have otherwise been made. Asylum seekers visit the project from the immediate areas of Kensington, Granby, Toxteth, Wavertree, Bootle and Anfield. However, with Liverpool becoming one of only two centres for ‘in house’ asylum claims people can travel from Manchester as well as the other areas within the North West, and even further afield. Asylum seekers commonly come from over 10 (66 in total) countries around the world and this grouping together of cultures, languages, races and religions is far from ideal. However, in the experience of ALM there is usually no conflict or problems. Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental well-being (Parkinson 2006) and this is something that is a core aim for ALM.

Physical Health
There is limited research in the UK about the health problems of asylum seekers and how their health is affected by immigration controls. A few studies completed suggest that 17% of asylum seekers have a physical health problem severe enough to affect their life and that 66% have experienced significant anxiety and/or
depression. Some studies indicate that the average physical health status of asylum seekers on arrival is not especially poor, when compared to the average fitness of a UK resident. According to the Kings Fund (2000) however, asylum seekers health worsens 2-3 years after arriving. Dispersal is said to leave asylum seekers marginalised and impoverished and with insufficient resources to meet their health needs. Living in poverty compounds their problems.

Mental Health problems
High rates of psychological distresses resulting from past life experiences are observed in migrants especially those fleeing conflict. Asylum seekers are likely to have had traumatic experiences while in their country of origin, during their flight to safety, and when having to settle in a country of refuge (Fazel & Stein, 2002). At St. Anne’s ALM, they report seeing people ‘buckle under the strain of maintaining any form of normal life and the effects of this manifest in different ways depending on the people involved.”. The centre manager reports seeing forgetfulness, low self-esteem, helplessness, sleeplessness, violent outbursts for no apparent reason, self harm, hunger strike, trying to remove own teeth with knife and attempted suicide. On the day the workshop described above was carried out, someone from the centre had committed suicide earlier that morning. The mental health of asylum seekers, given the environment from which they have come, the journey they have taken and the circumstances they now find themselves in is, perhaps understandably, often poor. ALM does provide many activities and services to help as best it can- although it is acknowledged that they need the support of the NHS to help the most in need.

Food & Physical Activity
Good physical health promotes good mental health, and this is something that the ‘Better Lives’ project seeks to address. There is growing evidence of the link between nutrition, the development of the brain, emotional mental health and cognitive function- most notably in children which in turn influences behaviour (Mental Health Foundation, 2006a). This project teaches participants to grow, then cook their own food and enables them to pass on this knowledge to their families, empowering them and younger generations with the necessary skills. Better nutrition prevents illness, strengthens the immune system, and improves physical health (World Health Organisation website, accessed July 2009), which results in improved mental well-being. ALM provides a meal for breakfast three times a week (Monday, Wednesday and Thursday) and soup for lunch on Mondays and Wednesdays and fruit on Fridays from Midday each week. This is a source of nutritious food for people who may not otherwise be able to afford it. The cookery classes run on Wednesday afternoons and the smoothies are at intervals of 1-2 months.

Allotments
Sempik et al. 2003 reviewed the research evidence on the use of gardening and horticulture to promote social inclusion, health and well-being (referred to as ‘social and therapeutic horticulture’). The reported benefits of gardening from this review and other research (Sempik et al., 2005, Quayle, 2008) include increased self-esteem, an increased sense of general well-being, and the opportunity for social interaction. The projects contributed to participants’ education and training, increased self-confidence and independence by emphasising their competencies, and gave participants opportunities for self-reflection, relaxation and restoration. Consuming the food produced and the physical activity involved contributed to improved health and well-being, and participants benefited from increased access to the natural environment.
It is recognised that allotments and gardens, such as the space used by the ‘Better Lives’ project, have important impacts upon mental and physical health of communities and individuals. Differential access to greenspace has been identified as a contributory factor to health inequalities.

The evidence regarding the health impacts of greenspace has recently been critically reviewed by Health Scotland (2008). Their report concludes that

- Greenspace, particularly trees and large shrubs can provide direct protection from the harm of key environmental exposures such as flooding, air pollution, noise and extremes of temperature in urban environments. However, there is a possibility that, in certain contexts, the effects of pollution may be amplified by the creation of an enclosed space.

- Experiencing greenspace promotes relaxation, reduces stress and aids recovery from attention fatigue. Aspects of greenspace that may reduce stress include outdoor activity and exercise, stimulation of the senses, and aesthetic experience.

- Greenspace has the potential to increase physical activity by both providing an attractive area to exercise and the opportunity to undertake group-based physical activity with other people. The use of greenspace is influenced by individual’s proximity, ease of access, and connectivity to the space, and its size, attractiveness, and variety of uses.

- Greenspace may increase social interactions and increase social cohesion, however minority ethnic communities and people with disabilities are less likely to visit and use greenspace.

- Potential negative impacts on health and well-being are the risk of catching diseases from wildlife, the potential for crime and anti-social behaviours because of the relative isolation and unsupervised nature of greenspace, and the risk of injury from physical activity and play.

When considering the quality of greenspace, the Scottish Government (2007) have developed the following criteria, that could be applied to the allotments used by ‘Grow Your Own’. They include whether the site is:

- Fit for purpose
- Well located and connected
- Easily accessibly
- Inclusive
- Distinctive
- Of high quality design
- Pleasant and welcoming
- Safe
- Adaptable
- Well maintained
- Actively managed

**Cycling**

Cycling provides an effective form of cardiovascular exercise without putting excess strain on the musculoskeletal system. Cycling is one of the most appropriate types of physical activity for the majority of the population as it can be easily incorporated into daily life, can be carried out at different intensities, and has few side-effects. A number of studies have shown a positive effect on longevity, health and well-being (Cavill & Davis, 2007), however most of the evidence is based on the findings that moderate physical activity of any kind produces health benefits.

It has repeatedly been demonstrated that participation in physical activity improves health and well-being. The positive impacts fall into four categories: enhancing function, maintaining reserve capacities, preventing
AsylumLink Merseyside: ‘Better Lives’ project

Asylum seekers and refugees have specific mental health needs, and research has found that there are benefits to mental well-being of participating in gardening, physical activity, eating healthily and having contact with a natural environment.

8. **APPRAISING THE EVIDENCE**

The literature review confirmed the importance of promoting the mental and physical well-being of asylum seekers in Liverpool, and the high level of need in this group. The evidence shows that this population group is particularly vulnerable, and that they often experience poor physical and mental health. The research literature and the MWIA workshop consistently highlights the need for resources to improve the physical and mental health of asylum seekers. The recommendations focus upon developing links with other organisations, which would enable ALM to maximise their positive impact on asylum seekers’ well-being by involving relevant partners, and would increase the sustainability of the ‘Better Lives’ project.

Trust and safety was prioritised under the domains of both Resilience and Inclusion, and are key issues for asylum seekers, who may have experienced or currently be experiencing danger, exclusion and unsafe conditions. Similarly, acceptance and belonging were highly prioritised aspects of the project. The project’s role in providing practical skills and practical support are particularly important in providing basic resources to asylum seekers. It is also important that staff and volunteers are supported, have opportunities to influence decisions and have a sense of control over their work, to protect and promote their mental well-being, as they work with people facing such difficult circumstances.

The ALM ‘Better Lives’ project provides valuable and much-needed resources to particularly vulnerable members of the community. It is likely that these individuals’ access to fresh fruit, healthy and nutritious food, bicycles, and green-space would be extremely restricted without the programme. It is evident that even a small investment in these individual’s health and well-being makes a significant difference to their lives, and therefore that the funding from Target:Wellbeing is being directed in a very effective way by supporting this project.

9. **RECOMMENDATIONS**

The following recommendations were developed to make the impact of ALM’s ‘Better Lives’ project on mental well-being as positive as possible.
- **Reinstate the Liverpool Strategic Group for Asylum Seekers.** This is the key recommendation of this report. It would give organisations in the public, private and voluntary sector the chance to work together across Liverpool. Re-establishing this group would increase joined-up working and therefore benefit asylum seekers, and all who work with them and for them.
- **Repair the bike shed roof** to improve the working environment for volunteers and increase the output of the bike-repair project.
- **Liaise with Cycle for Health** about helping with bike maintenance, and increasing women’s involvement in the bike project.
- **Provide opportunities for people to give feedback** on events/meals/classes to encourage participation and increase feelings of empowerment. This might involve building opportunities for feedback into the activities, and having a suggestions box in reception.
- **Hold monthly managers meals**, to give people the opportunity to have their say and facilitate good communication.
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“Grow your Own for the Over 50’s”

A Project funded by ‘Target:Wellbeing’
Mental Well-being Impact Assessment (MWIA)

Report written by Louise Holmes & Helen West
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Catherine Reynolds (Liverpool PCT), Alex Scott-Samuel (University of Liverpool), Duncan Young (Liverpool PCT), Helen West (University of Liverpool), Louise Holmes (University of Liverpool)

Workshop held on 15\textsuperscript{th} October 2008
Workshop Participants:
Doreen Smith, William Wicherley, Frances Wicherley, Patricia Burne, Joan Cook, Dorothy Grote, Anthony Bell, Margaret Ryan, Muriel Parker, Viven McNell, Emily Powell, Vera Harrison, Carol Duerden (Project Lead), Teresa Latta (Rotters manager), Sylvia Thomas (Director, ‘Come Alive at 55’), Lynda Rawlinson (Director, ‘Come Alive at 55’), Esther Lions (Course Tutor), Duncan Young (Liverpool PCT Target:Wellbeing Coordinator & workshop facilitator), Louise Holmes (MWIA Researcher & workshop facilitator)
THE IMPACT OF THE ‘GROW YOUR OWN’ TARGET: WELLBEING PROJECT ON MENTAL WELL-BEING

1. INTRODUCTION

‘Grow your own for the over 50s’ is a project run by ‘Come Alive at 55’ and Rotters Community Composting, based in the Speke/Garston area of Liverpool. ‘Come Alive at 55’ provides support and activities for the over 55’s, encouraging healthier living and environmental awareness. ‘Grow your own for the over fifties’ is an allotment project for the over 50s, growing organic produce, and promoting healthy eating, physical activity, and ‘green’ lifestyles. The group learn about recycling, composting, growing vegetables without using pesticides, and about insects common to English gardens and why they are important. The group participate in gardening at local allotments and at the main centre. There are two sessions each week, and approximately twice a year the group visits a local stately home to take part in a tour specifically focusing on the kitchen garden, learning about horticultural methods, and species of plants and flowers. ‘Come Alive at 55’ also provides the ‘Grow your Own’ participants with information about other activities in the area, particularly ‘Healthy Living Events’ and those endorsed by Liverpool PCT. Other activities that ‘Come Alive at 55’ offer include computer classes and dance classes (tap dancing).

‘Grow Your Own’ is funded by Target: Wellbeing, a programme of over 90 projects that aim to increase exercise, promote a healthy diet and improve mental well-being. £8.9 million from the Big Lottery Fund has been awarded to projects, and is managed by Groundwork UK, a charity which, “supports local communities in need and sets out to work with partners to improve the quality in peoples lives, their prospects and potential and the places where they live work and play” (http://www.groundwork.org.uk/).

The Mental Well-being Impact Assessment (MWIA) toolkit (Coggins et al. 2007) is used to identify how a proposed policy, programme or project will impact on mental well-being and what can be done to ensure it has the most positive impact. The toolkit was developed from 2003 and published in 2007. There have been at least 300 Rapid MWIAs undertaken over the last five years in England – 150 using the early version and the rest as part of developing the published MWIA toolkit; and one Comprehensive MWIA was undertaken of Liverpool 08 European Capital of Culture (West, Hanna, Scott-Samuel & Cooke, 2007). The MWIA of ‘Grow Your Own’ was commissioned by Liverpool Primary Care Trust.

2. AIMS OF THE MWIA ASSESSMENT

- To identify how the ‘Grow Your Own’ project potentially impacts on the mental health and well-being of the participants.
- To identify ways in which the project might maximise its positive impacts and minimise its negative impacts
- To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well-being of the participants and the local community.

3. WHAT DO WE MEAN BY MENTAL HEALTH AND WELL-BEING?

“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation.” (Coggins & Cooke, 2004).
METHODOLOGY

The Mental Well-being Impact Assessment (MWIA)
The Mental Well-being Impact Assessment is a two part toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental well-being. (Coggins, Cooke, Friedli, Nicholls, Scott-Samuel, & Stansfield (2007) Mental Well-being Impact Assessment: A Toolkit ‘A Living and Working Document’).

The evidence base suggests a four factor framework for identifying and assessing protective factors for mental well-being, adapted from Making It Happen (Department of Health 2001).

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The MWIA is based on these four key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. In this way the toolkit enables a link to be made between policies, programmes or service and mental well-being that can be measured.

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Department of Health 2001).

MWIA Workshop
The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that Target:Wellbeing funding will have on the mental well-being of the participants involved in Grow Your Own. It will also identify actions to maximise positive impacts and minimise potential negative impacts on mental well-being

Table 1: Workshop participants

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directors of Charity</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Course Tutors</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Participants of the project</td>
<td>12</td>
<td>71</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

What does mental well-being mean to the stakeholders in the project?
When the facilitator of the workshop asked the participants to explain what ‘well-being’ meant to them, it was clear that the group were quite passive to the idea and that this concept was something new to them. Most participants thought they would be engaging in the usual activities of gardening or learning about the vegetables they would be growing and seemed disappointed to learn they would be ‘in the classroom’ all day. However, once examples were given from the facilitators, most participants in the workshop mentioned seeing family and friends, visiting new places or favourite places, relaxing, watching wildlife or animals, or learning something new. This exercise highlighted to all the participants how although well-being is a broad concept and can mean many different things to different people, there is also a common understanding of
well-being and what it is that improves well-being. By the end of this exercise, the group was much more positive and the group seemed more willing to move forward with other tasks. The facilitators felt that they could already see the benefit for themselves and the project in spending time talking about mental well-being.

8. POPULATIONS MOST LIKELY TO BE AFFECTED BY THE GROW YOUR OWN PROJECT

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups.

A profile of the communities that are living in the area that ‘Grow your own’ is targeting, suggests the following characteristics and needs:

The community profile was taken from the Ward Profile for Speke and Garston produced by Liverpool City Council. The project is targeting older adults, aged over 55 years, in the Speke and Garston area. Data suggests there are approximately 1,444 people over 65 years old in the Speke Garston area compared to the Liverpool figures of 65,567 over 65’s. Speke Garston covers 1,223 hectares of Liverpool’s 11,194 hectares making it the biggest ward in Liverpool in terms of geographical area. Speke Garston is also an area of high deprivation. The mean income is £12,748 with many families consisting of single parents and children (58%). The average household income in Speke Garston is £21,889 compared to the Liverpool average of £26,800 and the UK average of £32,342.

In Liverpool there are health inequalities by gender, level of deprivation and ethnicity. For example, men from the most deprived areas (which includes Speke Garston) have over eight years shorter life expectancy than men from the least deprived areas (other areas of South Liverpool) and women live over 6 years longer if from the least deprived areas. The rates of death from heart disease and stroke remain above the national average, although they are decreasing and have been over the last 10 years.

This project has the main priority of promoting good health through a range of activities which benefit the participants and also the environment. There is also a distinct lean towards healthier living. The primary activity is that of gardening where participants grow their own vegetables - amongst other things. Other activities include learning new skills, meeting new friends, and being active. Participants are also educated about living healthy and about living eco-friendly lives by the course tutors.

Liverpool’s Strategic Plan between now and 2011 includes reducing deaths from cardiovascular disease, cancer and accidents in the under 75’s, and improving the health and well-being of young people. Community projects like this one are being supported by various organisations and charities as they tackle some of the risk factors that contribute towards people dying early. They also increase health by promoting a healthy diet, increase physical activity and promote good mental health.

In order to identify those communities that local stakeholders consider to be affected by the Target:Wellbeing Funding a discussion was facilitated. The findings are presented in Table 2.
Table 2

<table>
<thead>
<tr>
<th>Priority population group affected or targeted by your proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>People already taking part in the project—over 55 years old and the majority of whom are women.</td>
</tr>
<tr>
<td>New people who may join</td>
</tr>
<tr>
<td>The local community</td>
</tr>
<tr>
<td>Other projects who may follow example set by this group</td>
</tr>
<tr>
<td>The staff at the Centre</td>
</tr>
<tr>
<td>Other courses in the Centre</td>
</tr>
<tr>
<td>Family of the participants of the project</td>
</tr>
</tbody>
</table>

In conclusion, the group felt that the priority population were the people currently engaged with the ‘Grow your Own’ Project as at present, the project does not have the capacity for any other participants.

9. WHAT ARE THE KEY IMPACTS OF ‘GROW YOUR OWN’ ON MENTAL HEALTH AND WELL-BEING?

The MWIA toolkit identifies a four-factor framework for identifying and assessing protective factors for mental well-being, adapted from ‘Making it Happen’ (Department of Health 2001) and incorporates the social determinants that affect mental well-being into four factors that evidence suggests promote and protect mental well-being:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation
- Promoting inclusion.

Participants were introduced to the factors and asked to think about ‘Grow your Own’ and rate how important it was to the people participating in the project, and the potential impact that the service could have on it.

The Potential Impact of ‘Grow Your Own’ funding on Feelings of Control

**Enhancing control - the evidence from the MWIA toolkit (Coggins et al, 2007)**

A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/the environment to meet personal needs), autonomy (self-determination/individuality) or self-efficacy (belief in one’s own capabilities) are key elements of positive mental health that are related to a sense of control (Mauthner and Platt 1998).

Enhancing control is fundamental to health promotion theory and practice, and is identified in the Ottawa Charter as a key correlate of health improvement:

“Health promotion is the process of enabling people to increase control over, and to improve their health”.

(Ottawa Charter for Health Promotion. WHO, Geneva, 1986.)

Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainsford et al 2000). People who feel in control of their everyday lives are...
more likely to take control of their health (McCulloch 2003). Job control is a significant protective factor in the workplace, and this is enhanced if combined with social support (Ferrie et al 2006).

Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley et al 2006).

Workshop participants were asked to identify whether ‘Grow Your Own’ potentially had a positive or negative impact on the factors that contribute to control, and the degree of importance of that impact. The results are presented in figure 1.

Participants were then invited to work through their top priority protective factors, to identify in more detail the potential impacts and any recommendations that emerged. The results are presented in table 3.
Figure 1

**Protective factors for Enhancing Control**

- Importance
  - Very High
  - High
  - Med
  - Low
- Negative Impact
- Transport options
- Very High
- High
- Med
- Low
- None
- Low
- Med
- High
- Very High

- Sense of control over work
- Sense of control over finances
- Having your say/being heard
- Opportunities for self help
- Support to maintain independent living
- Knowledge & ability to make healthy choices
- Local democracy
- Opportunities to influence decisions
- Physical environment
- Skills & attributes

‘Grow Your Own for the over 50s’
Table 3

<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the TWB Funding of control</th>
<th>Comments and Actions</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
<td></td>
</tr>
<tr>
<td>Skills and Attributes</td>
<td>Learning to grow veg.</td>
<td>Not enough room to develop all skills as can’t come enough</td>
<td>Carol/Teresa to feedback when progress</td>
</tr>
<tr>
<td></td>
<td>Take home fresh veg.</td>
<td>No library of relevant books</td>
<td>Carol to make office space</td>
</tr>
<tr>
<td></td>
<td>Learn about different insects</td>
<td>Some, but not enough information provided on other activities that run at the centre, or within the area</td>
<td>Group to measure/ look at effectiveness in six months.</td>
</tr>
<tr>
<td></td>
<td>Team working/Bonding</td>
<td>'Green fingers’</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learn new health and safety skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eat organically</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Increasing resilience and community assets – the evidence from the MWIA toolkit (Coggins et al, 2007)

Emotional resilience is widely considered to be a key element of positive mental health, and is usually defined as the extent to which a person can adapt to and/or recover in the face of adversity (Seligman; Stewart Brown etc). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on ‘emotional resilience’ (and ‘life skills’) may imply that people should learn to cope with deprivation and disadvantage (Secker 2001). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes (Commission on Social Determinants of Health, 2008).

