Care Services Improvement Partnership CSIP

North West
Development Centre

Mental Well-being Impact Assessment: A Toolkit

'A Living and Working Document'

Acknowledgements

The strength of this work is undoubtedly the contributions of many:

- Northwest MWIA Steering Group members: Cardy Camara, Anthea Cooke, Elaine Church, Julie Hanna, Jonathan Nicholls, Catherine Reynolds, Alex Scott-Samuel, Jude Stansfield, Julia Taylor, Helen West.
- Lewisham & Lambeth MWIA Steering Group members: Tony Coggins, Susan Jones, Sarah Corlett, Ruth Cohen.
- Organisations and participants involved in piloting and giving valuable feedback (over 100 workshops) in North West England, Lewisham and Lambeth (south London) and at national/international conferences.
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Lambeth Primary Care Trust

South London and Maudsley NHS Trust

Health First Specialists in Health Promotion for Lambeth, Southwark and Lewisham

Preface

Welcome to our Mental Well-being Impact Assessment (MWIA) toolkit. This has been developed as a collaboration of many partners who have an interest in contributing to promoting and protecting mental well-being. Our explicit intention in developing this toolkit is to support policy-makers, planners and people delivering programmes and services in understanding how they currently, and have potential to, improve the mental well-being of communities.

The MWIA has been developed in an English context and refers to the policy environment in England. However, we hope it will be of interest to colleagues in the rest of the UK — and welcome feedback from Scotland, Wales and Northern Ireland, as well as international colleagues.

This toolkit is now published as a 'living and working document', so we are very interested in your feedback, and encourage you to adapt it to meet your needs. Based on an earlier MWIA toolkit published by Lewisham and Lambeth colleagues in 2003, this new version has been overseen by a Steering Group (members listed in acknowledgment page) and includes respected health impact assessment specialists and mental health specialists.

Processes to develop this version have included:

- A review of other impact assessment toolkits looking for their potential to identify mental health impact
- A review of current theory and best practice in mental health and well-being practice, including indicator development such as work by the New Economics Foundation (UK) and the Scottish NHS Executive
- An external evaluation of the Lewisham and Lambeth MWIA toolkit
- Extensive piloting of the toolkit by colleagues in north west England and London
- Discussions with colleagues attending the 7th International HIA Conference in Wales (April 2006), the Five Nations Public Mental Health Conference (May 2006) and an exploratory meeting in Lisbon with Portuguese and EU/WHO mental health specialists
- A review and strengthening on the mental health evidence base by Dr Lynne Friedli.

The toolkit is now being used to undertake a MWIA of Liverpool Capital of Culture 2008. Feedback from use of this 'living and working' document will help develop a more robust revision of the toolkit.

We are now pleased to release our work — and ask that you help with developing the thinking. Please could you photocopy the Evaluation Form on the next page, fill it in and then return to:

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Mental Well-being Impact Assessment Evaluation Form

Thank you for accessing, downloading and hopefully, using the Mental Well-being Impact Assessment (MWIA) Toolkit. This toolkit is still 'work in progress' and we are interested in gathering feedback on users' experiences and lessons learned. This feedback will be used to inform a final published version.

1 Please tell us about what you used the toolkit for:

2 How did you use it? For example, did you use it to screen your programme, to undertake a rapid MWIA, to run a workshop — or to do a Comprehensive MWIA or something else?

3 The MWIA has four aims. How far does it go towards these? Please rank the categories according to 1 = fully achieved, to 5 = not achieved.

Aims	Rank
Raise awareness and understanding of mental well-being	
Enable a range of stakeholders to begin to identify the impact a particular policy, service, programme or project may be having on mental well-being	
Encourage stakeholders to explore ways to maximise potential positive impacts and minimise potential negative ones	
Enable stakeholders to explore and develop local indicators to monitor and evaluate progress on promoting mental well-being	

4 Please tell us a bit about your experience of using the toolkit. Please rank the categories according to 1 = fully agree to 5 = do not agree.

1. Introduction	Rank
Relevant to mental well-being	
Understandable language	
Instructions are clear, easy to follow	
Other — please specify	

2. Desktop Screening Toolkit	Rank
Relevant to mental well-being	
Understandable language	
Instructions are clear, easy to follow	
Other — please specify	

3. Rapid or Comprehensive Process	Rank
Relevant to mental well-being	
Understandable language	
Instructions are clear, easy to follow	
Other — please specify	

4. Developing Indicators	Rank
Relevant to mental well-being	
Understandable language	
Instructions are clear, easy to follow	
Other — please specify	

5. Appendices to Support MWIA	Rank
Relevant to mental well-being	
Understandable language	
Instructions are clear, easy to follow	
Other — please specify	

Please continue if you have any further comments to make.

5 What works well and why?

6 What does not work so well, how could it be improved?

7 Would you use it again, and/or recommend it to other people? Please say why you answer as you have.

8 Is there anything else you would like to say?

9 Information about you.

a Who do you mostly work for?
Put ‘x’ by the most appropriate

Organisation	
NHS	
Local Authority	
University	
Voluntary Sector	
Independent Practitioner	
Government Department	
Other (please specify)	

b What country do you work in?
e.g. England, Wales, Canada.

Thank you very much for completing this feedback form.

Please return to:
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Foreword

To be invited to write a foreword for a publication is a bit like being invited to open a gala. The dignitary is invited to say a few words, cut the metaphorical ribbon, declare things open, and then depart for the nearest cup of tea. So could be said for the writer of a foreword and it would probably be dishonest of me to declare that has never been my personal experience. But in this case it is most certainly not! Why? Because this publication really matters and has the potential to make a huge difference to the mental health of our community. Our mental health status drives not only the quality of our personal and professional lives but also the productivity and prosperity of the nation. It cannot be ignored or seen to be inferior to the physical health of the country neither can it be an “add on” — it is at the heart of all we do.

So this publication, which offers a tool to assess the impact of organisations and policies on the mental health of the public, including of course all workforce, is invaluable. It creates the platform for organisations to be mental health aware and to promote mental health and well-being. It offers a resource to support those who choose to promote positive mental health and it provides the business case for why it makes sense to do so.

Use it widely, encourage its use by others and be successful in your desire to improve the mental health of the country.

Mike Farrar CBE
Chief Executive, NHS Northwest

Contents

Introduction

"Many existing programmes within community strategies, crime and disorder reduction partnerships or local area agreements will be directly relevant to mental health. Action on housing, noise, traffic congestion, fear of crime and cleaning and greening the environment all contribute to promoting mental health. Even small improvements in mental well-being will achieve significant cost benefits through improvements in physical health, productivity and quality of life."
(Making it possible, NIMHE/CSIP 2005 p.5.)

Well-being is one of our most important ends, as individuals and as societies. But despite unprecedented economic prosperity, we do not necessarily feel better individually or as communities. For example, data shows that whilst economic output in the UK has nearly doubled in the last 30 years, happiness levels have remained flat. (New Economics Foundation, 2006.)

This toolkit has been developed to encourage and support mental health impact assessment: a structured analysis of how policies, proposals, programmes and projects might influence mental health and well-being. The toolkit is called Mental Well-being Impact Assessment (MWIA) to reflect its focus on positive mental health, and the assessment of those factors that support or erode emotional, spiritual and cognitive resources and attributes essential to psychological well-being. (Stewart Brown.)

The production of toolkits for Health Impact Assessment (HIA), as well as other forms of impact assessment, is well developed. However, whilst most HIA is based on a social model of health, to date HIA has largely neglected assessing impact on mental well-being (Cooke & Coggins 2005). There is also considerable work in progress to develop integrated impact assessment tools incorporating multiple dimensions of well-being. There is scope to use this toolkit to ensure that mental health is included in HIA and, for example, as part of the 'tools to assess local health and well-being' described in Choosing Health (Department of Health 2005). The assessment of mental health impact is important in its own right: mental health, like physical health, is a resource to be protected and promoted. However mental well-being — how people think, feel and function — is also an important pathway through which some of the major determinants of health — inequalities, exclusion, poverty, unemployment, discrimination — impact on overall health and well-being. (Wilkinson 2006.)

The aim of this toolkit is to:

- Raise awareness and understanding of mental well-being
- Enable a range of stakeholders to begin to identify the impact a particular policy, service, programme or project may be having on mental well-being
- Encourage stakeholders to explore ways to maximise potential positive impacts and minimise potential negative ones
- Enable stakeholders to explore and develop local indicators to monitor and evaluate progress on promoting mental well-being.