Good physical health protects and promotes mental health. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation 2006a). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Grant 2000; Mutrie 2000; Department of Health 2004).

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a framework to cope with and reduce the stress of difficult life situations (Friedli, 2004; Aukst-Margetic & Margetic, 2005; Idler et al, 2003; Mental Health Foundation 2006b).

Low educational attainment is a risk factor for poor mental health however; participation in adult education is associated with improved health choices, life satisfaction, confidence, self-efficacy and race tolerance (Feinstein et al 2003).

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness; (Fitpatrick and LaGory 2000; McCulloch 2003).

Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Chu et al 2004; Allardyce et al 2005; Jackson 2002). Housing is also associated with mental health - independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood noise (Guite et al 2006).
Workshop participants were asked to identify whether ‘Grow Your Own’ potentially had a positive or negative impact on the factors that contribute to control, and the degree of importance of that impact. The results are presented in figure 2.

Participants were then invited to work through their top priority protective factors, to identify in more detail the potential impacts and any recommendations that emerged. The results are presented in table 4.
Figure 2

*Protective factors for Resilience & Community Assets*

- Very High
- High
- Med
- Low
- None
- Low
- Med
- High
- Very High

- Learning & development
- Emotional wellbeing
- Problem solving, decision-making, communication skills
- Spirituality
- Social networks
- Arts & creativity
- Access to green space and shared public facilities
- East of access to services
- Robust local economy

Negative Impact

Positive Impact
<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the TWB funding on resilience and community assets</th>
<th>Comments and Actions</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
<td></td>
</tr>
<tr>
<td>Robust Local Economy</td>
<td>Produce - not using supermarkets as much so therefore more money to spend elsewhere</td>
<td>Funding the project is key to any big plans such as to increase production</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Independence from shops</td>
<td>Needs more publicity-radio/press (however funding would need to match this increased demand)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An example of good practise to others</td>
<td>Can’t let income generation rule thinking of project</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Potential to work with unemployed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cheap produce</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Charitable status and therefore not a slave to profit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Carol will phone up Radio Merseyside to advertise if funding is secured to accommodate extra participants.
The Potential Impact of ‘Grow Your Own’ on Participation and Inclusion

Facilitating participation and promoting social inclusion – the evidence from the MWIA toolkit (Coggins et al, 2007)

Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental well-being (Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) 2006).

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs, groups etc., participation in local decision-making, consultation, voting etc.

Social inclusion is the extent to which people are able to access opportunities, and is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health.

Although participation and social inclusion are different constructs, there is some overlap in the literature, and they are therefore considered together here.

Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes (SEU 2004). Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health and social isolation is an important risk factor for both deteriorating mental health and suicide (Pevalin and Rose 2003). Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin and Rose, 2003).

However, social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion (Mohan et al 2004; Morgan and Swann 2004; Gordon et al 2000).

Anti discrimination legislation and policies designed to reduce inequalities also strengthen social inclusion (Wilkinson 2006; Rogers and Pilgrim 2003).

There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).

Higher national levels of income inequality are linked to higher prevalence of mental illness (Pickett et al 2006). Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with low income, low standard of living, financial problems, less education, poor housing and/or homelessness. Inequalities are both a cause and consequence of mental health problems (Rogers and Pilgrim 2003; SEU 2004; Melzer et al 2004).

Workshop participants were asked to identify whether ‘Grow Your Own’ potentially had a positive or negative impact on the factors that contribute to control, and the degree of importance of that impact. The results are presented in figures 3.
Participants were then invited to work through their top priority protective factors, to identify in more detail the potential impacts and any recommendations that emerged. The results are presented in table 5. There was insufficient time in the workshop for participants to undertake the same process for inclusion.
Figure 3

Protective factors for Participation

Importance

Very High

High

Quiz—more often, helps to learn

Low

Transport

Cost, affordability

Opportunities to get involved

Feeling involved

Sense of belonging

Having a valued role

Opportunities for social contact

Accessible & acceptable goods & services

Enough money to live on

Activities that bring people together

Very High

High

Med

Low

None

Low

Med

High

Very High

Positive Impact

Negative Impact
<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the TWB funding on Participation</th>
<th>Comments and Actions</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
<td></td>
</tr>
<tr>
<td>Greenhouse Re-furbishment</td>
<td>Creates large winter workshop</td>
<td>Health and Safety Issues</td>
<td>Funding applications- reporting back on a regular basis.</td>
</tr>
<tr>
<td></td>
<td>Cost cutting use all year round as plants can be grown from seed</td>
<td>Vandalism- the greenhouse may become a target.</td>
<td>Carol and Teresa to report back at weekly meeting.</td>
</tr>
<tr>
<td></td>
<td>Increase community partnerships as other groups can use greenhouse</td>
<td></td>
<td>Use this Christmas to try out money generating scheme/ Keep it good quality small production</td>
</tr>
<tr>
<td>Intergenerational work</td>
<td>More produce- for personal use and to sell.</td>
<td></td>
<td>Evaluate this after Christmas.</td>
</tr>
</tbody>
</table>

**Table 5**
Summary
The stakeholders identified some key determinants of mental well-being that were both of high importance and had a high impact.

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Determinants</td>
<td>Sense of control over work</td>
<td>Problem solving</td>
<td>Enough money to live on</td>
<td>Not completed due to time</td>
</tr>
<tr>
<td></td>
<td>Sense of control over finances</td>
<td>Spirituality</td>
<td>Activities that bring people together</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knowledge and ability to make healthy choices</td>
<td>Emotional well-being</td>
<td>Opportunities for social contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Having your say/Being heard</td>
<td></td>
<td>Feeling involved</td>
<td></td>
</tr>
</tbody>
</table>

A focus on these for ‘Grow your Own’ will help promote the mental well-being of the participants involved in the project.

7. **REVIEWING THE LITERATURE EVIDENCE BASE**

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature. Research suggests that these factors are helpful in promoting and protecting mental well-being. In order to build on this evidence base a short additional literature review was undertaken to explore the research evidence for the potential impact of Grow Your Own on mental well-being. This is
intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop. Reviews on the effects of gardening, diet, physical activity and greenspace on mental well-being were identified.

**Horticulture & gardening**
Sempik et al. 2003 reviewed the research evidence on the use of gardening and horticulture to promote social inclusion, health and well-being (referred to as ‘social and therapeutic horticulture’). The reported benefits of gardening from this review and other research (Sempik et al., 2005, Quayle, 2008) include increased self-esteem, an increased sense of general well-being, and the opportunity for social interaction. The projects studied contributed to participants’ education and training, increased self-confidence and independence by emphasising their competencies, and gave participants opportunities for self-reflection, relaxation and restoration. Consuming the food produced and the physical activity involved contributed to improved health and well-being, and participants benefited from increased access to the natural environment.

**Diet**
There is growing evidence of the link between nutrition, the development of the brain, emotional mental health and cognitive function - most notably in children which in turn influences behaviour (Mental Health Foundation, 2006a). The way in which this project teaches participants to grow, then cook their own food enables them to return to their families and pass on this knowledge, empowering them and younger generations with the necessary skills. Better nutrition prevents illness, strengthens the immune system, and improves physical health (World Health Organisation website, accessed July 2009), which results in improved mental well-being. The ‘Grow your Own’ Project plans to take produce to local markets and distribute their food for cost price. This would improve the health and well-being of the local community by providing organic, fresh produce below supermarket prices in a convenient way, whilst improving the confidence and skill base of the project participants who would be involved in running the stall.

**Physical Activity**
It has repeatedly been demonstrated that participation in physical activity improves health and well-being. The positive impacts fall into four categories: enhancing function, maintaining reserve capacities, preventing disease, and ameliorating the effects of age and chronic disease (Fentem, 1994). Research has demonstrated that regular physical activity reduces the risk of serious conditions such as coronary heart disease, stroke, high blood pressure, osteoporosis, obesity and diabetes (Fentem, 1994).

Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Glenister, 1996; Mutrie 2000; Department of Health 2004). Some of the psychological benefits of regular exercise may be due to an increase in the range of activities that can be undertaken and a general feeling of well-being. It has particularly important benefits for elderly people, because they are more prone to the negative effects of inactivity.

Despite the benefits of physical activity, many people do not participate in active sports and exercise. Only 2 out of 10 people take part in physical activity of a duration and intensity likely to benefit their health, although 8 out of 10 people believe that they do (Liverpool PCT Public Health Annual Report, 1997). Therefore there are challenges involved in motivating people to adopt, sustain or resume sufficient physical activity.

**Greenspace**
It is recognised that having access to greenspace, such as the allotments used by the ‘Grow Your Own’ project, has important impacts upon mental and physical health of communities and individuals. Differential access to greenspace has been identified as a contributory factor to health inequalities. The evidence regarding the
health impacts of greenspace has recently been critically reviewed by Health Scotland (2008). Their report concludes that

- Greenspace, particularly trees and large shrubs can provide direct protection from the harm of key environmental exposures such as flooding, air pollution, noise and extremes of temperature in urban environments. However, there is a possibility that, in certain contexts, the effects of pollution may be amplified by the creation of an enclosed space.
- Experiencing greenspace promotes relaxation, reduces stress and aids recovery from attention fatigue. Aspects of greenspace that may reduce stress include outdoor activity and exercise, stimulation of the senses, and aesthetic experience.
- Greenspace has the potential to increase physical activity by both providing an attractive area to exercise and the opportunity to undertake group-based physical activity with other people. The use of greenspace is influenced by individual’s proximity, ease of access, and connectivity to the space, and its size, attractiveness, and variety of uses.
- Greenspace may increase social interactions and increase social cohesion, however minority ethnic communities and people with disabilities are less likely to visit and use greenspace.
- Potential negative impacts on health and well-being are the risk of catching diseases from wildlife, the potential for crime and anti-social behaviours because of the relative isolation and unsupervised nature of greenspace, and the risk of injury from physical activity and play.

When considering the quality of greenspace, the Scottish Government (2007) have developed the following criteria, that could be applied to the allotments used by ‘Grow Your Own’. They include whether the site is:

- Fit for purpose
- Well located and connected
- Easily accessible
- Inclusive
- Distinctive
- Of high quality design
- Pleasant and welcoming
- Safe
- Adaptable
- Well maintained
- Actively managed

In conclusion, research has found that there are benefits to mental well-being of participating in gardening, physical activity, eating healthily, and having contact with a natural environment.

8. **APPRAISING THE EVIDENCE**

In an urban environment like Liverpool, the ‘Grow your own’ project provides something valuable to those involved. It has an important role in educating about healthy lifestyles, nutrition, and environmental awareness. It can help to include and integrate isolated members of the community, foster a sense of community and make connections between people living near each other. It also gives an opportunity for contact with a natural environment and affordable healthy food.

Most of the participants in ‘Grow your Own’ are over the age of retirement, however the project provides many of the benefits to mental well-being associated with employment, for example a sense of purpose and being needed, and membership of a group. Participants are motivated about learning new things, and are encouraging to others about adopting healthy lifestyles. ‘Grow your Own’ provides regular exercise and healthy food, and therefore contributes to improving people’s quality of life. In the workshop, it was evident that the project has created a sense of community among the participants. The facilitators noted how
participants had made friends from their neighbourhoods through the project whilst also making friends with people further afield. One lady told of how she walks home with another member of the group for safety, and another phones a few of the group to check they are attending the group on specific days.

The literature review confirmed that there is well-established research evidence for the positive effects of physical activity, a healthy diet, and spending time in a natural environment (section 7). The toolkit presents evidence for the positive impacts identified in section 6, such as social contact, and being able to make healthy choices. The project targets older adults in a deprived part of Liverpool, a population group who would experience particular benefit from participating. This project and others like it may be able to positively influence the numbers of adults who eat healthily and who regularly exercise. It may also in the future, have a positive influence on families and children as the skills developed from participating in the project are passed on to other generations. The potential impacts of the Grow your Own programme are therefore well supported by the research evidence.

9. **DEVELOPING INDICATORS OF WELL-BEING**

“What gets counted, counts.”

Being able to measure progress and impact of the TWB funding on the ‘Grow your Own’ project on the determinants of mental well-being identified by the stakeholders through the MWIA process, is an important step. Building on the initial ideas from stakeholders about “how you know” that certain impacts have happened, indicators have been developed.

<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>Increasing Control</td>
<td>Having your say/being heard</td>
<td>Participants report greater inclusion and input into project</td>
<td>Participants will be asked via anonymous questionnaire whether this has been implemented</td>
<td>June 2009 and then January 2010.</td>
</tr>
<tr>
<td>Resilience</td>
<td>Emotional well-being</td>
<td>Participants have an increased sense of self esteem one year from now</td>
<td>Participants immediately complete measurement scale and this is compared every six months.</td>
<td>Every six months</td>
</tr>
<tr>
<td>Participation</td>
<td>Opportunities for social contact</td>
<td>Membership to project is stable and participants become involved in other projects</td>
<td>Meeting is held every six months to discuss other activities in the area and to disseminate this information to participants.</td>
<td>Every six months</td>
</tr>
<tr>
<td>Inclusion</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. RECOMMENDATIONS

The following recommendations were developed to make the impact of Grow Your Own on mental well-being as positive as possible.

- **Refurbish the greenhouse.** This was the top priority agreed by the group. It would enable the group to work in all weathers including in the winter months. This would also ensure that people have access to social contact throughout the year, the facilities for the project are improved and that there is a greater likelihood of community partnerships and intergenerational work, which is important for the wider community. It would also improve mental well-being. It is important from a cost cutting perspective in that plants can be grown as seeds all year round. It would also provide more produce overall, again increasing output for a minimal input.

- **Acquire another polytunnel.** Again, for the participants to use the project all year round and be in a warmer environment. This will also improve the skills they develop and their ability to learn more skills as it will provide more space to grow more things. The chance to learn and develop is an important component in positive mental well-being.

- **Develop more formal ways of meeting as a group to discuss current situations and future plans.** Funding applications and fundraising should be discussed with the participants of the project. Some may offer to help and to be the leads on some fundraising. They also may consider certain things more important than others and have contacts of ways of acquiring new tools etc. A regular meeting should be set up to increase the control the participants have over the project and to increase their sense of participation in the process, both known to have positive effects on mental well-being.

- **Provide information about other activities and groups in the area.** This can be in the form of leaflets, posters and if appropriate, talks on new projects. The participants of Come Alive at 55 and in particular ‘Grow your Own’ are on the whole, active and would appreciate other groups offering them the chance to learn new skills, make new friends and keep active and healthy. The development of ‘skills and attributes’ was an important priority to the group, and information sharing fell into this construct in a number of ways e.g. office space created for gardening/other books, grow diverse vegetables and learn about ways of cooking them, and learning about new Health and Safety skills were all mentioned.

- **Investigate training for the manager and associated staff in applying for funding.** This was discussed after the workshop between the facilitator and the project lead and seemed to be a concern of the project lead.

- **Increase the capacity of the project.** ‘Grow your Own’ projects would be useful, not only for the over fifties, but for the wider population of Speke Garston. Many people in the area are unemployed (38.6% in 2008) or have very low incomes (average income in Speke Garston was £12748 in 2006) and could benefit from not only increased physical activity, healthier eating and education surrounding diet and nutrition (see profile of community), they could also benefit from learning new skills and socialising with people. With approximately 34.1% of people in the area having ‘poor’ literacy skills and a further 38.6% having ‘poor’ numeracy skills, the chance to develop other practical skills would be of particular value. The cost effectiveness of growing your own vegetables would also benefit a deprived community such as this one.
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APPENDIX ONE

Evaluation of the Stakeholder MWIA workshop

Participants were invited to complete an evaluation form. Out of the 15 participants taking part in the workshop, 13 returned their evaluation forms. A number of questions were asked (rated in a 5 point Likert scale) regarding how good the workshop was overall, how useful it was, and the different parts of the workshop and their individual usefulness. The workshop was rated 5/5 by 9 participants, 4/5 by 2 participants and 1/5 by one participant. The results suggest the workshop was successful in:

- “It was enjoyable”
- “Working as a group was good and it was easy to understand”
- “Interesting materials to focus thinking”
- “Opportunities for everyone to participate and share their views”

Additional comments included:

- “Being able to achieve things...and feeling positive (was one of the best things about the workshop)”
- “Interesting and made me understand more about mental well-being....although it was hard work!”
Cycle for Health
a project funded by ‘Target:Wellbeing’

Mental Well-being Impact Assessment (MWIA)

Report written by Louise Holmes & Helen West
IMPACT, Division of Public Health
University of Liverpool
Project Management Group:
Catherine Reynolds (Liverpool PCT), Alex Scott-Samuel (University of Liverpool), Duncan Young (Liverpool PCT), Helen West (University of Liverpool), Louise Holmes (University of Liverpool)

Workshop held on 21st November 2008

Workshop Participants:

**Cyclists:**
Kath Andrews, Pam Bail, Mary Bayley, Barbara Blakemore, Alf Bradshaw, Alan Cheetham, Jean Cuellar, Pauline Davies, Maureen Deboe, Percy Flinn, Lynda Fone, Wallace Freeman, Joyce Grainger, Noel Greenwood, Kevin Hadfield, Marie Heller, Flo Hough, Terry Hughes, Jenny James, Brian Jones, Pat Leahy, Betty Meaghan, Manny Owen, Pat Pye, Lorraine Reid, Maureen Roe, Christine Shaw, Maurice Wileman, June Woods.

**Other organisations:**
Chris Lines- Parks and Green Spaces, Paul Thomas- Sustrans, Ian Thomas- MD Cycling Projects, Nancy Brown- Groundwork UK

**Staff and facilitators:**
Gavin McLaughlin- Project Lead, Sally Starkey- Project Lead, Duncan Young- Liverpool PCT Target:Wellbeing Coordinator, Sophie Grinnell- HIA specialist & facilitator from IMPACT, Fiona Haigh- HIA specialist & facilitator from IMPACT, Louise Holmes- MWIA researcher
THE IMPACT OF THE ‘CYCLE FOR HEALTH’ TARGET:WELLBEING PROJECT ON MENTAL
WELL-BEING

1. INTRODUCTION

The ‘Cycle for Health’ Target:Wellbeing project involves developing and delivering a short training course to equip people with the skills and knowledge to lead a cycle ride. A one-day training package has been developed to equip volunteer cycle leaders to support local ‘Cycle for Health’/‘Health on Wheels’ initiatives to increase physical activity levels, improve health, well-being and expand utilisation of green spaces for exercise purposes. The project aims to increase physical activity levels and improve health by organising cycle rides in the local community. The scheme targets people that currently do not cycle or are physically inactive. Cycle leaders facilitate safe, enjoyable rides that utilise local green spaces and cycle routes. The project will also offer bike maintenance training. The project aims to train at least 93 new Cycle for Health leaders. The training is aimed at anyone who has a reasonable level of fitness, who enjoys cycling and would like to be a cycle leader.