The toolkit is designed to be used by anyone with an interest in thinking about the potential mental health impact of policies, proposals, programmes or projects in a wide range of settings and across all sectors. These might include major strategic plans in a locality (for example Community Plans or Local Area Agreements), as well as regeneration, housing, employment, transport or cultural initiatives.

The toolkit can be used to generate debate about mental well-being, and assess the potential impact that the following have on it:

- New or reconfigured services, e.g. extended schools, social prescribing, new supermarket opening, open air swimming pool closing
- Planning or development proposals, e.g. the location of a casino, football club or fast food outlet, sale of school playing fields, wind farm
- Specific projects or programmes, e.g. health-promoting schools, parenting skills training
- Policy implementation, e.g. tobacco control, school meals, anti-social behaviour orders, dispersal of refugees and asylum seekers
- Strategy development, e.g. economic strategy, transport plans, community strategy, obesity strategy.

Mental Well-being at Different Levels

Mental health is not just a property of individuals; schools, organisations, streets, neighbourhoods and communities (of place or identity) may have low levels of well-being, for example low self esteem, mistrust, hopelessness, despair, lack of confidence, fragmentation and dependency. MWIA can therefore also contribute to identifying and understanding ecological effects, as well as potential impact on individuals.

Mental well-being impact will also be influenced by population characteristics, notably gender and race/ethnicity. This is a particularly important consideration in assessing impact at locality or neighbourhood level, where the effects of certain types of social capital, e.g. levels of participation or social cohesion, may be culturally or gender specific. (Zimmerman & Bell; McKenzie & Harpham; Kingsley, Ginn & Arber.)

Background

The MWIA toolkit was first developed by a partnership in Lewisham and Lambeth, originally to assist those delivering and monitoring their Neighbourhood Renewal Strategy projects. It was seen as relevant to a wide range of stakeholders and strategies, such as housing or community safety. The original toolkit was published in April 2004, having been tested and used on as many as 100 local projects, programmes or services.

Shortly after this time a further partnership developed in the North West to explore Mental Health Impact Assessment. As with Lambeth and Lewisham, it was partly in response to supporting the implementation and evaluation of local Mental Health Promotion Strategies. Key to successful implementation of strategies is the integration of mental health improvement into local policy and programmes across a range of sectors and organisations. The Local Strategic Partnership is particularly significant in this. It is a challenge to assess the impact that Mental Health Promotion Strategies have on local developments, in integrating mental health improvement — and making it everyone's business.

The two partnerships soon joined their work, and the same consultant has worked on both projects. The work has been developed with the aim of integrating current thinking on mental health improvement and well-being, and building on the model of the Lewisham & Lambeth MWIA toolkit.

Work continued in Lewisham & Lambeth to undertake local impact assessments and to carry out an external evaluation. In the North West, a review was carried out on eight existing HIA and other Integrated Impact Assessment Tools to critique and assess their competence in addressing mental well-being issues. It can be argued that mental well-being should be integrated into existing HIA, and it was therefore important to undertake this review early in the project to shape its direction.

A list of mental well-being criteria was agreed, and the review found that the Lewisham and Lambeth tool was most relevant to our work. A paper discussing this process will be published shortly. It was identified that many of the generic tools did not adequately address mental well-being. Feedback and recommendations were given on all the tools reviewed, to encourage their improvement. One tool that did demonstrate potential was the North West Assembly's Integrated Appraisal. Work has continued on this tool to improve its use in appraising mental well-being.

It is accepted that undertaking generic impact assessments will often be more relevant and realistic. However, where mental well-being is highlighted as an issue, undertaking a specific mental well-being impact assessment may be recommended.

The North West partnership secured further funding to undertake a comprehensive MWIA with Liverpool Capital of Culture during 2006/07. This large European funded initiative is engaging many partners in Liverpool on a culture programme up to and beyond 2008.

Use of the tool continues to be supported in both partnerships. Recent interest and practice is with Local Area Agreements (LAA) and their supporting community strategies. Mental health and well-being is a cross-cutting theme within the Local Area Agreement — relevant to all four blocks of Children & Young People, Safer Stronger Communities, Healthier Communities & Older People and Economic Development & Enterprise (ODPM, 2006, Local Area Agreements guidance, London: ODPM). Practitioners have been interested therefore in using the tool to maximise the contribution that LAAs have, across the range of sectors and organisations, to improving mental health and well-being.