‘Cycle for Health’ is funded by Target:Wellbeing and delivered by Liverpool Primary Care Trust. It aims to promote physical and mental health through training people to lead cycle rides. ‘Target: Wellbeing’ is a programme of over 90 projects that increase exercise, promote a healthy diet and improve mental well-being. £8.9 million from the Big Lottery Fund has been awarded to projects, and is managed by Groundwork UK, a charity which, “supports local communities in need and sets out to work with partners to improve the quality in peoples lives, their prospects and potential and the places where they live work and play” (http://www.groundwork.org.uk/).

The Mental Well-being Impact Assessment (MWIA) toolkit (Coggins et al. 2007) is used to identify how a proposed policy, programme or project will impact on mental well-being and what can be done to ensure it has the most positive impact. The toolkit was developed from 2003 and published in 2007. There have been at least 300 Rapid MWIAs undertaken over the last five years in England – 150 using the early version and the rest as part of developing the published MWIA toolkit; and one Comprehensive MWIA was undertaken of Liverpool 08 European Capital of Culture (West, Hanna, Scott-Samuel & Cooke, 2007). The MWIA of ‘Cycle for Health’ was commissioned by Liverpool Primary Care Trust.

2. AIMS OF THE MWIA ASSESSMENT

- To identify how ‘Cycle for Health’ potentially impacts on the mental health and well-being of the cycle leaders and staff involved.
- To identify ways in which the project might maximise its positive impacts and minimise its negative impacts
- To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well-being of the cycle leaders, the staff and others participating in the programme.

3. WHAT DO WE MEAN BY MENTAL HEALTH AND WELL-BEING?

The Mental Well-being Impact Assessment was developed using the 1997 Health Education Authority definition of mental health and well-being:
“...the emotional and spiritual resilience which enables us to survive pain, disappointment and sadness. It is a fundamental belief in one’s own and others dignity and worth” (Health Education Authority, 1997)

Put simply our mental well-being is about how we think and feel.

4. METHODOLOGY

The Mental Well-being Impact Assessment (MWIA)
The Mental Well-being Impact Assessment is a two-part toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental well-being. (Coggins, Cooke, Friedli, Nicholls, Scott-Samuel, & Stansfield (2007) Mental Well-being Impact Assessment: A Toolkit ‘A Living and Working Document’).

The evidence base suggests a four factor framework for identifying and assessing protective factors for mental well-being, adapted from Making It Happen (Department of Health 2001).

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The MWIA is based on these four key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. In this way the toolkit enables a link to be made between policies, programmes or service and mental well-being that can be measured.

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Department of Health 2001).

MWIA Workshop
The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that ‘Cycle for Health’ will have on the mental well-being of the cycle leaders. It will also identify actions to maximise positive impacts and minimise potential negative impacts on mental well-being. Due to time limitations, it was not possible to develop indicators to measure the impact of the project upon mental well-being.

Table 1: Workshop participants

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants of project</td>
<td>29</td>
<td>74.4</td>
</tr>
<tr>
<td>Staff working on project</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>Other professionals (community workers, other TWB project leads)</td>
<td>4</td>
<td>10.3</td>
</tr>
<tr>
<td>Facilitators</td>
<td>4</td>
<td>10.3</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100%</td>
</tr>
</tbody>
</table>
What does mental well-being mean to the stakeholders in the project?
As an introduction to the day and as an ice breaker, the facilitators asked the group to introduce themselves and tell the group one thing that improved their mental well-being. Seeing friends, looking after grandchildren, being outside in the fresh air, having a nice lunch with friends, having a kiss from a grandchild, riding a bike, spending time with family and learning something new, were all examples given from the participants. The participants were then asked to take three green stickers and three red stickers which were passed around the room. A series of definitions of mental well-being, mental health and mental illness had been placed on the walls of the room on separate cards. The participants were asked to read all of the definitions and then decide which three they liked the best and which best summed up mental well-being (green) and which three they didn’t like (red). They were assured there were no correct answers, just their opinions. This took approximately 25 minutes. The participants then came back into the circle and some were given cards to read out. We discussed the definitions that were all red, then mixed in colour, and then all green and tried to understand as a group why people preferred certain definitions. The most popular definition for this group was;

“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home and the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities and feelings of anxiety and isolation” (Coggins and Cooke, 2004)

This exercise was designed to highlight to the participants the different definitions of mental well-being, the different aspects of mental health and well-being and to try and agree as a group that we all mean the same thing when we talk about mental well-being.

5. POPULATIONS MOST LIKELY TO BE AFFECTED BY CYCLE FOR HEALTH

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups.

A profile of the communities that are living in the area that this ‘Cycle for Health’ project is targeting suggests the following characteristics and needs:

The project does not target any specific age group however the majority of the participants of the project are older adults, aged over 55 years old (approximately 30% of Liverpool’s population is over 55). The cycle rides take place across the wards of Liverpool near Aigburth, Croxteth, Belle Vale, Walton, Sefton Park and Calderstones Park. Participants can potentially be from any part of the city of Liverpool, therefore the community profile focuses on Liverpool as a whole and where appropriate data specific to the over 55’s.

The total Liverpool population (from the 2007 ward profile) is 447,457 with 65,567 people over the ages of 65 years old. Of the 187,865 households in Liverpool, there are 127,706 cars or vans with approximately half of Liverpool residents owning at least one car. Liverpool is a city where regeneration has been ongoing for some years and general quality of life is improving because of this. However, Liverpool is still a deprived city and has the lowest life expectancy for women in the country. Across Liverpool there are disparities in health, socio-economic status, community safety, and education. For example, the Standard Mortality ratio (SMR) in the affluent area of Mossley Hill is 86.3 (UK=100) compared to Kirkdale’s SMR of 258.5 (Liverpool average 142.5). The mean household income in Liverpool is £26,800 (according to the 2007 Liverpool Ward Profile) ranging from £21,124 in Clubmoor and £36,662 in Church ward.
The people of Liverpool also tend to suffer from poor health, although again, like the other measures that Liverpool is compared against, this is improving. Across the city there are health inequalities by gender, level of deprivation and ethnicity. For example, men from the most deprived areas of Liverpool have over eight years shorter life expectancy than men from the least deprived areas and women live over 6 years longer than women from the most deprived, if from the least deprived areas. The rates of death from heart disease and stroke remain above the national average, although they are decreasing and have been over the last 10 years.

Liverpool’s Strategic Plan between now and 2011 includes reducing deaths from cardiovascular disease, cancer and accidents in the under 75s, and improving the health and well-being of young people. Community projects like Cycle for Health are being supported by various organisations and charities, as they tackle some of the risk factors that contribute towards people dying early. They also increase health, physical activity and promote good mental health.

In order to identify those communities that local stakeholders consider to be affected by Cycle for Health discussion was facilitated. The findings are presented in table 2.

<table>
<thead>
<tr>
<th>Priority population group affected or targeted by Cycle for Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle Leaders- young people, adults, older people, sedentary individuals, cardiac patients,</td>
</tr>
<tr>
<td>Communities with poor health-cardiac patients, people with weight management problems, people with arthritis.</td>
</tr>
<tr>
<td>Socially isolated people</td>
</tr>
</tbody>
</table>

In conclusion, the population groups that workshop participants identified were consistent with the needs highlighted in the community profile. Additional groups that may need to be considered are black and ethnic minority communities, as these individuals are currently under-represented among cycle leaders.

6. WHAT ARE THE KEY IMPACTS OF CYCLE FOR HEALTH ON MENTAL HEALTH AND WELL-BEING?

The MWIA toolkit suggests a four-factor framework for identifying and assessing protective factors for mental well-being, adapted from Making it Happen (Department of Health 2001) and incorporates the social determinants that affect mental well-being into four factors that evidence suggests promote and protect mental well-being:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation
- Promoting inclusion.

Participants were introduced to the factors and asked to think about Cycle for Health and rate how important the factors were to people using the programme and the potential impact that the service could have on it.

The Potential Impact of the Cycle for Health on Feelings of Control
Enhancing control - the evidence from the MWIA toolkit (Coggins et al, 2007)

A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/the environment to meet personal needs), autonomy (self-determination/individuality) or self-efficacy (belief in one’s own capabilities) are key elements of positive mental health that are related to a sense of control (Mauthner and Platt 1998).

Enhancing control is fundamental to health promotion theory and practice, and is identified in the Ottawa Charter as a key correlate of health improvement:

“Health promotion is the process of enabling people to increase control over, and to improve their health”. (Ottawa Charter for Health Promotion. WHO, Geneva,1986.)

Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainsford et al 2000). People who feel in control of their everyday lives are more likely to take control of their health (McCulloch 2003). Job control is a significant protective factor in the workplace, and this is enhanced if combined with social support (Marmot et al 2006).

Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley et al 2006). Job insecurity, low pay and adverse workplace conditions may be more damaging than unemployment, notably in areas of high unemployment (Marmot and Wilkinson 2006)

Workshop participants were asked to identify whether ‘Cycle for Health’ potentially had a positive or negative impact on the factors that contribute to control, and the degree of importance of that impact. Due to having a large number of participants at the workshop, the discussion took place in two groups. The grids for both groups are presented. The results are presented in figures 1 and 2.

Participants were then invited to work through their top priority protective factors, to identify in more detail the potential impacts and any recommendations that emerged. The results are presented in table 3.
Figure 1: Group 1

Protective factors for Enhancing Control

Very High

High

Med

Low

Transport options

Very High

High

Med

Low

Negative Impact

Very High

High

Med

Low

Positve Impact
Figure 2: Group 2

**Protective factors for Enhancing Control**

- **Very High** Importance
  - Transport options
  - Having your say/being heard
  - Skills & attributes
- **High** Importance
  - Sense of control over finances (if they had to pay then negative)
  - Knowledge & ability to make healthy choices
- **Med** Importance
  - Opportunities to influence decisions
  - Local democracy
- **Low** Importance
  - Physical environment
  - Sense of control over work
- **None** Importance
  - Opportunities for self help
- **Low** Importance
  - Support to maintain independent living
- **Med** Importance
- **High** Importance
- **Very High** Importance

**Negative Impact**

**Positive Impact**
<table>
<thead>
<tr>
<th>Top priorities for Group 1</th>
<th>Impacts of the Cycle For Health project of Control</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Ease of Access to services</td>
<td>- All bikes maintained</td>
<td>- Need more bikes!</td>
</tr>
<tr>
<td></td>
<td>- Good quality bikes</td>
<td>- Need different times for rides to use existing resources?</td>
</tr>
<tr>
<td></td>
<td>- The bikes are numbered so you get the same bike back</td>
<td>- Recruit more leaders?</td>
</tr>
<tr>
<td></td>
<td>- Couldn’t run the scheme without them</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Scheme offers traffic free routes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;&gt;Capacity Issues with current rides—more leaders would address this</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;&gt;If we keep training new leaders we could have more rides using existing bikes. However, some leaders have issues with fixing punctures etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Training already in place. Retention of leaders is a problem and this is difficult to measure. Sally and Gavin to think of ways to ensure leaders are retained.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top priorities for Group 2</th>
<th>Impacts of the Cycle For Health project of control</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Local Democracy</td>
<td>- No movement for new people. How can this change?</td>
<td>- Teams?</td>
</tr>
<tr>
<td></td>
<td>- Elected representatives under the umbrella of Cycle for Health?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Using more experienced Cyclists to mentor new incoming cyclists.</td>
<td></td>
</tr>
</tbody>
</table>
The Potential Impact of Cycle for Health on Resilience

Increasing resilience and community assets – the evidence from the MWIA toolkit (Coggins et al, 2007)

Emotional resilience is widely considered to be a key element of positive mental health, and is usually defined as the extent to which a person can adapt to and/or recover in the face of adversity (Seligman; Stewart Brown etc). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on ‘emotional resilience’ (and ‘life skills’) may imply that people should learn to cope with deprivation and disadvantage (Secker 1998). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes (Commission on Social Determinants of Health, 2008).

Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation 2006; Sustain 2006). Random exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Grant 2000; Mutrie 2000; Department of Health 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern; Mental Health Foundation 2006; Royal College of Psychiatrists 2006)

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a framework to cope with and reduce the stress of difficult life situations (Friedli, 2004; Aukst-Margetic & Margetic, 2005) (Idler et al, 2003); Mental Health Foundation 2006.

Low educational attainment is a risk factor for poor mental health; participation in adult education is associated with improved health choices, life satisfaction, confidence, self-efficacy and race tolerance. (Feinstein et al 2003; James 2001)

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness; (Fitzpatrick and LaGory 2000; McCulloch 2003;)

Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Chu et al 2004; Allardyce et al 2005; Jackson 2002). Housing is also associated with mental health - independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood

Workshop participants were asked to identify whether ‘Cycle for Health’ potentially had a positive or negative impact on the factors that contribute to resilience and community assets, and the degree of importance of that impact. The grids for both groups are presented. The results are presented in figures 3 and 4.

Participants were then invited to work through their top priority protective factors, to identify in more detail the potential impacts and any recommendations that emerged. The results are presented in table 4.
Figure 3: Group 1

Protective factors for Resilience & Community Assets
Figure 4: Group 2

Protective factors for Resilience & Community Assets

- Importance
  - Very High
  - High
  - Med
  - Low
  - East of access to services

- Emotional wellbeing
- Access to green space and shared public facilities
- Social networks
- Social support
- Spirituality
- Arts & creativity
- Problem solving, decision-making, communication skills
- Trust & safety
- Learning & development

Very High
High
Med
Low
No
Lo
Mod
High
Very High

Negative Impact
Positive Impact
Table 4

<table>
<thead>
<tr>
<th>Top priorities - Group 1</th>
<th>Impacts of the Cycle for Health project on resilience and community assets</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Perceptions</td>
<td>- People afraid of Cyclists</td>
<td>- Information to be carried by cyclists to distribute to the public accordingly.</td>
</tr>
<tr>
<td></td>
<td>- Bylaw on the prohibiting of Cyclists in parks and green spaces.</td>
<td>- Publicity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Cycling ‘manners’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Marked cycle lanes.</td>
</tr>
</tbody>
</table>
The Potential Impact of Cycle for Health on Participation and Inclusion

Facilitating participation and promoting social inclusion – the evidence from the MWIA toolkit (Coggins et al, 2007)

Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental well-being (Stewart Brown et al, Warwick Edinburgh, Measuring Mental Wellbeing Scale forthcoming).

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs, groups etc., participation in local decision-making, consultation, voting etc.

Social inclusion is the extent to which people are able to access opportunities, and is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health.

Although participation and social inclusion are different constructs, there is some overlap in the literature, and they are therefore considered together here.

Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes (SEU 2004). Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health and social isolation is an important risk factor for both deteriorating mental health and suicide (Pevalin and Rose 2003). Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin and Rose).

However, social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion (Mohan et al 2004; Morgan and Swann 2004; Gordon et al 2000).

Anti discrimination legislation and policies designed to reduce inequalities also strengthen social inclusion (Wilkinson 2006; Rogers and Pilgrim 2003).

There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).

Higher national levels of income inequality are linked to higher prevalence of mental illness (Pickett et al 2006). Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with low income, low standard of living, financial problems, less education, poor housing and/or homelessness. Inequalities are both a cause and consequence of mental health problems (Rogers and Pilgrim 2003; SEU 2004; Melzer et al 2004).

Workshop participants were asked to identify whether ‘Cycle for Health’ potentially had a positive or negative impact on the factors that contribute to facilitating participation and increasing inclusion, and the degree of
importance of that impact. The grids for both groups are presented. The results are presented in figures 5 to 8.

Participants were then invited to work through their top priority protective factors, to identify in more detail the potential impacts and any recommendations that emerged. The results are presented in table 5 and 6.
Figure 5: Group 1

Protective factors for Participation

Importance

Very High

Activities that bring people together

Cost, affordability

Available & acceptable goods & services

Opportunities for social contact

Enough money to live on

Feeling involved

Having a valued role

Opportunities to get involved

Transport

Low

Negative Impact

Very High

High

Med

Low

None

Low

Med

High

Very High

Positive Impact
Figure 6: Group 2

Protective factors for Participation

- Importance
  - Very High
  - High
  - Med
  - Transport

- Cost, affordability
  - Having a valued role
  - Opportunities for social contact
  - Feeling involved
  - Opportunities to get involved
  - Accessible & acceptable goods & services
  - Activities that bring people together

- Negative Impact
  - Enough money to live on

- Positive Impact
  - Very High
<table>
<thead>
<tr>
<th>Top priorities- Group 1</th>
<th>Impacts of the Cycle for Health project on Participation</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport</td>
<td>(+) Mostly accessible</td>
<td>(-) Assertiveness/ Traffic training needed</td>
</tr>
<tr>
<td></td>
<td>(-) Gives confidence to use bike alone</td>
<td>(-) Cost of owning own bike</td>
</tr>
<tr>
<td></td>
<td>- Timetable of bus route to cycle venues would be helpful</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Evening rides in summer to encourage more riding.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Gavin to speak to Travel wise to see about them providing training.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The prison scheme may reduce cost of bikes. Gavin to keep group updated.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top priorities- Group 2</th>
<th>Impacts of the Cycle for Health project on Participation</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities to get involved- re-invent groups and the Cycle leaders role within Cycling for Health</td>
<td>(+) Cyclists involved for some time becoming quite experienced leading to more, longer routes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-) Getting people involved could lead to other bike clubs and schemes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-) Cost of buying bike</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-) Cost of running bike to scheme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-) Waiting list prevents new people joining quickly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Newsletter or website could help new cyclists find out about other groups or clubs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Need more resources!</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Participants clearly want longer cycle routes- could they take responsibility for this themselves?</td>
<td></td>
</tr>
</tbody>
</table>
Figure 7: Group 1

Protective factors for Inclusion

Importance

Very High

High

Med

Low

Feel safe at home

Negative Impact

Very High

High

Med

Low

None

Low

Med

High

Very High

Positive Impact
Figure 8: Group 2

Protective factors for Inclusion

Importance

Very High

High

Challenging stigma

Conflict resolution

Low

Low levels of crime & anti-social behaviour

Practical support to enable inclusion

Med

Positive identities

Accepting & being accepted—provided group is well led

Challenging discrimination

Trust others

Low

Tackling inequalities

Feel safe at home

Very High

High

Med

None

Low

Med

High

Very High

Negative Impact

Positive Impact
<table>
<thead>
<tr>
<th>Top priorities- Group 1</th>
<th>Impacts of the Cycle for Health project on Inclusion</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Challenging Discrimination</td>
<td>- No-one from ethnic minority groups participate in Cycle for Health</td>
<td>- Need to look at WHY people aren’t taking part. Lots of information is disseminated across the city- why is this not targeting or encouraging BME groups? - Engage certain target groups? – Gavin to lead on this.</td>
</tr>
</tbody>
</table>
Summary
The stakeholders identified key determinants of mental well-being that were both of high importance and had a high impact. Some other determinants were of a high importance and a high impact but these are considered the three most positive components in each of the protective factors charts. Those prioritised by both groups are highlighted. The results are presented in tables 7 and 8.