Policy Context

"There is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment." (WHO European Declaration on Mental Health, 2005.)

Although MWIA is not mandatory or target-driven in England, a wide range of policies in health, education, employment, social inclusion, neighbourhood renewal and the arts recognise the importance of mental well-being to overall health and well-being.

Increasingly, the policy agenda is responding to public and media interest in — and concern about — issues related to mental health and well-being, e.g. 'happiness', life satisfaction, the economics of well-being, work/life balance and quality of life (Ekersley 2006; Hubbert 2005; Layard 2005). Communities consistently raise issues of 'liveability', placing a strong emphasis on feeling safe, the quality of the built and natural environment and friendly neighbourhoods where people want to live, and can actively participate and feel able to influence what goes on (Cameron et al 2003). These themes are explicitly recognised in the UK Government's sustainable development strategy Securing the future, which makes a commitment to exploring how policies might change with an explicit well-being focus (DEFRA 2005 p.3).

Recent years have seen a growing interest in the links between neighbourhood, community and mental health (Rogers & Pilgrim, 2003; Huxley et al, 2001; Elliott, 2000; Cameron et al, 2003; Chu et al, 2004; Marmot, 2005), although the extent to which neighbourhood has an independent effect on mental health remains the subject of debate. Elliott (2000) found that neighbourhood stressors may increase individual vulnerability to stress by reducing the effectiveness of individual resources. Huxley et al (2001) drew similar conclusions from their study of an inner city area in Manchester. Research on social capital has also attempted to identify the health impact of neighbourhood level factors like community cohesion (eg. trust, tolerance, participation), and has generated renewed interest in the emotional pathways through which neighbourhood deprivation impacts on health (Morgan & Swann, 2004).

However, reviewing the literature, Rogers and Pilgrim (2003) concluded:

'The influence of ordinary neighbourhoods on mental health has not been comprehensively tracked over time and place. This source of influence has remained in the conceptual shadow of key socio-economic, individualised and symptom variables.'

Nationally, MWIA is supported through the National Service Framework for Mental Health (DH 1999), the Public Health White Paper: Choosing Health (DH 2004) and the Health and Social Care White Paper: Our Health, Our Care, Our Say (DH 2006). These policies prioritise improving mental health and well-being through local strategies and increasing awareness.

A common objective of local Mental Health Promotion strategies is to integrate mental health into local policy — creating mentally healthy public policy. The national guidance on Improving Mental Health and Well-being — Making it Possible (NIMHE 2005) further reiterates the need to embed mental health across a range of stakeholder programmes and policies.

Within Europe, both the World Health Organisation (WHO) and the European Commission are placing increasing emphasis on the contribution of mental health to future health and prosperity (EU, WHO, Jané-Llopis, E. & Anderson, P. (2005). The WHO Declaration, signed by the English Minister Rosie Winterton (along with 52 other European countries) in Helsinki in January 2005 calls for action to "assess the potential impact of any new policy on the mental well-being of the population before its introduction, and evaluate its results afterwards." (p.4). This call for mental health impact assessment is reiterated in the European Union Green Paper on mental health, which is likely to make a further contribution to raising the profile of mental health (European Commission 2005).

This positive policy environment provides a helpful context for getting MWIA on the agenda. It also supplies a framework for integrating mental well-being impact assessment with existing efforts to improve mental health and well-being, as well as with wider regional, national and international initiatives relevant to mental health, e.g. human rights and civil liberties, social inclusion, anti-poverty, reducing inequalities and addressing violence.

What is Health Impact Assessment?

Health Impact Assessment (HIA) has been defined as "a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population" (Lehto & Ritsatakis, 1999). This definition places a specific emphasis on HIA as having a focus on health inequalities through looking at the distribution of effects. The aim of HIA is to produce a set of evidence-based practical recommendations that will inform decision makers on how best they can promote and protect the health and well-being of local communities they serve (Taylor et al 2002).

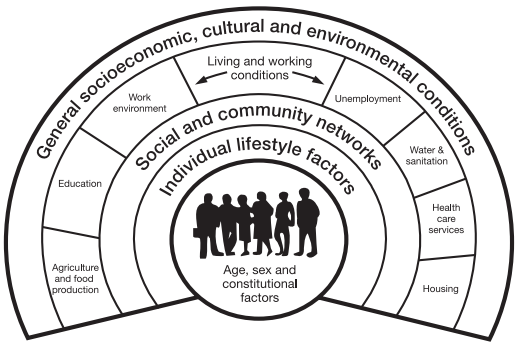
In the UK, the Acheson Inquiry proposed HIA as a means of identifying and addressing inequalities and the health needs of deprived and disadvantaged groups (Acheson 1988), and there is now a substantial literature on HIA (Kemm, Parry & Palmer 2004; Lock 2000; Scott Samuel 1998, 1999; Scottish Needs Assessment Programme 2000, Taylor 2002). More recently, the public health White Paper, Choosing Health (Department of Health, 2004) outlines the Government's commitment to building health into all future legislation by including health impact as a component in Regulatory Impact Assessment (RIA). The European Directive for Strategic Environmental Assessment recommends that HIA is a tool that policy makers et al should use to assess how impacts on people's health could be addressed.

The key principles of HIA support the identification of impact on health inequalities as well as being a tool for building relationships across partners and communities, and have been described as including the following (Barnes and Scott-Samuel):

- A social model of health and well-being
- An explicit focus on equity and social justice
- A multidisciplinary, participatory approach
- The use of qualitative as well as quantitative evidence
- Explicit values and openness to public scrutiny.

A Social Model of Health

HIA works with a broad social model of health, concerned not only with ill-health but with addressing upstream determinants that can lead to or contribute to ill-health. Dalgren and Whitehead developed one model to illustrate this which is commonly used.



However, this model does not include an explicit recognition of mental health or well-being. Although in practice, communities involved in the HIA process often attach a high importance to 'well-being' and recognise the significance of factors like sense of control, self-esteem and hope for the future, as well as the broader health determinants (Krasner and Copeland 2004). The social determinants that impact on mental well-being have been incorporated into this toolkit, see Part Two. As mentioned earlier in developing this MWIA toolkit, a review of eight impact assessment toolkits was undertaken, to identify the potential for HIA and other integrated toolkits to highlight the impact on mental well-being. Criteria used to assess these toolkits were taken from theory and best practice on mental well-being identified by the MWIA Steering Group.

The review found that although each of the toolkits was able to meet some of these criteria — none were able to meet most. Thus there is a clear gap in HIA theory in identifying mental well-being impact, as well as a gap in the area of developing mental well-being indicators.

HIA is a useful way of assessing positive and negative health impact of an existing or proposed service or development. It can be conducted before, during or after delivery of the intervention. If conducted before or during, it can offer an opportunity to maximise potential positive impacts, and to minimise potential negative impacts. It includes a set of processes, which allow for various levels of HIA to be conducted, from Rapid to In-depth.

These are three examples of different HIA levels that can be applied using the MWIA adapted from work by Abrahams and Broeder (2004):

Table 1: Examples of Different HIA Levels

	Screening: Part One of Toolkit	Rapid Assessment: Part Three of Toolkit	Comprehensive: Part Three of Toolkit Could be Applied
Aim	Provides a broad overview of possible mental well-being impacts.	Provides more detailed information of possible mental well-being impacts.	Provides comprehensive assessment of potential mental well-being impacts.
Usage	Could be used at an early stage in proposal development or where limited resources are available.	Typical or most frequently used HIA approach.	Least frequently used 'gold standard' of HIAs, takes considerable resources. Useful if large scale long term programme that has potential to have major impact.
Value	Could be used to assist in deciding whether further assessment is required, and what type e.g. HIA or Health Equity Audit.	Allows more thorough investigation of mental well-being impacts, increases reliability of impacts.	Most robust definition of impacts.
Method	Involves collecting and analysing existing, accessible data.	Involves collecting and analysing existing data and some new qualitative data from stakeholders and key informants.	Involves collecting and analysing data using multiple methods and sources (quantitative and qualitative), including participatory approaches involving data from stakeholders and key informants.
Duration	Takes an hour to undertake part one (excluding time to collect information).	Takes about 6 weeks to organise and complete (one day workshop).	Takes between 6 months to a year depending on the proposal, resources and timeframes.

What is MWIA?