Table 7

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Determinants-</td>
<td>Opportunities for self help</td>
<td>Social Networks</td>
<td>Cost and affordability</td>
<td>Positive Identities</td>
</tr>
<tr>
<td>Group 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support to maintain independent living</td>
<td>Social Support</td>
<td>Feeling involved</td>
<td>Accepting and being accepted</td>
</tr>
<tr>
<td></td>
<td>Knowledge and ability to make healthy choices</td>
<td>Trust and Safety</td>
<td>Opportunities for Social contact</td>
<td>Challenging discrimination</td>
</tr>
</tbody>
</table>

Table 8

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Determinants-</td>
<td>Skills &amp; attributes</td>
<td>Access to green spaces &amp; shared public facilities</td>
<td>Opportunities for Social contact</td>
<td>Accepting and being accepted</td>
</tr>
<tr>
<td>Group 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Having your say/being heard</td>
<td>Emotional well-being</td>
<td>Accessible &amp; acceptable goods &amp; services</td>
<td>Practical support to enable inclusion</td>
</tr>
<tr>
<td></td>
<td>Knowledge and ability to make healthy choices</td>
<td>Trust &amp; safety</td>
<td>Feeling involved</td>
<td>Trust others</td>
</tr>
</tbody>
</table>

A focus on these protective factors for mental well-being by Cycle for Health will help promote the mental well-being of the participants of the scheme.

7. REVIEWING THE LITERATURE EVIDENCE BASE

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature. Research suggests that these factors are helpful in promoting and protecting mental well-being. In order to build on this evidence base a short additional literature review was undertaken to explore the research evidence for the potential impact of Cycle for Health on mental well-being. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop. Reviews on the effects of cycling, physical activity and greenspace on mental well-being were identified.

Cycling
Cycling provides an effective form of cardiovascular exercise without putting excess strain on the musculoskeletal system. Cycling is one of the most appropriate types of physical activity for the majority of the population as it can be easily incorporated into daily life, can be carried out at different intensities, and has few side-effects. A number of studies have shown that cycling has a positive effect on longevity, health and
well-being (Cavill & Davis, 2007), and there is abundant evidence that moderate physical activity of any kind produces health benefits.

It has repeatedly been demonstrated that participation in physical activity improves health and well-being. The positive impacts fall into four categories: enhancing function, maintaining reserve capacities, preventing disease, and ameliorating the effects of age and chronic disease (Fentem, 1994). Research has demonstrated that physical activity reduces the risk of serious conditions such as coronary heart disease, stroke, high blood pressure, osteoporosis, obesity and diabetes (Fentem, 1994).

Glenister (1996) reviewed eleven randomised controlled trials looking at the psychological benefits of physical activity. All except one found that physical activity had a positive impact upon mental well-being. The trials showed that physical activity led to a reduction in depression and anxiety, both in clinical and non-clinical populations. They also demonstrated that physical activity improved mood, self-image, life satisfaction, feelings of well-being, energy levels, alertness, and reduced stress and worrying. Some of the psychological benefits of regular exercise may be due to an increase in the range of activities that can be undertaken and a general feeling of well-being. The benefits of physical activity are particularly important for older adults, because they are more prone to the negative effects of inactivity.

The potential for accidents and injury is a possible barrier to people cycling. Research suggests that the benefits of cycling far outweigh the risks (Cavill & Davis, 2007), and the supervised and largely traffic-free routes of Cycle for Health may further alleviate these concerns.

Despite the well-established benefits of physical activity, many people do not participate in active sports and exercise. Only 2 out of 10 people take part in physical activity of a duration and intensity likely to benefit their health, although 8 out of 10 people believe that they do (Liverpool PCT Public Health Annual Report, 1997). Therefore there are challenges for the project in motivating people to adopt, sustain or resume sufficient physical activity.

Greenspace
Many of the Cycle for Health routes involve parks and other areas of greenspace. Evidence suggests that the attractiveness of green settings provides an additional incentive to continue exercising. Evaluations of walking and other green exercise initiatives have shown that the opportunity to spend time in greenspace and to socialise were important motivating factors to continuing on the exercise programme (Lamb et al., 2002),

Greenspace is defined as any vegetated land or water within or adjoining an urban area. This includes the parks and green corridors used by the cycle for health routes. It is recognised that these spaces have important impacts upon mental, physical and community health. Differential access to greenspace has been identified as a contributory factor to health inequalities. The evidence regarding the health impacts of greenspace has recently been critically reviewed by Health Scotland (2008). Their report concludes that

- Greenspace, particularly trees and large shrubs can provide direct protection from the harm of key environmental exposures such as flooding, air pollution, noise and extremes of temperature in urban environments. However, there is a possibility that, in certain contexts, the effects of pollution may be amplified by the creation of an enclosed space.

- Experiencing greenspace promotes relaxation, reduces stress and aids recovery from attention fatigue. Aspects of greenspace that may reduce stress include outdoor activity and exercise, stimulation of the senses, and aesthetic experience.
- Greenspace has the potential to increase physical activity by both providing an attractive area to exercise and the opportunity to undertake group-based physical activity with other people. The use of greenspace is influenced by individual’s proximity, ease of access, and connectivity to the space, and its size, attractiveness, and variety of uses.

- Greenspace may increase social interactions and increase social cohesion, however minority ethnic communities and people with disabilities are less likely to visit and use greenspace.

In conclusion, research has found that there are benefits to mental well-being of participating in physical activity, and having contact with a natural environment.

8. **APPRASING THE EVIDENCE**

The literature review confirmed that there is well-established research evidence for the positive effects of cycling and physical activity, and spending time in a natural environment (section 7). The toolkit presents evidence for the positive impacts identified in section 6, such as social contact, acceptance, trust and safety, and being able to make healthy choices. The potential impacts of the Cycle for Health programme are therefore well supported by the research evidence.

The project targets population groups who would experience particular benefit from cycling, for example older adults, people with a sedentary lifestyle, cardiac patients and socially isolated people. Many people would experience positive effects from participating in the programme however, so it is important that the project has the capacity and organisational structures to deliver these benefits.

9. **RECOMMENDATIONS**

The following recommendations were developed to make the impact of Cycle for Health on mental well-being as positive as possible.

- **Increase the capacity of the project** by training more leaders and ensuring that existing leaders are retained.

- **Address development and democracy** by equipping experienced cyclists to mentor incoming participants, and by electing representatives.

- **Challenge negative public perceptions of cyclists** by participants distributing information and publicity, training participants in cycling ‘manners’, and increasing the availability of marked cycle lanes.

- **Improve access to the project** by producing a timetable of bus routes to cycle venues. Approach Travelwise about providing training.

- **Organise evening rides** in the summer to encourage participation from different population groups.

- **Investigate ways of reducing the cost** of buying bikes, e.g. the prison scheme.

- **Develop a newsletter or website** to help new cyclists find out about other groups or clubs that they could participate in.
• **Introduce new, longer cycle routes**, developed by experienced participants.

• **Identify and address the current barriers to participation** for black and minority ethnic groups, to encourage their participation and challenge discrimination.
REFERENCES

Alcohol Concern (2002). Alcohol and Mental Health. pamphlet


Liverpool City Council (2007) *Ward Profile: All Wards*

Liverpool Primary Care Trust (2007) *Public Health Annual Report*


Mental Health Foundation (2006b). *Cheers? – Understanding the relationship between alcohol and mental health*.

Mental Health Foundation (2006c). *The impact of spirituality on mental health: A review of the literature*. Mental Health Foundation


Royal College of Psychiatrists (2006). *Cannabis and Mental Health*.


APPENDIX ONE

Evaluation of the Stakeholder MWIA workshop

Participants were invited to complete an evaluation form. 30 evaluation forms were returned from a possible 34. Participants were asked to rate the workshop out of five on each of these aspects:

<table>
<thead>
<tr>
<th></th>
<th>5- Excellent</th>
<th>4</th>
<th>3- Good</th>
<th>2</th>
<th>1- Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>The workshop overall</td>
<td>7</td>
<td>18</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Introduction to well-being</td>
<td>8</td>
<td>16</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Identifying population groups</td>
<td>6</td>
<td>16</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Identifying well-being protective factors</td>
<td>8</td>
<td>20</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Developing recommend and indicators</td>
<td>7</td>
<td>16</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Final discussion</td>
<td>8</td>
<td>12</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>How useful was the workshop for you?</td>
<td>7</td>
<td>16</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

The results suggest the workshop was successful in:

- Meeting new people/other participants
- Getting in depth knowledge of the cycling scheme
- Sharing views with others
- Looking into the future and the way forward
- Learning about the good practise
- Learning about the MWIA process

Additional comments included:

- “Perhaps a form could be sent out with the invitations to state personal benefits from the bike rides”.
- “I feel the project has changed my life! It has made me fitter; I have met new people, and for the first time in my life have enjoyed exercise!!”
- “This cycling scheme has helped me a lot regarding my health. I suffer with osteoarthritis in all my joints and this is the only exercise I get; I do not own a bike of my own because at present I live in a top floor flat and am unable to get a bike upstairs”
Rice Lane City Farm

‘Grow, cook, eat & exercise down on the farm’
Funded by Target:Wellbeing

Mental Well-being Impact Assessment (MWIA)

Report written by Helen West & Louise Holmes
July 2009
Project Management Group:
Catherine Reynolds (Liverpool PCT), Alex Scott-Samuel (University of Liverpool), Duncan Young (Liverpool PCT), Helen West (University of Liverpool), Louise Holmes (University of Liverpool)

Workshop held on 20th January 2009

Workshop participants:
Maria Hornsby, Sandra Scott, Peter McKenzie, Janet French, Sue Sumner, David Rowe, Mike Moet, Robert, Tony & his carer
Facilitators: Louise Holmes & Duncan Young
THE IMPACT OF THE ‘GROW, COOK, EAT & EXERCISE DOWN ON THE FARM’
TARGET:WELLBEING PROJECT ON MENTAL WELL-BEING

1. INTRODUCTION

Rice Lane City Farm is located in the Walton area of Liverpool, in the deconsecrated Walton Park Cemetery. Walton has many of the problems associated with inner city areas, and Rice Lane City Farm provides an environmental oasis within this community, consisting of 24 acres of countryside and managed woodland. It aims to provide a friendly place for local people to work together, while learning about animal husbandry, farm skills and crafts.

The farmyard consists of a stable block, pig pen, barn, free range poultry unit and children’s petting area. It is home to prize-winning Ryeland sheep and saddleback pigs, rarebreed Red Poll cows, goats, pony, ducks, geese, rabbits and poultry. There is a garden area and poly-tunnel where plants and seasonal organic vegetables are grown, to be sold in the farm shop, alongside fresh flowers, plants, food stuffs and compost.

Admission to the farm is free, and a variety of individuals and groups visit the farm, including school parties and special needs groups. There are several members of staff at the farm, including development workers and an education team. The farm provides YTS placements and NVQs to young people with low school attendance and behavioural problems. Volunteers work at the farm, many of whom are out of work, have learning disabilities or have mental health needs. The farm has recently run a healthy eating club for parents and children in the local community.

The ‘Grow, cook, eat and exercise down on the farm’ project at Rice Lane City Farm funded by Target:Wellbeing aims to promote physical and mental health through working in the farm gardens, and eating the produce grown there. ‘Target: Wellbeing’ is a programme of over 90 projects that increase exercise, promote a healthy diet and improve mental well-being. £8.9 million from the Big Lottery Fund has been awarded to projects, and is managed by Groundwork UK, a charity which, “supports local communities in need and sets out to work with partners to improve the quality in peoples lives, their prospects and potential and the places where they live work and play” (http://www.groundwork.org.uk/).

The Mental Well-being Impact Assessment (MWIA) toolkit (Coggins et al. 2007) is used to identify how a proposed policy, programme or project will impact on mental well-being and what can be done to ensure it has the most positive impact. The toolkit was developed from 2003 and published in 2007. There have been at least 300 Rapid MWIAs undertaken over the last five years in England – 150 using the early version and the rest as part of developing the published MWIA toolkit; and one Comprehensive MWIA was undertaken of Liverpool 08 European Capital of Culture (West, Hanna, Scott-Samuel & Cooke, 2007). The MWIA of Rice Lane City Farm’s Target:Wellbeing project was commissioned by Liverpool Primary Care Trust.

2. AIMS OF THE MWIA ASSESSMENT

- To identify how Rice Lane City Farm potentially impacts on the mental health and well-being of its staff, volunteers and visitors.
- To identify ways in which the project might maximise its positive impacts and minimise its negative impacts
- To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well-being of its staff, volunteers and visitors.
3. WHAT DO WE MEAN BY MENTAL HEALTH AND WELL-BEING?

“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation.” (Coggins & Cooke, 2004).

Put simply our mental well-being is about how we think and feel.

4. METHODOLOGY

The Mental Well-being Impact Assessment (MWIA)

The Mental Well-being Impact Assessment is a two part screening toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental well-being. (Coggins, Cooke, Friedli, Nicholls, Scott-Samuel, & Stansfield (2007) Mental Well-being Impact Assessment: A Toolkit ‘A Living and Working Document”).

The evidence base suggests a four factor framework for identifying and assessing protective factors for mental well-being, adapted from Making It Happen (Department of Health 2001).

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The MWIA is based on these four key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. In this way the toolkit enables a link to be made between policies, programmes or service and mental well-being that can be measured.

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Making it Happen, Department of Health 2001).

MWIA Workshop

The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that Rice Lane City Farm will have on the mental well-being of staff volunteers and visitors to the farm. It will also identify actions to maximise positive impacts and minimise potential negative impacts on mental well-being.

Many of the participants in the workshop had learning difficulties, and the usual workshop materials and length were therefore not appropriate for them. A very brief workshop was held, comprising of a discussion of what makes us ‘feel good’, and prioritising the impact of the project upon protective factors for mental well-being. The researcher followed up the workshop with a visit to meet with staff at the farm, and it was during this meeting that recommendations were developed. The results presented in this report are therefore from the screening meeting, the stakeholder workshop, and the follow-up meeting with staff. Due to time limitations, it was not possible to develop indicators to measure the impact of the project upon mental well-being.
Table 1: Workshop participants

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td>Volunteers</td>
<td>6</td>
<td>54.5</td>
</tr>
<tr>
<td>Volunteer’s carer</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>100</td>
</tr>
</tbody>
</table>

2 staff attended the follow-up meeting, to develop recommendations.

Photos from the workshop

5. POPULATIONS MOST LIKELY TO BE AFFECTED BY RICE LANE CITY FARM

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups.
A profile of the community that Rice Lane City Farm is targeting was compiled (using the Warbreck Ward profile from Liverpool City Council, 2009), and suggests the following characteristics and needs:

Rice Lane City Farm is located in Warbreck ward, which had a population of 14,922 in 2007. Compared with Liverpool overall, Warbreck has a higher proportion of males (52.9% compared with 48.8%), and is less ethnically diverse than other parts of the city (3.4% of residents were from Black and Minority/Ethnic Groups, compared with 8.2% in Liverpool overall). A small part of the ward is particularly deprived (in the most deprived one percent of areas in England), however parts of the ward are not especially deprived (not in the most deprived 10% of areas), which suggests that there are large inequalities within the ward.

Many people visit the farm from outside Warbreck ward, so it is also important to consider the population profile of Liverpool overall. In 2005, the population of Liverpool was 447,500, it has a relatively young population profile, with large numbers of 16 to 29 year olds, reflecting the high numbers of students in the city. Liverpool is ranked as the most deprived district in England according to the Index of Multiple Deprivation, and nearly 60% of SOAs in Liverpool are within the most deprived ten percent in England. In the Health, Deprivation and Disability domain, 28% of Liverpool's SOAs fall within the most deprived one percent in England; over 50% within the most deprived five percent, and 75% of the city's SOAs fall within the most deprived ten percent (DCLG, 2004). There are also stark inequalities within the city, with some wards experiencing disproportionately high levels of worklessness, ill health and crime. There are high levels of unemployment in the city, lower levels of educational qualifications than nationally, household income levels are lower than the national average, and the proportion of people claiming benefits is considerably higher than in England overall (ONS Census, 2001).

Life expectancy in Liverpool is poor compared with regionally and nationally, with large inequalities within Liverpool (life expectancy is 73.2 for men and 77.9 for women in Liverpool, there is a difference of 7.7 years between the poorest and the most affluent fifth of wards in Liverpool). Health status is also considerably worse than regional and national figures, for example deaths from smoking, cancer, heart disease and stroke are much higher than the national average, and higher proportions of people reported having limiting long-term illness in the 2001 census (ONS Census, 2001; Community Health Profile for Liverpool, 2006).

Staff at the follow-up meeting identified that the population groups presented in table 2 are affected by Rice Lane City Farm.

Table 2
<table>
<thead>
<tr>
<th>Priority population group affected or targeted by your proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
</tr>
<tr>
<td>Parents</td>
</tr>
<tr>
<td>Adolescents</td>
</tr>
<tr>
<td>Older People</td>
</tr>
<tr>
<td>Men</td>
</tr>
<tr>
<td>People from Black/Minority Ethnic groups</td>
</tr>
<tr>
<td>People from other cultures</td>
</tr>
<tr>
<td>People with a disability</td>
</tr>
<tr>
<td>People with sedentary lifestyles</td>
</tr>
<tr>
<td>Local schools &amp; the wider community</td>
</tr>
<tr>
<td>Staff &amp; volunteers at the farm</td>
</tr>
</tbody>
</table>
The project specifically seeks to engage groups who are particularly vulnerable to poor mental health, and the population groups identified by stakeholders were consistent with those in particular need in the community profile. Therefore, there is a common understanding between the community profile and discussions with project staff.

6. **WHAT ARE THE KEY IMPACTS OF RICE LANE CITY FARM ON MENTAL HEALTH AND WELL-BEING?**

The MWIA toolkit suggests a four-factor framework for identifying and assessing protective factors for mental well-being, adapted from Making it Happen (Department of Health 2001) and incorporates the social determinants that affect mental well-being into four factors that evidence suggests promote and protect mental well-being:

- *Enhancing control*
- *Increasing resilience and community assets*
- *Facilitating participation*
- *Promoting inclusion.*

Participants were introduced to the factors and asked to think about Rice Lane City Farm and rate how important it was to staff, volunteers & visitors to the farm and the potential impact that the service could have on it.

**The Potential Impact of Rice Lane City Farm on Feelings of Control**

- **Enhancing control - the evidence from the MWIA toolkit (Coggins et al. 2007)**

  A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/ the environment to meet personal needs), autonomy (self-determination/individuality) or self-efficacy (belief in one’s own capabilities) are key elements of positive mental health that are related to a *sense of control* (Mauthner and Platt 1998).

  Enhancing control is fundamental to health promotion theory and practice, and is identified in the Ottawa Charter as a key correlate of health improvement:

  “Health promotion is the process of enabling people to increase control over, and to improve their health”. (Ottawa Charter for Health Promotion. WHO, Geneva, 1986.)

  Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainford et al 2000). People who feel in control of their everyday lives are more likely to take control of their health (McCulloch, 2003). Job control is a significant protective factor in the workplace, and this is enhanced if combined with social support (Marmot and Wilkinson, 2006).

  Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley & Roberts, 2006). Job insecurity, low pay and adverse workplace conditions may be more damaging than unemployment, notably in areas of high unemployment (Marmot and Wilkinson 2006).
Workshop participants were invited to identify whether Rice Lane City Farm has a positive or negative impact on the factors that contribute to control, and the degree of importance of that impact. The results are presented in figure 1.

Participants at the follow-up meeting were invited to work through their top priority protective factors, to identify in more detail the potential impacts and any recommendations that emerged. The results are presented in table 3.
Figure 1

Protective factors for Enhancing Control

- Support to maintain independent living
- Physical environment
- Knowledge & ability to make healthy choices
- Skills & attributes
- Opportunities to influence decisions
- Having your say / being heard
- Sense of control over finances
- Opportunities for self help
- Transport options
- Sense of control over work

Negative Impact

Positive Impact
<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Rice Lane City Farm on control</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge &amp; ability to make healthy choices</strong></td>
<td>Not aware of amount of physical activity – making them aware of choices. Development of individual. Skills: horticulture, gardening, maintenance. Healthy choices: physical activity, diet, social life, health at work packs on alcohol, cigarettes, diet, exercise.</td>
<td>Separate the group on different jobs. Eating together: the Big lunch, 19th July. Developing raised beds in garden, access. Feed people through group, widen it. More food growing, access to cheap healthy food.</td>
</tr>
<tr>
<td><strong>Sense of control over work &amp; finances</strong></td>
<td>Volunteers would like more control over finances &amp; work</td>
<td>Wider issues mean that it isn’t possible to give them this. Staff need to think of context e.g. width of path, when funding is released.</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td>Belief in their own capabilities. Raised confidence. Learning new skills.</td>
<td>Some of the people engaging with the project are likely to stay there indefinitely, and need help to develop &amp; eventually move on.</td>
</tr>
<tr>
<td><strong>Having your say</strong></td>
<td>Feel that they are heard.</td>
<td>Don’t always get their own way</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Learning that you can be heard but not get your own way</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outside influences &amp; experiences from between sessions are always brought in, some talk about it, other don’t</td>
</tr>
</tbody>
</table>
The Potential Impact of Rice Lane City Farm on Resilience

Increasing resilience and community assets – the evidence from the MWIA toolkit (Coggins et al. 2007)

Emotional resilience is widely considered to be a key element of positive mental health, and is usually defined as the extent to which a person can adapt to and/or recover in the face of adversity (Seligman, 2002). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on ‘emotional resilience’ (and ‘life skills’) may imply that people should learn to cope with deprivation and disadvantage (Secker 1998). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes (Commission on Social Determinants of Health, 2008).

Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation 2006a). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Grant 2000; Mutrie 2000; Department of Health 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern, 2002; Mental Health Foundation 2006b; Royal College of Psychiatrists 2006)

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a framework to cope with and reduce the stress of difficult life situations (Friedli, 2004; Aukst-Margetic & Margetic, 2005; Idler et al, 2003; Mental Health Foundation 2006c).

Low educational attainment is a risk factor for poor mental health; participation in adult education is associated with improved health choices, life satisfaction, confidence, self-efficacy and race tolerance. (Feinstein et al 2003)

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness; (Fitzpatrick and LaGory 2000; McCulloch 2003)

Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Chu et al 2004; Allardyce et al 2005; Jackson 2003). Housing is also associated with mental health - independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood
Workshop participants were invited to identify whether Rice Lane City Farm has a positive or negative impact on the factors that contribute to resilience and community assets, and the degree of importance of that impact. The results are presented in figure 2.
Figure 2

Protective factors for Resilience & Community Assets
Facilitating participation and promoting social inclusion – the evidence from the MWIA toolkit (Coggins et al. 2007)

Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental well-being (Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (2006)).

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs, groups etc., participation in local decision-making, consultation, voting etc.

Social inclusion is the extent to which people are able to access opportunities, and is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health.

Although participation and social inclusion are different constructs, there is some overlap in the literature, and they are therefore considered together here.

Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes (Social Exclusion Unit, 2004). Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health and social isolation is an important risk factor for both deteriorating mental health and suicide. Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin and Rose, 2003).

However, social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion (Mohan et al 2004; Morgan and Swann 2004; Gordon et al 2000).

Anti discrimination legislation and policies designed to reduce inequalities also strengthen social inclusion (Wilkinson 2006; Rogers and Pilgrim 2003).

There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).

Higher national levels of income inequality are linked to higher prevalence of mental illness (Pickett et al 2006). Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with low income, low standard of living, financial problems, less education, poor housing and/or homelessness. Inequalities are both a cause and consequence of mental health problems (Rogers and Pilgrim 2003; Social Exclusion Unit 2004; Melzer et al 2004).

Workshop participants were invited to identify whether Rice Lane City Farm has a positive or negative impact on the factors that contribute to participation and inclusion, and the degree of importance of that impact. The results are presented in figures 3 and 4.
Participants at the follow-up meeting were invited to work through their top priority protective factors, to identify in more detail the potential impacts and any recommendations that emerged. The results are presented in table 4.
Figure 3

Protective factors for Participation

- Very High
- High
- Med
- Low
- None
- Low
- Med
- High
- Very High

- Negative Impact
- Positive Impact

- Importance
  - Transport
  - Cost, affordability
  - Having a valued role
  - Sense of belonging
  - Enough money to live on
  - Opportunities to get involved
  - Opportunities for social contact
  - Accessible & acceptable goods & services
  - Activities that bring people together
  - Feeling involved
Figure 4

Protective factors for Inclusion
### Table 4

<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Rice Lane City Farm on inclusion</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
<td></td>
</tr>
<tr>
<td><strong>Practical support:</strong></td>
<td>Transport: barrier to people getting to the farm</td>
<td></td>
</tr>
<tr>
<td><strong>Accepting others &amp; being accepted</strong></td>
<td>Often a big issue for those involved.</td>
<td></td>
</tr>
<tr>
<td><strong>Challenging discrimination</strong></td>
<td>Meet people from other cultures/ethnicities</td>
<td>Sometimes going against family background. Challenging their understanding of culture, teasing out &amp; testing them.</td>
</tr>
</tbody>
</table>
Summary
Participants at the workshop identified key determinants of mental well-being that were both of high importance and had a high impact. Those prioritised most highly are presented in Table 5. A focus on these for Rice Lane City Farm will help to promote the mental well-being of staff, volunteers and visitors to the farm.

Table 5

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Determinants</td>
<td>Support to maintain independent living</td>
<td>Access to green space and shared facilities</td>
<td>Activities that bring people together</td>
<td>Challenging stigma</td>
</tr>
<tr>
<td></td>
<td>Knowledge and ability to make healthy choices</td>
<td>Social networks</td>
<td>Feeling involved</td>
<td>Trust others</td>
</tr>
<tr>
<td></td>
<td>Physical environment</td>
<td>Social support</td>
<td>Sense of belonging</td>
<td>Low levels of crime and anti-social behaviour</td>
</tr>
</tbody>
</table>

Staff at the follow-up meeting chose to discuss the following determinants of mental well-being: knowledge and ability to make healthy choices, sense of control over finances, skills & attributes, having your say/being heard, practical support to enable inclusion, accepting others and being accepted, and challenging discrimination. These were selected for further discussion because the staff members felt they were particularly important from their perspective, or that there was scope to improve them.

7. Reviewing the literature evidence base

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature on promoting and protecting mental well-being. A short additional literature review was undertaken to identify published research studies on topics directly related to Rice Lane City Farm. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop. Reviews on the effects of gardening, diet, physical activity and greenspace on mental well-being were identified.

Horticulture & gardening
Sempik et al. 2003 reviewed the research evidence on the use of gardening and horticulture to promote social inclusion, health and well-being (referred to as ‘social and therapeutic horticulture’). The reported benefits of gardening from this review and other research (Sempik et al., 2005, Quayle, 2008) include increased self-esteem, an increased sense of general well-being, and the opportunity for social interaction. The projects studied contributed to participants’ education and training, increased self-confidence and independence by emphasising their competencies, and gave participants opportunities for self-reflection, relaxation and restoration. Consuming the food produced and the physical activity involved contributed to improved health and well-being, and participants benefited from increased access to the natural environment.

Diet
There is growing evidence of the link between nutrition, the development of the brain, emotional mental health and cognitive function - most notably in children which in turn influences behaviour (Mental Health Foundation, 2006a). Better nutrition prevents illness, strengthens the immune system, and improves physical health (World Health Organisation website, accessed July 2009),
which results in improved mental well-being. The way in which this project teaches participants to grow, then cook their own food enables them to return to their families and pass on this knowledge, empowering them and younger generations with the necessary skills.

**Physical Activity**

It has repeatedly been demonstrated that participation in physical activity improves health and well-being. The positive impacts fall into four categories: enhancing function, maintaining reserve capacities, preventing disease, and ameliorating the effects of age and chronic disease (Fentem, 1994). Research has demonstrated that regular physical activity reduces the risk of serious conditions such as coronary heart disease, stroke, high blood pressure, osteoporosis, obesity and diabetes (Fentem, 1994).

Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Glenister, 1996; Mutrie 2000; Department of Health 2004). Some of the psychological benefits of regular exercise may be due to an increase in the range of activities that can be undertaken and a general feeling of well-being. It has particularly important benefits for elderly people, because they are more prone to the negative effects of inactivity.

Despite the benefits of physical activity, many people do not participate in active sports and exercise. Only 2 out of 10 people take part in physical activity of a duration and intensity likely to benefit their health, although 8 out of 10 people believe that they do (Liverpool PCT Public Health Annual Report, 1997). Therefore there are challenges involved in motivating people to adopt, sustain or resume sufficient physical activity.

**Greenspace**

It is recognised that having access to greenspace, such as that at Rice Lane City Farm, has important impacts upon mental and physical health of communities and individuals. Differential access to greenspace has been identified as a contributory factor to health inequalities. The evidence regarding the health impacts of greenspace has recently been critically reviewed by Health Scotland (2008). Their report concludes that

- Greenspace, particularly trees and large shrubs can provide direct protection from the harm of key environmental exposures such as flooding, air pollution, noise and extremes of temperature in urban environments. However, there is a possibility that, in certain contexts, the effects of pollution may be amplified by the creation of an enclosed space.
- Experiencing greenspace promotes relaxation, reduces stress and aids recovery from attention fatigue. Aspects of greenspace that may reduce stress include outdoor activity and exercise, stimulation of the senses, and aesthetic experience.
- Greenspace has the potential to increase physical activity by both providing an attractive area to exercise and the opportunity to undertake group-based physical activity with other people. The use of greenspace is influenced by individual’s proximity, ease of access, and connectivity to the space, and its size, attractiveness, and variety of uses.
- Greenspace may increase social interactions and increase social cohesion, however minority ethnic communities and people with disabilities are less likely to visit and use greenspace.
- Potential negative impacts on health and well-being are the risk of catching diseases from wildlife, the potential for crime and anti-social behaviours because of the relative isolation and unsupervised nature of greenspace, and the risk of injury from physical activity and play.

When considering the quality of greenspace, the Scottish Government (2007) have developed the following criteria that could be applied to the Rice Lane site. They include whether the site is:

Fit for purpose
In conclusion, there is research evidence that participating in gardening, physical activity, eating healthily and having contact with a natural environment have a positive impact upon mental well-being.

8. **APPRASING THE EVIDENCE**

In an urban environment like Liverpool, the city farm potentially provides something of value to all members of the community. It has an educational role, both for children and young people, and a continuing role in educating about healthy lifestyles, nutrition, horticulture, and livestock care. It has a role in including and integrating excluded members of the community, such as those from other cultures, people from different stages of life, people with learning disabilities, and young people who have poor school attendance. It also provides ‘horticulture therapy’ for people with mental illness, learning disabilities, physical disabilities, and unemployed people.

The literature review showed evidence that physical activity, a healthy diet, social contact, and spending time in a natural environment are good for mental well-being. It highlighted the need for projects to address the poor health of the population of Warbreck Ward and Liverpool overall, and confirmed that the approach taken by Rice Lane City Farm has the potential to do this.

9. **RECOMMENDATIONS**

The following recommendations were developed to make the impact of Rice Lane City Farm on mental well-being as positive as possible.

- **Promote participants’ knowledge and ability to make healthy choices.** The garden increases access to cheap, healthy food, and therefore growing more food will encourage healthy choices. Opportunities to eat together should be encouraged, such as the Big Lunch on 19th July. Developing raised beds in the garden will improve access for participants, increasing the healthy choices available to them.

- **Ensure that the group dynamics are beneficial for all participants.** To prevent more assertive individuals from dominating, the volunteers should work in different groups. People should also be ‘fed through’ the group, and on to other things.

- **Recognise the importance of appropriate information management.** Staff should balance their sensitivity to volunteers’ desire for a sense of control over the work and finances of the farm, with the business needs of the farm. They should release information at the appropriate time, while also giving the volunteers an opportunity to learn about issues such as risk assessment.
• **Continue to support the acquisition of skills.** Volunteers are learning new skills in horticulture, gardening and maintenance. They should be supported in developing these skills, and in moving on when appropriate.

• **Provide opportunities for volunteers to express themselves and feel that they are heard.** Recognise that not always getting their own way may be difficult for some of them.

• **Explore ways to evaluate the impact of the project on mental well-being.** The ‘unmeasured’ outcomes of the project are important and should be valued. For example, the improvements in people’s mood after spending time on the farm, whether they have engaged in an activity, talked to someone, or simply sat on the bench. Staff should investigate measures of well-being available to evaluate these outcomes (for example, the WEMWBS questionnaire (Warwick-Edinburgh Mental Wellbeing Scale, 2006).

• **Investigate potential solutions to help people access the farm.** Transport was a recurrent issue in discussions about the impact of the project on mental well-being, as it limits access to the farm. Work with other Target:Wellbeing projects is currently limited because of the difficulties getting to the farm. Potential solutions should be investigated, so that the project’s impact on people’s mental well-being can be maximised.

• **Recognise the importance of challenging discrimination through the project,** and the impact of this upon mental well-being.
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The Haven Project at
The Academy of St Francis of Assisi

Mental Well-being Impact Assessment (MWIA)

Report written by Helen West
July 2009

Workshops held on 14th May & 17th June 2009
14th May Workshop Participants: Mrs Cubbin, Mrs Lonsdale, Mr Larkin, Miss Woods, Miss O’Connor, Miss Ryan, Mr Curley, Miss Orange, Carl Dutton, Georgina Hughes, Julia Nelki,  
Facilitators: Duncan Young, Louise Holmes & Helen West

17th June Workshop Participants: Tina Mbombo, Chloe Deveruex, Madi Jammeh, Rada Antonova, Carl Dutton, Miss Orange.  
Facilitator: Helen West

Project Management Group:  
Catherine Reynolds (Liverpool PCT), Alex Scott-Samuel (University of Liverpool), Duncan Young (Liverpool PCT), Helen West (University of Liverpool), Louise Holmes (University of Liverpool)

Many thanks to Principal Mr Dermot McNiffe, Ruth Orange, the Staff at Academy of St Francis of Assisi, Carl Dutton and the Haven team, and the Ethnic Minority and Traveller Achievement Service (EMTAS) for all their help and support in this project.

THE IMPACT OF ‘THE HAVEN PROJECT’ AT THE ACADEMY OF ST FRANCIS OF ASSISI ON MENTAL WELL-BEING

1. INTRODUCTION

The Academy of St Francis of Assisi is a secondary school located alongside Newsham Park. It has a large percentage of students from Black and Minority Ethnic backgrounds, and students who have English as a second language (12%). The Haven project involves members of the Liverpool Child and Adolescent Mental Health Service going into schools, to work with asylum seeker, refugee, and other vulnerable pupils. The team currently go into seven schools in Liverpool, including the Academy of St Francis of Assisi. They aim to provide accessible mental health services to vulnerable young people, and use a holistic approach to support them in their emotional and social development. The project was founded by the charity Action for Children in Conflict, and has run in other cities, including London, Cardiff, Oxford, Manchester, Leicester, Hull and Glasgow.

When a child from another country starts at the academy, a member of the Haven team meets with him or her individually, to assess the level of support required. The pupil may then either receive individual sessions with a member of the Haven team, or join the Haven group. The Haven group at the Academy consists of 8-12 pupils, and meets weekly. Last academic year, the group consisted of Year 10 pupils, who made a film about shared histories. This year, pupils from years 7, 8 and 9 have looked after a garden in the school grounds, and have worked on self-esteem, confidence and talking about themselves through group work.

The Mental Well-being Impact Assessment (MWIA) toolkit (Coggins et al. 2007) is used to identify how a proposed policy, programme or project will impact on mental well-being and what can be done to ensure it has the most positive impact. The toolkit was developed from 2003 and published in 2007. There have been at least 300 Rapid MWIAs undertaken over the last five years in England – 150 using the early version and the rest as part of developing the published MWIA toolkit; and one Comprehensive MWIA was undertaken of Liverpool 08 European Capital of Culture (West, Hanna, Scott-Samuel & Cooke, 2007). The MWIA of the Haven project was commissioned by Liverpool Primary Care Trust.
2. AIMS OF THE MWIA ASSESSMENT

- To identify how the Haven Project potentially impacts on the mental health and well-being of the pupils attending the group.
- To identify ways in which the project might maximise its positive impacts and minimise its negative impacts
- To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well-being of the pupils involved.

3. WHAT DO WE MEAN BY MENTAL HEALTH AND WELL-BEING?

“Well-being is about being emotionally healthy, feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well-being is also affected by whether or not you feel in control of your life, feeling involved with people and communities, and feelings of anxiety and isolation.” (Coggins & Cooke, 2004).

4. METHODOLOGY

The Mental Well-being Impact Assessment (MWIA)
The Mental Well-being Impact Assessment is a two-part toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental well-being. (Coggins, Cooke, Friedli, Nicholls, Scott-Samuel, & Stansfield (2007) Mental Well-being Impact Assessment: A Toolkit ‘A Living and Working Document”).

The evidence base suggests a four factor framework for identifying and assessing protective factors for mental well-being, adapted from Making It Happen (Department of Health, 2001).

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The MWIA is based on these four key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. In this way the toolkit enables a link to be made between policies, programmes or service and mental well-being that can be measured.

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Department of Health 2001).

MWIA Workshops
The purpose of the workshops is to allow stakeholders to identify the key potential impacts that the Haven Project will have on the mental well-being of pupils involved in the project. It will also identify actions to
maximise positive impacts and minimise potential negative impacts on mental well-being. Two workshops were held to look at the Haven project. The first workshop was held after school, and was attended by the Haven team, teachers, and other school staff. A second workshop was held for pupils during their lunch break. Time was particularly limited in the second workshop, and the discussion was therefore restricted to briefly defining mental well-being, and looking at the protective factors that participants in the first workshop had prioritised most highly. The parents and friends were invited to attend a workshop, however none attended. Several of the Haven pupils had expressed that they did not want their parents to attend the MWIA workshop because they were embarrassed of them. While this may be a normal teenage attitude being expressed, it is also possible that the pupils are embarrassed because they have adapted more rapidly to the UK culture than their parents (Lynch & Cuninghame, 2000).

<table>
<thead>
<tr>
<th>Table 1: Workshop participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop 1</td>
</tr>
<tr>
<td>Teachers</td>
</tr>
<tr>
<td>Haven staff</td>
</tr>
<tr>
<td>Other school staff (learning mentor, EAL coordinator, chaplain)</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workshop 2</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils</td>
<td>4</td>
<td>66.7</td>
</tr>
<tr>
<td>Haven staff</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>Other school staff (EAL coordinator)</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

5. POPULATIONS MOST LIKELY TO BE AFFECTED BY THE HAVEN PROJECT

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups. A profile of the communities that may be affected by the Haven project was compiled.

Kensington & Fairfield
The Academy of St Francis of Assisi is located in Kensington & Fairfield ward. This community experiences severe social and economic disadvantage, and is in receipt of various government initiatives such as the New Deal for Communities. The Ward Profile produced by Liverpool City Council in collaboration with the Office of National Statistics reports that the population of Kensington & Fairfield ward was 14,169 in 2007. 13.3% of residents in this ward were from Black and Minority/Ethnic Groups, compared with 8.2% of the population of Liverpool in the 2001 census. In 2007, much of the ward was in the most deprived one percent of areas in England, and almost all of it was in the most deprived five percent. 8.2% of properties in the ward had been vacant for more than 6 months in 2008 compared with 4.8% across Liverpool.

The crime rate in Liverpool is considerably higher than overall rates in England and Wales, and there is an especially high concentration of crime in Kensington & Fairfield. The rate of recorded crime in April 2007-March 2008 was more than double the Liverpool figures, with a total of 165.1 per 1000 residents in Kensington & Fairfield ward, compared with 75.3 in Liverpool. There are high levels of unemployment in Kensington &
Fairfield. 16.9% of residents were claiming incapacity benefits and 10.6% were claiming Job Seekers Allowance in 2008, compared with 12.9% and 6.6% in Liverpool. Worklessness was 31.2% compared with 22.6% in August 2008. 28.2% had limiting long-term illness, compared with 24.6% in Liverpool and 17.9% in England. The mean household income in Kensington & Fairfield in 2008 was £23,948, compared with £28,991 in Liverpool. The population of Liverpool includes a higher proportion of people with no qualifications (37.8% in Liverpool, 28.9% in England), and lower levels of qualifications than overall in England. In 2008, 52.1% of students in Kensington & Fairfield gained 5+ A*-C grades at GCSE, compared with 65.0% in Liverpool.

The Academy of St Francis of Assisi
The academy currently has 852 pupils, aged 11-16, on roll. The academy opened in September 2005 with 565 students, most of whom transferred from the predecessor school. It made a staged move into purpose-built, well-equipped accommodation during the autumn term 2005. In the academic year 2007-2008, when the Ofsted inspection was carried out, roughly half of students at the academy received free school meals, which is three times the national average. 16% of the students were of minority ethnic heritage: around 10% had home languages other than English, 17 of whom were in the early stages of learning to speak English. Many students had below average results in national tests at primary school, and many students had weak basic skills, particularly in literacy. The academy had identified 34% of pupils as having learning difficulties and/or disabilities, which is double the national average. Eight of these students had statements of special educational need. (http://www.ofsted.gov.uk/oxedu_reports/display/(id)/98992)

The academy has a Christian ethos and its curricular specialism is ‘The Environment and Sustainability’. It describes its Mission as to “Provide a new form of education open to all in the Kensington area of Liverpool, develop and encourage a concern and a respect for the environment and sustainable ways of living, and work with the local community and other schools in Liverpool to raise aspirations, expectations and educational achievements of all its members”. (http://www.st-francisofassisi-liverpool.org/mission.htm)

The Ofsted report concluded that the academy provides a good standard of education for its students, and it received inspection grades of ‘Good’ for Overall Effectiveness, Achievement and Standards, Personal Development and Well-being, and the Quality of Provision. It is ranked as Liverpool’s number 1 “value-added” school, and England’s highest rated value-added academy 2007 (‘value-added’ is a measure of progress, taking into account pupils’ previous academic achievement).

Refugees & Asylum Seekers
A refugee is an individual who is judged to have left his or her country “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion” (United Nations, 1951 Convention relating to the status of refugees. Geneva: UN). An asylum seeker is someone who has crossed an international border in search of safety. Asylum seekers are required to apply to the Immigration and Nationality Directorate (IND) of the Home Office for refugee status. The outcome of this investigation may be the granting of full refugee status, Exceptional Leave to Remain (ELR) which requires periodic renewal or refusal, or refusal of the application (Lynch & Cuninghame, 2000).

Fifty million people are currently uprooted, 1% of the world’s population. 23 million people are refugees who have sought safety in another country, 27 million are displaced within their own country. The number of asylum seekers has been increasing over the past couple of decades. In the UK, there has been a major increase in the number of people seeking asylum, with 100,000 applications made in the year 2000 (Fazel & Stein, 2002). Over half the world’s displaced population are children, and approximately a quarter of people seeking asylum in the UK are children (Fazel & Stein, 2002). However, families seeking asylum are recorded as
single applications, making it difficult to be sure of the number of children involved (Lynch & Cuninghame, 2000).

The Haven project
At the time of the MWIA taking place, twelve pupils are involved in the Haven project. Of these, four are male and eight are female. There are four students from year 7, four from year 8, and four from year 9. The students are from the Democratic Republic of Congo, Saudi Arabia, Gambia, the Czech Republic, Slovakia, two siblings from Lithuania, and five from England, two of whom are looked after children. One of the pupils has special educational needs, and one has epilepsy.

In order to identify the communities that local stakeholders consider to be affected by the Haven Project at The Academy of St Francis of Assisi a discussion was facilitated in the first workshop (teachers and staff). The findings are presented in table 2.
In conclusion, the community profile showed an area of deprivation, high numbers of people from black and ethnic minorities, and lower educational attainment than nationally. The workshop discussions were consistent with this, as vulnerable pupils such as refugees and asylum seekers at the Academy participate in the Haven project, and it is these individuals who are primarily affected by the project.

6. WHAT ARE THE KEY IMPACTS OF THE HAVEN PROJECT ON MENTAL HEALTH AND WELL-BEING?

The MWIA toolkit suggests a four-factor framework for identifying and assessing protective factors for mental well-being, adapted from Making it Happen (Department of Health, 2001) and incorporates the social determinants that affect mental well-being into four factors that evidence suggests promote and protect mental well-being:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation
- Promoting inclusion.

FIRST STAKEHOLDER WORKSHOP (HAVEN TEAM, TEACHERS AND OTHER SCHOOL STAFF)

Workshop participants were introduced to the factors and asked to think about the Haven Project and rate how important it was to pupils attending the group and the potential impact that the service could have on it.

The Potential Impact of the Haven Project on Feelings of Control

Enhancing control - the evidence from the MWIA toolkit (Coggins et al, 2007)

A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/ the environment to meet personal needs), autonomy (self-determination/individuality) or self-efficacy (belief in one’s own...
capabilities) are key elements of positive mental health that are related to a sense of control (Mauthner and Platt 1998).

Enhancing control is fundamental to health promotion theory and practice, and is identified in the Ottawa Charter as a key correlate of health improvement:

“Health promotion is the process of enabling people to increase control over, and to improve their health”. (Ottawa Charter for Health Promotion. WHO, Geneva, 1986.)

Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainford et al 2000). People who feel in control of their everyday lives are more likely to take control of their health (McCulloch, 2003). Job control is a significant protective factor in the workplace, and this is enhanced if combined with social support (Marmot and Wilkinson, 2006).

Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley & Roberts, 2006). Job insecurity, low pay and adverse workplace conditions may be more damaging than unemployment, notably in areas of high unemployment (Marmot and Wilkinson 2006)

Workshop participants were invited to identify whether the Haven project has a positive or negative impact on the factors that contribute to control, and the degree of importance of that impact. The results are presented in figure 1.

Having identified these, participants were invited to work through their top priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in table 3.
Figure 1

Protective factors for Enhancing Control

- Very High
- High
- Med
- Low
- None
- Low
- Med
- High
- Very High

Negative Impact

Positive Impact
Table 3

<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Haven Project on control</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td></td>
<td>ownership of garden – long-term use – get commitment from school</td>
<td></td>
</tr>
<tr>
<td><strong>Self-help</strong></td>
<td>Teacher reports on better behaviour from ‘Haven’ child. Reports of kids digging up own backyards &amp; planting stuff.</td>
<td>Demonstrate this through vox pop/blogging (new IT system called moodle might do this)</td>
</tr>
</tbody>
</table>
The Potential Impact of the Haven Project on Resilience

**Increasing resilience and community assets – the evidence from the MWIA toolkit (Coggins et al, 2007)**

**Emotional** resilience is widely considered to be a key element of positive mental health, and is usually defined as the extent to which a person can adapt to and/or recover in the face of adversity (Seligman, 2002). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on ‘emotional resilience’ (and ‘life skills’) may imply that people should learn to cope with deprivation and disadvantage (Secker 1998). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes (Commission on Social Determinants of Health, 2008).

Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation 2006a). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Grant 2000; Mutrie 2000; Department of Health 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern, 2002; Mental Health Foundation 2006; Royal College of Psychiatrists 2006)

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a framework to cope with and reduce the stress of difficult life situations (Friedli, 2004; Aukst-Margetic & Margetic, 2005; Idler et al, 2003; Mental Health Foundation 2006c).

Low educational attainment is a risk factor for poor mental health; participation in adult education is associated with improved health choices, life satisfaction, confidence, self-efficacy and race tolerance. (Feinstein et al 2003)

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness; (Fitzpatrick and LaGory 2000; McCulloch 2003)

Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Chu et al 2004; Allardyce et al 2005; Jackson 2003). Housing is also associated with mental health - independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood...
noise (Guite et al 2006). Impact of the physical and urban environment on mental well-being, (Public Health, supplement in press).

Workshop participants were invited to identify whether the Haven project has a positive or negative impact on the factors that contribute to resilience and community assets, and the degree of importance of that impact. The results are presented in figure 2.

Having identified these, participants were invited to work through their top priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in table 4.
Figure 2
Protective factors for Resilience & Community Assets
<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Haven Project on Resilience &amp; Community assets</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Trust &amp; safety</td>
<td>A safe place to go. May not have at school or home</td>
<td>Envy? But leaving class for lots of things.</td>
</tr>
<tr>
<td></td>
<td>Group easier than individual</td>
<td>Overwhelming – feelings work can be hard for them</td>
</tr>
<tr>
<td></td>
<td>Separate to school (lodge/garden)</td>
<td>Raises issues, because it’s safe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>interruptions</td>
</tr>
<tr>
<td></td>
<td>Input into school council from EAL pupils - emotional well-being seat, rather than EAL.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Link back to school. Miss Orange or Mentors go to Haven. Time.</td>
<td>Ways of doing similar activities outside group – replicate Tracy’s group with other years. Mix vulnerable. Work on integration, not just EAL kids.</td>
</tr>
<tr>
<td></td>
<td>Safe enough to look at myths.</td>
<td></td>
</tr>
<tr>
<td>Social Networks</td>
<td>Creates an opportunity for students to mix</td>
<td>Leaving new friends in class</td>
</tr>
<tr>
<td></td>
<td>Group share common issues/concerns</td>
<td>Look at how the current group help in future projects</td>
</tr>
<tr>
<td></td>
<td>Widening horizons &amp; aspirations e.g. therapist jobs</td>
<td>Create other groups within the school, spreading the positive effects further.</td>
</tr>
<tr>
<td></td>
<td>Develops links between year groups, boosting confidence of older pupils</td>
<td>Develop ways of using what they’ve learnt outside the group – linking Haven group to diversity group.</td>
</tr>
<tr>
<td></td>
<td>Bringing friends to the group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good for group to come together for gardening/creative activities, not called ‘therapy’</td>
<td></td>
</tr>
</tbody>
</table>
The Potential Impact of the Haven Project on Participation and Inclusion

Facilitating participation and promoting social inclusion – the evidence from the MWIA toolkit (Coggins et al, 2007)

Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental well-being (Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (2006)).

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs, groups etc., participation in local decision-making, consultation, voting etc.

Social inclusion is the extent to which people are able to access opportunities, and is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health.

Although participation and social inclusion are different constructs, there is some overlap in the literature, and they are therefore considered together here.

Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes (Social Exclusion Unit, 2004). Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health and social isolation is an important risk factor for both deteriorating mental health and suicide. Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin and Rose, 2003).

However, social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion (Mohan et al 2004; Morgan and Swann 2004; Gordon et al 2000).

Anti discrimination legislation and policies designed to reduce inequalities also strengthen social inclusion (Wilkinson 2006; Rogers and Pilgrim 2003).

There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).

Higher national levels of income inequality are linked to higher prevalence of mental illness (Pickett et al 2006). Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with low income, low standard of living, financial problems, less education, poor housing and/or homelessness. Inequalities are both a cause and consequence of mental health problems (Rogers and Pilgrim 2003; Social Exclusion Unit 2004; Melzer et al 2004).

Workshop participants were invited to identify whether the Haven project has a positive or negative impact on the factors that contribute to participation and inclusion, and the degree of importance of that impact. The results are presented in figures 3 and 4.
Having identified these, participants were invited to work through their top priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in tables 5 and 6.
Figure 3
Protective factors for Participation
### Table 5: Impacts of the Haven Project on Participation

<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Haven Project on Participation</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Accessible &amp; acceptable services</td>
<td>Makes getting help more acceptable – easy access, less stigma.</td>
<td>Negative perceptions of ‘mental health’ from parents.</td>
</tr>
<tr>
<td></td>
<td>CAMHS is for crises, Haven can be more proactive.</td>
<td>Huge cost to offer it to all schools.</td>
</tr>
<tr>
<td></td>
<td>Breaking down barriers to mental health services.</td>
<td>Sometimes need somewhere neutral/protected.</td>
</tr>
<tr>
<td></td>
<td>Service is based in school, links with teachers &amp; school community.</td>
<td>Therapists don’t see family context.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 4

Protective factors for Inclusion
Table 6

<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Haven Project on social inclusion</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td><strong>Accepting &amp; Accepted</strong></td>
<td></td>
<td>Training/inset. School IT system with Haven included. Training/celebration event in garden.</td>
</tr>
</tbody>
</table>
Priority Protective Factors (1st workshop)
The stakeholders at the first workshop (Haven team, teachers and staff) identified key determinants of mental well-being that were both of high importance and had a high impact. These priorities are presented in table 7.

Table 7

<table>
<thead>
<tr>
<th>MWIA Area</th>
<th>Increasing Control</th>
<th>Resilience</th>
<th>Participation</th>
<th>Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Determinants</td>
<td>Opportunities for self help</td>
<td>Emotional well-being</td>
<td>Sense of belonging</td>
<td>Accepting &amp; being accepted</td>
</tr>
<tr>
<td>Knowledge &amp; ability to make healthy choices</td>
<td>Learning &amp; development</td>
<td>Having a valued role</td>
<td>Trust others</td>
<td></td>
</tr>
<tr>
<td>Skills &amp; attributes</td>
<td>Access to green space and shared public facilities</td>
<td>Opportunities for social contact</td>
<td>Positive identities</td>
<td></td>
</tr>
<tr>
<td>Having your say / being heard</td>
<td>Social Networks</td>
<td>Accessible &amp; acceptable services</td>
<td>Practical support to enable inclusion</td>
<td></td>
</tr>
<tr>
<td>Physical environment</td>
<td>Trust &amp; safety</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECOND STAKEHOLDER WORKSHOP (HAVEN PUPILS)
The priority protective factors from the first workshop were presented at the second workshop (Haven pupils), and the participants were invited to identify whether the Haven has a positive or negative impact on the factors. To simplify the process, participants were only asked about the impact, and not about the degree of importance of that impact. The prioritisation grid therefore only has one axis (impact), rather than the usual two (impact and importance). The results are presented in figure 5.

While participants prioritised these protective factors, they were asked to identify the potential impacts and any recommendations that emerged. The results are presented in tables 8, 9, 10 and 11.
### Table 8

<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Haven Project on control</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
<td></td>
</tr>
<tr>
<td>Having your say / being heard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for self help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills &amp; attributes</td>
<td>Know where to get help.</td>
<td></td>
</tr>
<tr>
<td>Knowledge &amp; ability to make healthy choices</td>
<td></td>
<td>Getting to work together more, more team work, more talking &amp; building confidence</td>
</tr>
<tr>
<td>Physical environment</td>
<td>The lodge is quieter than school</td>
<td></td>
</tr>
</tbody>
</table>

### Table 9

<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Haven Project on resilience &amp; community assets</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
<td></td>
</tr>
<tr>
<td>Trust &amp; safety</td>
<td>Helped trust people in the group, more open outside group.</td>
<td>Scary to trust people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Learn how to trust. More trust games</td>
</tr>
<tr>
<td>Learning &amp; development</td>
<td>About self and other people</td>
<td></td>
</tr>
<tr>
<td>Access to green space and shared public facilities</td>
<td>Fun, working physically, getting your hands dirty and getting into the ground</td>
<td></td>
</tr>
<tr>
<td>Social Networks</td>
<td>Helps you to pick good friends. Meet different people.</td>
<td>Smaller was better. Ideal number is 8 (group was 12 at biggest)</td>
</tr>
<tr>
<td>Emotional well-being</td>
<td>Happy</td>
<td>There were sad moments. Sometimes tired. Gets boring sometimes, sitting talking for ages.</td>
</tr>
</tbody>
</table>
### Table 10

<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Haven Project on participation</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Having a valued role</td>
<td>Know they want you to be there. Carl saying ‘please come’.</td>
<td></td>
</tr>
<tr>
<td>Opportunities for social contact</td>
<td>Get to meet other people</td>
<td></td>
</tr>
<tr>
<td>Accessible &amp; acceptable services</td>
<td>Teachers think you’re lying to get out of lessons. Pass helped, but still a problem.</td>
<td>More publicity within the school, raising teacher’s awareness about the Haven project.</td>
</tr>
<tr>
<td>Sense of belonging</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 11

<table>
<thead>
<tr>
<th>Top priorities</th>
<th>Impacts of the Haven Project on inclusion</th>
<th>Comments and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(+) Positive Impact</td>
<td>(-) Negative Impact</td>
</tr>
<tr>
<td>Trust others</td>
<td>(see ‘trust &amp; safety’ in resilience &amp; community assets table)</td>
<td></td>
</tr>
<tr>
<td>Accepting &amp; being accepted</td>
<td>Negative when people argued and shouted. Different from school, but stuff from school got carried into the group. Meant to be a calm place.</td>
<td>Stop arguments? Calm down and relax at start of group.</td>
</tr>
<tr>
<td>Positive identities</td>
<td>Talking about yourself. Nobody gave me a dirty look or was mean.</td>
<td></td>
</tr>
<tr>
<td>Practical support to enable inclusion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7. REVIEWING THE LITERATURE EVIDENCE BASE

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature that research suggests are helpful in promoting and protecting mental well-being. In order to build on this evidence base a short additional literature review was undertaken to identify what published research studies there may be suggesting what effect the Haven Project may have on mental well-
being. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop.