MWIA is an attempt to:

- Bring together a growing body of research on the determinants of mental health
- Take account of the psycho-social pathways through which inequalities influence health.

The work of Wilkinson, Rogers and Pilgrim and others has attempted to analyse deprivation as a catalyst for a range of feelings — anger, frustration, hopelessness, despair, invidious comparison — that influence health. Positive psychology and the renewed interest in cognitive behavioural therapy has highlighted the relationship between subjective well-being or life satisfaction, and improved health.

As discussed earlier, there is currently no formal mechanism for including mental health impact within HIA or, for example, for assessing the impact of regeneration programmes on mental health and well-being (Cooke and Coggins 2005). The example below illustrates the difference that a focus on mental well-being can make to conclusions about impact on health.

Example: Housing Rebuilding Programmes — Potential Impact on Mental Well-being

The process of rebuilding houses can be stressful and disruptive for tenants, and relocating to new housing (whether on a temporary or permanent basis) can have a negative short-term impact, although it can be beneficial in the long-term (Huxley & Rogers, 2001; Blackamn & Harvey 2001). For physical health, the gains of replacing old tower blocks with new homes that have double-glazing, insulation and central heating are fairly obvious.

However, if you consider the impact of the programme on people's mental well-being, you may get a different perspective. Residents may have lived there all their life and not want their home to be knocked down and rebuilt; they may have associated feelings of lack of choice and loss of control; they may also be highly anxious about the whole process of being decanted, and feel devalued (i.e. no participation in the process). Finally, the process of relocating may break up neighbourhood and community networks (inclusion).

So the potential impact on how people think and feel, on their mental well-being, could be very negative. This does not mean that we should abandon rebuilding programmes, but demonstrates the importance of identifying and taking account of potential negative impacts.

What is Mental Health and Well-being?

There is no single definition of mental health or well-being, although there is widespread agreement that mental health is more than the absence of mental illness, as with the WHO definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1948).

A still commonly used definition of mental health is that produced by the Health Education Authority in 1997:

"Mental health is the emotional and spiritual resilience which allows us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others' dignity and worth."

The World Health Organisation, in their 2001 World Health Report, defined mental health as:

"A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

The WHO has further recognised (in the 2005 Mental Health Action Plan for Europe www.euro.who.int/document/mnh/edoc06.pdf) that:

"Mental health and well-being are fundamental to quality of life, enabling people to experience life as meaningful and to be creative and active citizens. Mental health is an essential component of social cohesion, productivity and peace and stability in the living environment, contributing to social capital and economic development in societies."

The terms “mental health”, “mental well-being” and “well-being” are often used interchangeably. Different sectors will also prefer different terms that communicate and resonate with their stakeholders. The New Economics Foundation use the term ‘well-being’, and recognise that:

“Well-being is more than just happiness. As well as feeling satisfied and happy, well-being means developing as a person, being fulfilled, and making a contribution to the community.”

Broadly, mental well-being is generally seen as comprising the following domains, and a range of screening tools/scales exist for measuring different elements, both at an individual and an ecological level[1]:

Subjective well-being/life satisfaction

Positive feelings and beliefs

Personal and social relationships
Engagement/participation in community

Positive functioning — emotional cognitive and social skills

Occupation (personal development, employment and other activity)

Sense of meaning

[1] See Mauthner and Platt 1998 for a review of well-being scales. A more recent review has been commissioned by NHS Health Scotland and should be available shortly. For an extremely valuable systematic review of measures of social capital and mental health see De Silva 2006.

Although the strength of evidence on the determinants of mental health varies, key determinants are the same as those for physical health, and include a combination of hereditary, material, socio-economic, environmental and psycho-social factors. Most of the research literature is concerned with determinants of mental illness, i.e. exposure to which variables (risk or protective factors) will reduce or increase the risk of a population experiencing a clinically diagnosable disorder: depression, anxiety, schizophrenia etc.

The two factor model (e.g. Keyes 2005) presents a fundamental challenge because it suggests that the scientific evidence supports the view that mental health and mental illness form separate continua, i.e. individuals free from mental illness may have low levels of mental health. While there is a tendency for mental health to improve as mental illness symptoms decrease, this relationship is modest. Keyes and others have found that individuals who fit the criteria for a mental disorder may have the presence of mental illness plus the absence of mental health, but equally may have moderate mental health or be flourishing (Keyes 2005; Gilleard et al 2004).

In essence, therefore, it is important not to confuse mental health/well-being with mental illness. Mental health and well-being is concerned with the feelings and functioning of all individuals — e.g. feelings of hope and satisfaction, confidence, sense of purpose and control.

Mental well-being is therefore worthwhile in itself, but it also protects our physical health. Conversely, poor mental health is both a cause and consequence of poor physical health and is associated with chronic illness, such as heart disease, and a range of health damaging behaviours including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet (NIMHE, 2005, Making it Possible: Improving Mental Health and Well-being in England, London: CSIP).

This 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). These were originally derived from studies on the impact of process (i.e. how an intervention/programme is delivered) on outcomes. In this analysis, how an intervention is delivered may be just as, or more, significant than what is delivered, because of the importance of subjective patient/client experience.

The four factors are:

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

For the purposes of this MWIA toolkit the social determinants of mental health and well-being have been linked to these protective factors and incorporated into the assessment tables. These can be found, along with further information, in Part Two, as well as a list of all references that provides the evidence base for these links.

The Role of 'Evidence' in HIA/MWIA

The key outcome of a HIA/MWIA is a 'set of evidence based recommendations'. It is important when making an assessment to have relevant and credible information/ evidence to use — the type and quantity varies with the level of assessment.

There are generally three sources of evidence used:

1 Community profiling

2 Research

3 Stakeholder and key informant.

In this toolkit the user is encouraged to draw on all three sources, particularly if undertaking a Rapid MWIA, and certainly if undertaking a Comprehensive MWIA. The third part of the toolkit explains what types of evidence are generally used in each category.

The strength of evidence for both the determinants of mental health and the relationship between mental well-being and other outcomes (e.g. physical health, education, crime) varies. In this toolkit, we have tried to ensure that we cite research papers/reviews as sources of evidence, and to indicate areas where there is considerable debate or uncertainty.

How to use the MWIA Toolkit

The MWIA is designed to follow the methods used in undertaking the assessment process. The table on page 19 shows this framework, and which sections of the toolkit to use for each stage.

Introduction provides an overview of the MWIA, plus discussion on what is mental health, well-being and impact assessment.

Part One is a Desktop Screening Toolkit. It is designed to be a 'stand alone' process, undertaken by one or two people, to make an initial assessment of the potential impact on mental well-being of the project, and to assist with deciding if further in-depth MWIA would be helpful. So, you have identified what you wish to 'screen' — now use this part of the toolkit and work your way through, filling it in and noting any points of action that you identify.

Part Two presents the assessment tables with a set of evidence based explanations of how population characteristics, social determinants and protective factors impact on mental well-being. The tables can then be used as a guide in the MWIA process to assess the proposal.

Part Three describes how to undertake a Rapid or Comprehensive MWIA process: undertaking scoping (planning your MWIA), appraisal (gathering and assessing the evidence), formulating recommendations, monitoring and evaluating your MWIA. This can be used for a range of MWIA's from rapid to a comprehensive. It includes full instructions on running stakeholder workshops.

Part Four describes one model of working with stakeholders to identify indicators that can be used to measure the subsequent impact of the policy, programme or project. This is an optional stage and is intended to promote discussion and awareness of the need to monitor the subsequent impact of the proposal on mental well-being following the MWIA process.

Appendices presents workshop preparation guidance, sample invitations, facilitators notes, exercises and other templates for you to apply or adapt for use in working with stakeholders to undertake a rapid or comprehensive MWIA.

The table below presents the MWIA framework which is used throughout this toolkit:

Table 2: MWIA Framework

Procedures	Methods	Section
Introduction to MWIA — this should be read before going onto undertake an MWIA.		Introduction
	Screening Using the screening toolkit to identify from a range of proposals those that you wish to undertake a more in-depth assessment of.	Part One/Two Screening
	Scoping Including initial policy appraisal, community profile, options for geographical boundaries & assessment of impacts.	Part Two/Three Assessment
Formation of Steering Group and terms of reference.		
Agree aims, objectives, project management and communications for the MWIA.	**Appraisal Process — Gathering and Assessing the Evidence** · Community profiling · Stakeholder and key informant · Research such as Literature search.	
On-going communication and involvement of decision makers.	**Identification of Potential Positive or Negative Impacts**	
Presentation of MWIA to decision makers.	**Identification of Recommendations and Writing of Report**	
Identification of information systems to collect indicators.	**Identification of Indicators** for monitoring impacts of proposal on mental well-being and implementation of recommendations.	Part Four Developing Indicators
Evaluate and document the HIA process.		
The Appendices contain sets of templates and instructions for undertaking various stages of the MWIA process.		