The Mental Health of Asylum Seeker and Refugee Children

There is a high prevalence of emotional and behavioural disorders among refugee children, and the most frequent diagnoses are post-traumatic stress disorder, anxiety with sleep disorders, and depression. Studies show raised levels compared with control populations, for example 49-69% rates of anxiety (Fazel & Stein, 2002). Asylum seekers are likely to have had traumatic experiences while in their country of origin, during their flight to safety, and when having to settle in a country of refuge (Fazel & Stein, 2002). Risk factors for mental health problems in refugee children include Parental factors (Post-traumatic stress disorder (PTSD) in either parent, Maternal depression, Torture especially in mother, Death of or separation from parents, Direct observation of the helplessness of parents, Underestimation of stress levels in children by parents), Unemployment of parents), Child factors (Number of traumatic events—either experienced or witnessed, Expressive language difficulties, PTSD leading to long term vulnerability in stressful situations, Physical health problems from either trauma or malnutrition, Older age), and Environmental factors (Number of transitions, Poverty, Time taken for immigration status to be determined, Cultural isolation, Period of time in a refugee camp, Time in host country (risk possibly increases with time)). Protective factors include having a supportive family milieu, an external societal agency that reinforces a child’s coping efforts, a positive personality disposition, and the response & functioning of a parent during and after stress, quality of care. (Fazel & Stein, 2002). The literature highlights that refugee children have often developed high levels of resilience, and should not be perceived simply as victims who require help (Webb & Davies, 2003).

Fazel & Stein distinguish between the two main areas of mental health provision required by refugee children: help for those experiencing psychological difficulties, and primary prevention strategies for those in this high risk group. The Haven project provides for both of these, through therapeutic work with individuals experiencing difficulties, and the group for vulnerable pupils.

There is a lack of reliable evidence for the effectiveness of clinical therapeutic interventions, as most research has been conducted following single traumatic events (e.g. floods, school shootings), rather than the prolonged and repeated trauma often experienced by refugee children. However, the evidence suggests that CBT, play, art and music therapy, story-telling, and group treatment may be good approaches (Fazel & Stein, 2002). The key task of these experiences appears to be making sense of their experiences in a coherent way, which is a significant developmental task (Davies & Webb, 2000). This is also potentially a shared experience, as they may have experiences and emotions in common with others in their family, peers, and the wider refugee community (Webb & Davies, 2003).

Refugee children need a range of services that are flexible and innovative (Webb & Davies, 2003). Lynch & Cuninghame conclude that in their experience it is unreasonable to expect refugees to “slot neatly into existing styles of healthcare” (p.386), that they need support accessing services, and that healthcare professionals need guidance on how to respond effectively. Lack of English can become a major obstacle for refugees in accessing services (Lynch & Cuninghame, 2000). The Haven project’s proactive assessment of all asylum seeker children attending the school circumvents this barrier.

Fazel & Stein state that schools are ideally placed in the role of primary prevention aimed at this high-risk group, as they can facilitate social and emotional development, as well as education. The school can act as a stable social support and part of the child’s integration, linking the family to the local community. It can help to develop the child’s resilience by enhancing their competencies, in turn adding to their self worth and sense of control over their environment. However, Webb & Davies argue that integration into the UK educational
system can replace one form of severe adversity with another, highlighting that the way in which the school handles refugee children is critical in their adjustment to life in the UK.

Barenbaum et al (2004) present the following principles for responding to children following disasters and displacement, which are potentially relevant to the Haven project:

- assessing trauma symptoms and associated impairment using a culturally sensitive diagnostic approach;
- using interventions that focus on feeling safe, and promote a view of the future that involves mastery and engagement in rebuilding;
- assisting parents and teachers to recognise children’s distress and address their needs;
- using a group format to deliver interventions, within a community setting, to promote the normalisation of life and active child involvement;
- that despite the challenges, applied research is needed to inform policy and the development of interventions

**Horticulture and Gardening**

Social and therapeutic horticulture is widely used to promote social inclusion, and to improve the well-being of vulnerable groups, for example those with learning difficulties and mental health problems. ‘Horticulture’ is used to encompass many different areas of interest associated with the garden or project side, including wildlife conservation, arts and crafts, construction, recycling and other aspects of sustainability.

Sempik et al. 2003 reviewed the research evidence on the use of gardening and horticulture to promote social inclusion, health and well-being (referred to as ‘social and therapeutic horticulture’). The literature reviewed provides evidence for the effectiveness of horticulture and gardening in a number of different therapeutic settings, for example those recovering from major illness or injury, those with physical disabilities, learning disabilities and mental health problems, older people, offenders and those who misuse drugs or alcohol. The reported benefits include increased self-esteem and self-confidence, the development of horticultural, social and work skills, improved literacy and numeracy skills, an increased sense of general well-being and the opportunity for social interaction and the development of independence. In some instances involvement in projects also led to employment or further training or education.

A study of 24 garden projects was carried out by Sempik et al (2005) involving interviews with participants, staff, carers and health professionals. They found that participants benefited from the social opportunities offered, extending their existing social networks and making new and significant friendships. The projects contributed to participants’ education and training, increased self-confidence and independence by emphasising their competencies, and gave participants opportunities for self-reflection, relaxation and restoration. Consuming the food produced and the physical activity involved contributed to improved health and well-being, and participants benefited from increased access to the natural environment.

Research commissioned by the Federation of City Farms and Community Gardens (Quayle, 2008) found that community farms and gardens increased the well-being of individuals and communities in the 22 projects studied. In agreement with Sempik et al’s work, these positive impacts were in the areas of healthy eating, physical activity, environmental awareness, social support networks, inclusion, education, skill development, relaxation, a sense of achievement, self-esteem, and the restorative effects of spending time in a natural environment.
Physical Activity
It has repeatedly been demonstrated that participation in physical activity improves health and well-being. The positive impacts fall into four categories: enhancing function, maintaining reserve capacities, preventing disease, and ameliorating the effects of age and chronic disease (Fentem, 1994).

Research has demonstrated that physical activity reduces the risk of serious conditions such as coronary heart disease, stroke, high blood pressure, osteoporosis, obesity and diabetes (Fentem, 1994). Glenister (1996) reviewed eleven randomised controlled trials looking at the psychological benefits of physical activity. All except one found that physical activity had a positive impact upon mental well-being. The trials showed that physical activity led to a reduction in depression and anxiety, both in clinical and non-clinical populations. They also demonstrated that physical activity improved mood, self-image, life satisfaction, feelings of well-being, energy levels, alertness, and reduced stress and worrying. Some of the psychological benefits of regular exercise may be due to an increase in the range of activities that can be undertaken and a general feeling of well-being. It has particularly important benefits for elderly people, because they are more prone to the negative effects of inactivity.

Greenspace
It is recognised that allotments and gardens, such as the space used by the Haven project, have important impacts upon mental and physical health of communities and individuals. Differential access to greenspace has been identified as a contributory factor to health inequalities. The evidence regarding the health impacts of greenspace has recently been critically reviewed by Health Scotland (2008). Their report concludes that

- Experiencing greenspace promotes relaxation, reduces stress and aids recovery from attention fatigue. Aspects of greenspace that may reduce stress include outdoor activity and exercise, stimulation of the senses, and aesthetic experience.
- Greenspace has the potential to increase physical activity by both providing an attractive area to exercise and the opportunity to undertake group-based physical activity with other people. The use of greenspace is influenced by individual’s proximity, ease of access, and connectivity to the space, and its size, attractiveness, and variety of uses.
- Greenspace may increase social interactions and increase social cohesion, however minority ethnic communities and people with disabilities are less likely to visit and use greenspace.
- Potential negative impacts on health and well-being are the risk of catching diseases from wildlife, the potential for crime and anti-social behaviours because of the relative isolation and unsupervised nature of greenspace, and the risk of injury from physical activity and play.

In conclusion, there is evidence that refugee and asylum seeker children have specific mental health needs, and research has found that there are benefits to mental well-being of participating in gardening, physical activity, and having contact with a natural environment.

8. APPRAISING THE EVIDENCE
The literature review confirmed the findings from the workshop. In particular, it highlighted the needs of refugee and asylum seeker children and the suitability of the Haven project in addressing these needs. The literature review considered evidence of positive impacts on mental well-being from access to greenspace, gardening, and physical activity, confirming the potential benefits of the work on the garden undertaken by the group. The project intentionally targets a particularly vulnerable population group, and by being located in
a school setting it is ideally placed to support asylum seeker, refugee and other high risk pupils’ development and education.

9. DEVELOPING INDICATORS OF WELL-BEING

“What gets counted, counts.”

Being able to measure progress and impact of the Haven project on the determinants of mental well-being identified by the stakeholders through the MWIA process, is an important step. During the first workshop, stakeholders developed indicators for measuring the impact of the project.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Determinant</th>
<th>How do you know?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience</td>
<td>Trust &amp; safety</td>
<td>● Number of incidents (attacks/fights)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● PASS survey – self-esteem, attitude to learning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Social atom. Connections/contact.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Involvement in school activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Questionnaires e.g. Atmosphere Scale or Classroom Environment Scale (Moos)</td>
</tr>
<tr>
<td>Resilience</td>
<td>Social networks</td>
<td>● Ask them how it’s affected their social network.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Film/interview</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Images – start &amp; end</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Social atom: connections &amp; contacts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Involvement in school activities.</td>
</tr>
<tr>
<td>Participation</td>
<td>Accessible and Acceptable services</td>
<td>● Online staff survey: awareness of Haven &amp; mental health generally.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Ask teachers at inset training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● How many &amp; who refers to CAMHS.</td>
</tr>
</tbody>
</table>

9. RECOMMENDATIONS

The following recommendations were developed to make the impact of the Haven project on mental well-being as positive as possible.

Raise teachers’ awareness of the Haven project. Publicity of the Haven project, and in particular awareness of the project among school staff, was raised as an issue in both the staff workshop and the pupils’ workshop. Pupils felt that teachers sometimes thought they were lying to get out of lessons. The teachers in the workshop were happy for pupils to leave lessons to go to the group, however the teachers who chose to participate in the workshop are likely to be more aware of the Haven project, and sympathetic to its aims, than those who didn’t attend. Raising the profile of the Haven project among staff at the Academy would make it easier for pupils to leave lessons.

Develop links between the Haven team and staff at the Academy. A need for better information for teachers and mentors about the role of the CAMHS team and mental health referral pathways was identified. Haven
staff should be included in case study meetings and commissioned to provide inset training, to inform staff about mental health generally, raise the profile of the Haven project in the school, and to build links with staff. (The MWIA workshop fulfilled part of this recommendation, as school staff met the Haven team, worked in partnership with them, and found out more about the group).

Publicise the successes of the Haven project. The project should be profiled on the Academy and Alder Hey websites, and the posters currently being produced should be widely disseminated within the school. A celebration in the garden, with family and friends invited (and cake!) would be a positive way in which to end the school year. Producing a blog/film/vox pop would demonstrate the effects of the group on individuals.

Use the feedback from pupils to increase the positive impact of the group. Many of the recommendations generated in the pupils’ workshop related to the dynamics and functioning of the Haven group. They suggested starting sessions with a relaxation exercise to leave school behind and reduce conflict in the group. The participants preferred having a small group, with 8 members being the ideal number. They found trust games and teamwork had a particularly positive impact upon their mental well-being, and requested more of these activities. Trust and acceptance were particularly important issues, highly prioritised in both workshops, so activities that promote these factors would be especially beneficial to participants.

Discover ways to apply the benefits that pupils have gained from the Haven group. The pupils who have participated in the group this year should be invited to help in future projects. The Haven group should be linked to the Diversity group. A seat should be reserved on the school council for an ‘emotional well-being’ (or EAL) representative. Developing links between the group and staff at the academy may also help this, for example Miss Orangiate or a mentor regularly going to the Haven group.

Promote the mental well-being of pupils in the rest of the Academy, using principles from the Haven project. The participants in the staff workshop discussed creating other groups within the school, to promote mental well-being. One of the mentors had created a group to promote inclusion, mixing vulnerable and influential pupils, and this should be replicated in other years.

Consider how the project could be made more sustainable. Commitment from the school for long-term use of the garden should be sought to increase stability. The successes of the Haven project should be documented and publicised (see above) to provide evidence for its continued commissioning. Pupils who have taken part in the group should be invited to be involved in future projects, to add a consistency to the project and promote links between year groups.
REFERENCES

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Mental Health Foundation (2006b). *Cheers? – Understanding the relationship between alcohol and mental health.*

Mental Health Foundation (2006c). *The impact of spirituality on mental health: A review of the literature.* Mental Health Foundation


Quayle, H. (2008) *The true value of community farms and gardens: social, environmental, health and economic*. Federation of City Farms and Community Gardens & Regeneration Exchange at the University of Northumbria


APPENDIX ONE
Evaluation of the Stakeholder MWIA workshops:

Participants were invited to complete an evaluation form.

First workshop
(9 evaluation forms returned)

The best things about the workshop were:
Hearing views & stories from different people
Talking with the teachers
Understanding different situations
Cakes
Good to think about the service
Fun, relaxing, good cakes
Learning more about the Haven project and CAMHS team
Discussing in depth the impact on the students
Considering how to link the work with the Haven with schools
Sharing ideas/finding connections
Reflecting on group with school staff – different perspectives

Suggested improvements were:
Stickers for prioritisation sheet – clearer points
More people
Slightly tighter time-wise

Additional comments were:
Would like to do it with kids & families

The average ratings given to each of the sections (n=9)
(on a scale of 1 to 5 where 1 = very poor and 5 = excellent)
Overall 4.4
Intro 4.6
Population groups 3.9
Protective factors 4.4
Recommendations & indicators 4.2
Final discussion 4.3
Usefulness of workshop 4.5

Second workshop

The best things about the workshop were:
People asking me questions
Learning
Meeting people
Talking
Being able to talk
Questions
Being able to speak your mind

**Suggested improvements were:**
Games
Teachers to trust me to come to sessions
A game

**The average ratings given to the workshop (n=4)**
(on a scale of 1 to 5 where 1 = very poor and 5 = excellent)
Overall 4.25
Parks and Green Spaces – Newsham Park

Mental Well-being Impact Assessment (MWIA)

Report written by Hilary Dreaves
Research Fellow, IMPACT, Division of Public Health, University of Liverpool

Workshop held on 5th February 2009

Project Management Group:
Catherine Reynolds (Liverpool PCT), Alex Scott-Samuel (University of Liverpool), Duncan Young (Liverpool PCT), Helen West (University of Liverpool), Louise Holmes (University of Liverpool)
THE IMPACT OF PARKS AND OPEN SPACES - NEWSHAM PARK
ON MENTAL WELL-BEING

1. INTRODUCTION

Summary of the Stage 1 Audience Development Plan (The Development Plan) for Newsham Park

Audience development is defined as the actions we take to involve people, to understand their needs and interests and to create an environment and experience that appeals to them (Heritage Lottery Fund, 2003).

The Audience Development Plan for Newsham Park (2008) describes how the proposed restoration of the Park fits with corporate aims and objectives and the hopes and aspirations of the local community.

The Plan outlines the historical background of the Park, the current pattern of usage and the proposals for restoration made by 20/20 Liverpool in 2006, to which the Newsham Park Forum, Friends of Newsham Park and a wide range of community groups contributed. Some development work is already underway, namely a playing field and sports pavilion, with restoration of the bridge and bandstand; paving and lighting improvements; public art and water features; a fitness trail; new planting and better paving, signage and entrances proposed.

An Action Plan has been appended to the Plan, with four main streams. These are:

- Public Consultation – Establish and maintain qualitative data from users of the Park at baseline and throughout the restoration project, using methods that will be sustainable beyond the life of the project.

- Community Events and Participation – Establish an events programme, sustainable beyond the life of the programme, develop a Junior Rangers Club, promote angling, model boat and school activities and increase use as a venue with partner organisations such as the Primary Care Trust and local schools.

- Marketing – Introduce a newsletter, improve the website, increase ranger-led tours, raise awareness particularly with population sub-groups such as non-users and hard to reach groups.

- Physical Improvements – Improvements to signage (including inclusive interpretation and wayfinding), lighting, restored heritage entrances and the bandstand, play facilities, footpaths, landscaping and planting, public artwork, particularly for use by population subgroups such as the disabled, workers, parents, children and young people.

The resources necessary to implement the Action Plan are estimated in the Action Plan and form the basis of a bid for funding to the Heritage Lottery Fund, but there are no indications of timescales for the work in the Stage 1 Plan.

The Mental Well-being Impact Assessment (MWIA) toolkit (Coggins et al. 2007) is used to identify how a proposed policy, programme or project will impact on mental well-being and what can be done to ensure it has the most positive impact. The toolkit was developed from 2003 and published in 2007. There have been at least 300 Rapid MWIAs undertaken over the last five years in England – 150 using the early version and the rest as part of developing the published MWIA toolkit; and one Comprehensive MWIA was undertaken of Liverpool 08 European Capital of Culture (West, Hanna, Scott-Samuel & Cooke, 2007). The MWIA of Newsham Park was commissioned by Liverpool Primary Care Trust.
2. **AIMS OF THE MWIA ASSESSMENT**

- To identify how the Newsham Park Audience Development Plan (the Park) potentially impacts on the mental health and well-being of the Park Management Forum members and the local community.
- To identify ways in which the project might maximise its positive impacts and minimise its negative impacts.
- To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well-being of users of the Park and their families and the wider community.

3. **WHAT DO WE MEAN BY MENTAL HEALTH AND WELL-BEING?**

The Mental Well-being Impact Assessment toolkit was developed using the 1997 Health Education Authority definition of mental health and well-being:

“...the emotional and spiritual resilience which enables us to survive pain, disappointment and sadness. It is a fundamental belief in one’s own and others dignity and worth” (Health Education Authority, 1997)

Put simply our mental well-being is about how we think and feel.

4. **METHODOLOGY**

**The Mental Well-being Impact Assessment (MWIA)**

The Mental Well-being Impact Assessment is a two part screening toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental well-being. (Coggins, Cooke, Friedli, Nicholls, Scott-Samuel, & Stansfield (2007) *Mental Well-being Impact Assessment: A Toolkit ‘A Living and Working Document’*).

The evidence base suggests a four factor framework for identifying and assessing protective factors for mental well-being, adapted from Making It Happen (Department of Health 2001).

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The MWIA is based on these four key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. In this way the toolkit enables a link to be made between policies, programmes or service and mental well-being that can be measured.

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Department of Health 2001).
MWIA Workshop

The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that development of the Park will have on the mental well-being of the local community. It also identifies actions to maximise positive impacts and minimise potential negative impacts on mental well-being.

All members of the Newsham Park Management Forum were invited to participate in the half day workshop, including some 19 groups and elected members for the wards of Kensington and Fairfield; Old Swan and Tuebrook and Stoneycroft. Using snowball sampling methods, 150 community participants were invited to participate by the Chair of the Forum (Tuebrook and Stoneycroft). In addition, representation was invited from 6 local primary schools and the secondary school located in the park.

The aim of the workshop was to provide an opportunity to understand how Newsham Park can help promote mental well-being, in order to make improvements to the project. Objectives were to:

- Offer those with an interest in the project an opportunity to share experiences and ideas on mental well-being and work together on these.
- Raise awareness and understanding of the factors that affect mental well-being.
- Raise awareness and understanding of what potential impacts projects have, both positively and negatively, on these factors.
- Begin to identify a range of indicators that might assist with monitoring and evaluating these impacts on mental well-being.

The draft workshop programme was:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.45am</td>
<td>Registration &amp; Coffee</td>
</tr>
<tr>
<td>10am</td>
<td>Welcome, introduction, purpose of workshop and outline of programme</td>
</tr>
<tr>
<td>10.10</td>
<td>Group Work: What do we understand by mental well-being?</td>
</tr>
<tr>
<td>10.30</td>
<td>Introducing the Newsham Park Project</td>
</tr>
<tr>
<td>11.00</td>
<td>Comfort Break</td>
</tr>
<tr>
<td>11.10</td>
<td>Group Work: Identifying Protective factors that affect those for whom the project is targeted</td>
</tr>
<tr>
<td>12.30</td>
<td>Closing comments, evaluation &amp; lunch</td>
</tr>
</tbody>
</table>

Table 1: Workshop participants

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elected Member – Chair, Newsham Park Management Forum</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Staff – Liverpool City Council</td>
<td>4</td>
<td>66</td>
</tr>
<tr>
<td>Staff- Newsham Park Adult Learning Centre</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

What does mental well-being mean to the stakeholders in the project?

Exercise 2 (page 68) from the MWIA Toolkit was undertaken to encourage the group to discuss their understanding of the meaning of Mental Well-being. The most popular statement was that made by the New Economics Foundation “Being happy is seriously good for you and others around you.”

5. POPULATIONS MOST LIKELY TO BE AFFECTED BY THE NEWSHAM PARK AUDIENCE DEVELOPMENT PLAN.

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups.
As a public park with open access, Newsham Park is intended to be for the benefit not just of immediately local residents, but City residents and visitors. Indeed, it is an aim of the Plan to sufficiently restore and develop activity in the Park, making it a leisure destination. It is therefore difficult to geographically constrain the “footprint” of a target population for the purposes of the MWIA. The workshop accessed the information provided in the city profile from the Office of National statistics (Association of Public Health Observatories (2008) http://www.apho.org.uk/resource/view.aspx?RID=52229)

In order to identify those communities that local stakeholders consider to be affected by the Newsham Park Audience Development Plan, a discussion was facilitated. The findings are presented in table 2.

<table>
<thead>
<tr>
<th>Priority population group</th>
<th>affected or targeted by your proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local residents, particularly those backing onto the Park</td>
<td></td>
</tr>
<tr>
<td>Young Families</td>
<td></td>
</tr>
<tr>
<td>Older People</td>
<td></td>
</tr>
<tr>
<td>Visitors of all ages, from across the City and elsewhere</td>
<td></td>
</tr>
<tr>
<td>Active travellers, who traditionally utilise the park as a pedestrian thoroughfare</td>
<td></td>
</tr>
</tbody>
</table>

### 6. WHAT ARE THE KEY IMPACTS OF THE PARK ON MENTAL HEALTH AND WELL-BEING?

The MWIA toolkit suggests a four-factor framework for identifying and assessing protective factors for mental well-being, adapted from Making it Happen (Department of Health 2001) and incorporates the social determinants that affect mental well-being into four factors that evidence suggests promote and protect mental well-being:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation
- Promoting inclusion.

Participants were introduced to the factors and asked to think about Newsham Park and rate how important it was to the local population and the potential impact that the service could have on it.

### The Potential Impact of the Newsham Park Audience Development Plan on Feelings of Control

**Enhancing control - the evidence from the MWIA toolkit (Coggins et al, 2007)**

A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/ the environment to meet personal needs), autonomy (self-determination/ individuality) or self-efficacy (belief in one’s own capabilities) are key elements of positive mental health that are related to a sense of control (Mauthner and Platt, 1998).

Enhancing control is fundamental to health promotion theory and practice, and is identified in the Ottawa Charter as a key correlate of health improvement:

“Health promotion is the process of enabling people to increase control over, and to improve their health”. (Ottawa Charter for Health Promotion. WHO, Geneva,1986.)
Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainsford et al 2000). People who feel in control of their everyday lives are more likely to take control of their health (McCulloch 2003). Job control is a significant protective factor in the workplace, and this is enhanced if combined with social support (Marmot et al 2006).

Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley et al 2006). Job insecurity, low pay and adverse workplace conditions may be more damaging than unemployment, notably in areas of high unemployment (Marmot and Wilkinson 2006)

Participants were invited to identify which of the factors that contribute to a sense of control that they felt the Park had the potential to have either a positive or a negative impact and the degree of importance of that impact. The results are presented in Figure 1.
Figure 1

**Protective factors for Enhancing Control**

- Sense of control over finances
- Local democracy
- Having your say / being heard
- Opportunities to influence decisions
- Skills & attributes
- Opportunities for self help
- Support to maintain independent living
- Knowledge & ability to make healthy choices
- Physical environment

- Transport options
- Sense of control over work

**Negative Impact**

**Positive Impact**
The Potential Impact of the Newsham Park Audience Development Plan on Resilience

Increasing resilience and community assets – the evidence from the MWIA toolkit (Coggins et al. 2007)

Emotional resilience is widely considered to be a key element of positive mental health, and is usually defined as the extent to which a person can adapt to and/or recover in the face of adversity (Seligman, 2002). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on ‘emotional resilience’ (and ‘life skills’) may imply that people should learn to cope with deprivation and disadvantage (Secker 1998). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes (Commission on Social Determinants of Health, 2008).

Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation 2006a). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Grant 2000; Mutrie 2000; Department of Health 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern, 2002; Mental Health Foundation 2006b; Royal College of Psychiatrists 2006)

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a framework to cope with and reduce the stress of difficult life situations (Friedli, 2004; Aukst-Margetic & Margetic, 2005; Idler et al, 2003; Mental Health Foundation 2006c).

Low educational attainment is a risk factor for poor mental health; participation in adult education is associated with improved health choices, life satisfaction, confidence, self-efficacy and race tolerance. (Feinstein et al 2003)

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness; (Fitzpatrick and LaGory 2000; McCulloch 2003)

Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Chu et al 2004; Allardyce et al 2005; Jackson 2003). Housing is also associated with mental health - independent factors
for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood noise (Guite et al 2006).

Participants were invited to identify which of the factors that contributes to a sense of resilience that the Park had the potential to have either a positive or negative impact and the degree of importance of that impact. The results are presented in figure 2.
Figure 2

Protective factors for Resilience & Community Assets
Facilitating participation and promoting social inclusion – the evidence from the MWIA toolkit (Coggins et al. 2007)

Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental well-being (Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (2006)).

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs, groups etc., participation in local decision-making, consultation, voting etc.

Social inclusion is the extent to which people are able to access opportunities, and is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health.

Although participation and social inclusion are different constructs, there is some overlap in the literature, and they are therefore considered together here.

Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes (Social Exclusion Unit, 2004). Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health and social isolation is an important risk factor for both deteriorating mental health and suicide. Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin and Rose, 2003).

However, social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion (Mohan et al 2004; Morgan and Swann 2004; Gordon et al 2000).

Anti discrimination legislation and policies designed to reduce inequalities also strengthen social inclusion (Wilkinson 2006; Rogers and Pilgrim 2003).

There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).

Higher national levels of income inequality are linked to higher prevalence of mental illness (Pickett et al 2006). Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with low income, low standard of living, financial problems, less education, poor housing and/or homelessness. Inequalities are both a cause and consequence of mental health problems (Rogers and Pilgrim 2003; Social Exclusion Unit 2004; Melzer et al 2004).

Participants were invited to identify which of the factors that contribute to facilitating participation and reducing social isolation they felt the Park had the potential to have either a positive or negative impact and the degree of importance of that impact. The results are presented in figures 3 and 4.
Figure 3

Protective factors for Participation

Importance

Very High

High

Med

Low

Transport

Very High

High

Med

Low

No Impact

Enough money to live on

Low

Med

High

Very High

Oppotunities for social contact

Accessible & acceptable goods & services

Activities that bring people together

Sense of belonging

Having a valued role

Cost, affordability

Opportunities to get involved

Feeling involved

Negative Impact

Positive Impact

Newsham Park
Figure 4

**Protective factors for Inclusion**

- **Importance**
  - Very High
  - High
  - Med
  - Low

- **Impact**
  - Very High
  - High
  - Med
  - Low
  - None

- **Negative Impact**
  - Accepting & being accepted
  - Challenging discrimination

- **Positive Impact**
  - Challenging stigma
  - Trust others
  - Tackling inequalities
  - Feel safe at home
  - Conflict resolution
Summary

The stakeholders identified that the majority of determinants of mental well-being were both of high importance and had a high impact. The potential impacts of the Newsham Park Audience Development Plan on mental well-being are predominantly very positive. A focus on these for the Newsham Park Audience Development Plan will help promote the mental well-being of the local and wider community.

7. REVIEWING THE LITERATURE EVIDENCE BASE

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature that research suggests are helpful in promoting and protecting mental well-being.

In order to build on this evidence base, a short additional literature review was undertaken to identify what, if any, published research studies there may be suggesting that Parks and Open Spaces, in this case Newsham Park may have on mental well-being. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop.

Friedli (2009) argues that the effects of inequalities on the mental health of individuals and collective mental health, that is the link between economic and social conditions, should put reducing inequalities at the heart of economic development, recommending that all future public policy is assessed for its mental health impact.

Greenspace and differential access to it have been long identified as being having important links to mental, physical and community health. Differential access to greenspace has been identified as a contributory factor to health inequalities. The evidence regarding the health impacts of greenspace has recently been critically reviewed by Health Scotland (2007). A summary table of the findings is shown below.

Table 1 Summary of Health Impacts of Greenspace.

<table>
<thead>
<tr>
<th>Table Topic</th>
<th>Overall Assessment of health impacts</th>
</tr>
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</table>
| Direct protection against physical environmental exposures | Greenspace, particularly trees and large shrubs, can protect people from the harm of key environmental exposures such as flooding, air pollution, noise and extremes of temperature in urban environments.  
  However, there is a possibility that, in certain contexts, greenspace may amplify the effects of pollution by creating an enclosed space. |
| Restoration, relaxation and reduction in stress    | Experiencing greenspace has a positive impact on levels of stress i.e. it both reduces and aids recovery from stress and attention fatigue.  
  Aspects of greenspace that may reduce stress include: outdoor activity and exercise; natural daylight; stimulation of the senses (sight, sound, scent, temperature, touch, balance and hearing); and aesthetic experience.  
  Though effects occur even after short exposure to greenspace, it is unclear whether long term exposure has a cumulative effect.  
  Although some studies clearly demonstrate the well-being effect of nature, the degree to which the naturalness of greenspace influences well-being is unclear. |
| Physical activity                                 | Physical activity seems to be influenced by a number of different factors including personal aspects such as self-efficacy and motivation. In relation to the use of greenspace the key influences are:  
  Distance of residence from a greenspace – the nearer the greenspace, the more likely it is to be used regularly. |
- Ease of access – the more accessible in terms of routes and entrances, and disability access, the more likely it is to be used for some form of physical activity.
- Size of the greenspace – the larger the size of the greenspace, the more people are likely to use it.
- Connectivity to residential and commercial areas – the greater the degree of connectivity and links to residential and commercial areas, the more likely it is to be used.
- e.g. people walking and cycling through greenspace to and from work.
- Attractiveness – the more biodiverse the flora and fauna found within the greenspace and the less litter and graffiti there is, the more likely it is that the greenspace will be used.
- Multi-use – the wider the range of amenities e.g. children’s play area, quiet garden with seating, playing areas for team games and picnic areas, the more likely the greenspace is to be used by different kinds of people.

Greenspace has the potential to increase physical activity by both providing an attractive area to exercise and the opportunity to undertake group-based physical activity with other people.

<table>
<thead>
<tr>
<th>Social interaction and cohesion</th>
<th>Greenspace may increase and enhance social interactions and the use of public spaces.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minority ethnic communities and people with disabilities are less likely to visit and use greenspace.</td>
</tr>
<tr>
<td></td>
<td>As greenspaces are generally free they are open to everyone and hence are used by different groups of people in many different ways.</td>
</tr>
<tr>
<td></td>
<td>Communal greenspace activities e.g. allotments and community gardens can enhance community interactions and build local capacity and self-esteem.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazards and risks</th>
<th>There are potential risks of catching diseases from wildlife resident in greenspace.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There is also the potential for crime and anti-social behaviours in greenspace because of its relative isolation, lack of people and unsupervised nature.</td>
</tr>
<tr>
<td></td>
<td>There is also the potential for unintentional injury from structured physical activity/sports and unstructured play</td>
</tr>
</tbody>
</table>


Tranquillity has been identified as contributing to the felt experience of people (Countryside Agency, 2005; Campaign to Protect Rural England 2007). While tranquillity (which isn’t solely the absence of noise) may be difficult to quantify, the health effects of noise are well known (Abrahams et al., 2008). As a counter to the noise of city living, parks and open spaces could contribute to people’s sense of tranquillity. Although the overall health benefits of active travel/transport, i.e. walking and cycling, at a population level are unclear (Health Scotland, 2007), health benefits of such active transport for the individual can be considerable (Sustrans 2008) and are central tenets of government current public health policy.

Parks and open spaces are part of the ‘material dimension’ of culture, and may also provide a setting for cultural activities. They potentially have positive and negative impacts upon health and mental well-being. They provide space for exercise, with the greatest benefit for children. They also facilitate social interaction and community activities. Children’s behaviour, friendships and play are strongly influenced by access to open spaces, and parks can therefore affect their development and well-being. However, parks provide opportunities for criminal, social or psychological aggression, drug abuse, and conduct offences. Fear of crime may restrict their use, and the positive benefits available. They may also increase hay fever and the effects of
traffic pollutants. (Cave & Coutts, 2002)

**Physical Activity**

Where higher levels of activity and exercise are promoted by cultural and arts activities, this can have benefits for mental as well as physical health. Physical activity reduces levels of illness and lowers death rates, for example it is beneficial in the prevention and treatment of coronary heart disease, hypertension, obesity, osteoporosis, diabetes mellitus and asthma. Promoting physical activity to children can prevent the development of health conditions in adulthood. (Cave & Coutts, 2002)

**Play and Leisure**

Children’s play facilities promote independence and personal mobility, which have a positive impact on their behaviour and mental health. Children’s play territory is being diminished by increases in the fear of crime and volume of traffic on roads. Informal leisure is essential for psychological health, in adults as well as children. ‘Leisure lack’ is associated with diminished well-being. (Cave & Coutts, 2002)

**Regeneration**

Evans & Shaw (2004) produced a report for the DCMS on the contribution of culture to regeneration in the UK. They reviewed published evidence, assessing its value and validity, and presented illustrative case studies. They identified three models through which cultural activity is incorporated into the regeneration process. These are ‘Culture-led regeneration’, in which cultural activity is seen as the catalyst and engine of regeneration; ‘cultural regeneration’, where cultural activity is fully integrated into an area strategy alongside other activities in the environmental, social and economic sphere; and ‘culture and regeneration’, where cultural activity is not fully integrated at the strategic development or master planning stage, and is often a small-scale ‘add-on’ to the existing plans.

Culture contributes to the following factors: land values and occupancy (versus vacant premises/voids/, design quality, environmental/quality of life, e.g. air/water pollution, noise, liveability, open space, diversity, sustainable development, multipliers (jobs, incomes/expenditure – direct, indirect, induced), cost benefit analysis, contingent valuation (i.e. willingness to pay for ‘free’ activities such as parks, museums, libraries), inward investment and leverage, distributive effects, cohesion, capacity, health and well-being, and identity (Evans & Shaw, 2004). Many of these factors affect mental well-being, and these are therefore all relevant to evaluating the impact upon mental well-being.

An extensive literature review and four in-depth case studies on the role of the arts in regeneration (Kay, Watt & Blake Stevenson, 2000) found evidence that the arts can increase individuals’ personal development; attract people who otherwise might not be attracted to participate in community activities; improve an area’s image; attract economic investment; help in the process of community development; and lead to training and employment. For arts projects to realise their full potential in the regeneration process, they highlighted the need to embed the arts project within the local heritage and culture; to create quality of product and in access; and to make what is offered as accessible as possible, particularly to those who are most excluded.

**Neighbourhood Change and Crime**

Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness (Fitzpatrick and LaGory 2000). There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).
Physical Health
Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation, 2006a). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Salmon, 2001; Mutrie 2000; Department of Health 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern; Mental Health Foundation 2006b; Royal College of Psychiatrists 2006). Poor physical health is a significant risk factor for poor mental health (Melzer et al 2004); conversely, positive mental health improves physical health and outcomes for chronic disorders, e.g. diabetes.

Physical Environment and Transport
Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Allardyce et al 2005; Jackson 2003). Housing is also associated with mental health — independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood noise (Guite, Clark and Ackrill 2006).

8. APPRAISING THE EVIDENCE
In an urban environment like Liverpool, parks play an important role in encouraging healthy lifestyles, and giving an opportunity for contact with a natural environment. There was a high degree of coherence between the views of the participants and the evidence from the literature. The literature review confirmed that there is well-established research evidence for the positive effects of physical activity and greenspace (section 7). The potential impacts of the Newsham Park Audience Development Plan are therefore well supported by the research evidence.

It is plainly clear that the workshop would have benefitted from a larger number of and wider range of stakeholders from among those invited to attend. It was clear that there may have been some prior underlying tension in terms of the policy context, for example a possible bias to displacement and enforcement. The mental well-being impact assessment process and focus on the socio-environmental model of health was felt to present a means of encouraging further engagement and evidence to be taken forward, regardless of the success or otherwise of the funding bid.

9. DEVELOPING INDICATORS OF WELL-BEING
A short format, half day programme and the small number of participants precluded the examination of possible indicators.
10. RECOMMENDATIONS

Although there was no formal prioritisation of impacts identified, a number of recommendations emerged during the course of the workshop. With no differential weighting, these are:

- That the local community are “consulted to death” on a wide range of topics beyond this MWIA and feel it is tokenism and they are ignored. Evidence of being listened to, in terms of engagement in and delivery of the Plan is critical to foster feelings of ownership.

- Rather than adopting a purely “enforcement” approach to existing anti-social behaviour in the Park, particular efforts should be made to engage with children and young people likely to become users of the restored park. [This might also relate to a proposed further MWIA with the City Academy located in the Park]

- Regardless of whether Big Lottery funding is secured or not for the restoration and development of the Park, future plans must reflect the learning from the workshop. Future sustainability need not be bid-dependant.

- The MWIA has provided a platform for sustained development that, even in the absence of further funding, will provide a vehicle for bringing together stakeholders to ensure the sustainability of the Plan, even if impacts are at a reduced level.

- It is important that for sustainability and in order to contribute overall to well-being across the City, the Plan is not regarded as solely a “displacement strategy”.

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APPENDIX ONE

Evaluation of the Stakeholder MWIA workshop

Workshop participants were invited to complete an evaluation form. Of the 6 participants taking part in the workshop, 4 returned evaluation forms. Responses to questions were rated using a 5 point Likert scale. Questions covered how good the workshop was overall; how useful it was and the different parts of the workshop and their individual usefulness.

The workshop was rated 5/5 by two participants and 4/5 by two participants. Usefulness of the workshop was rated 5/5 by one participant and 4/5 by three participants. While the introduction was rated 5/5 by 2 participants, it was rated 4/5 by one participant and 3/5 by one participant. The sections on identifying population groups, protective factors and recommendations were all rated 4/5 by three participants and 3/5 by one participant. The final discussion was rated 4/5 by all participants.

The results suggest the workshop was successful in:

- “Good introduction/content”
- “Animated!”
- “Good venue”
- “Discussions”
- “Group work”

Participants felt that the workshop could be improved by:

- “a wider range of interests represented”
- “speedier”

There were no other additional comments