Adapted from Merseyside Guidelines.

Part One:
Desktop Screening

Introduction

This part of the toolkit has been designed to help people who are planning policies and programmes including services or projects (collectively referred to as proposals), to begin to find out how they might make a difference through using Mental Well-being Impact Assessment (MWIA). The process is also designed to help people decide whether it is worth doing a more intensive MWIA involving a much wider range of people; this is called a 'screening process' and is the first stage in the MWIA. It is designed to be user-friendly, and should take approximately half an hour to complete. Whilst completing the form, users may identify points that they would wish to follow up or find out more about. A space for such comments has been allowed after each section.

This process can be used on a wide range of strategies such as Government policies, Community Plans, Housing or Transport policies, programmes such as Neighbourhood Renewal, services such as Community Wardens, or projects such as Parenting Classes. It is best done before the proposal has been finalised — in other words, so that improvements can be made.

Case Study 1

Lewisham Neighbourhood Renewal managers used the Screening checklist on 52 of their projects in the early days of the programme. This involved project leads filling in the checklist which took half an hour of their time in team meetings.

From this exercise they were able to find out that all of these were likely to be having an impact on some of the factors that affect mental well-being, and they learnt of ways to improve the projects. From this they were also able to find a number of projects that they wanted to know more about, including the views of users, and they went on to do a rapid MWIA workshop (Part Three of the toolkit).

To undertake the screening process, it is best if two people who know the proposal fairly well work together. All you need is to set aside an hour, have a good working knowledge of the project and population/s targeted by it and to have printed out the tables on population characteristics, social determinants and protective factors for mental well-being that can found in Part Two of this toolkit.

Stage 1: Screening — Helping to Decide if you Need to do a Mental Well-being Impact Assessment

Name of policy, programme or project:

At what stage is your project? e.g. Not yet started, short way into delivery, half way through.

Name and title of person completing.

Names and roles of other people involved.

Are you the lead for the policy, programme or project — or what is your role?

Date of completing screening toolkit.

Whilst completing the form, users may identify points that they would wish to follow up on or find out more about. A space for such comments has been allowed after each section.

1 Why do you want to look at the possible impact on mental well-being of this proposal? (This is just to help you understand why you are doing the Screening)

- [ ] To find out what impact we are likely to have, or are already having
- [ ] To find out if we want/should do a more developed MWIA
- [ ] To see if there is a way we can improve the proposal
- [ ] Other — please say what

2 Is there an opportunity to influence or change ways in which the proposal is being delivered? (This will be important in helping to decide whether it is worth going on to do a Rapid MWIA, as you will need to be able to influence planning or delivery)

☐ Yes ☐ No

☐ Some ☐ Unclear

If you feel clear about why you are doing the Screening MWIA, then please continue; if not, then work out what if anything you need to do!

3 Public mental health and well-being 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. Table 1 in Part Two lists population groups, settings and variables for which there is considerable debate about their relative importance, and the pathways through which they impact on mental health status. An explanation from this evidence is also presented in Part Two of this toolkit.

Please look at Table 1 (previously printed from Part Two) — Population Characteristics. Thinking about your proposal and populations/communities that you are targeting — consider the ones that you think are most important (although remember this is a brief assessment so you don't need to be too detailed). One specific MWIA question is included, but you might want to think of other relevant points in relation to positive or negative impacts — please add these in.

4 Social determinants and protective factors that have a particular impact on mental health and well-being.

There are four main factors that are thought to promote and protect your mental well-being:

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

There are also social determinants, for example our physical health and more broadly employment, housing, poverty that affect our mental well-being. These have been incorporated into the four protective factors.

Please look at Tables 2a-d (previously printed from Part Two). This lists these social determinants and protective factors and the things that can make a difference for the mental well-being of people. Thinking about your proposal and populations/communities that you are targeting — consider the ones that you think are most important (although remember this is a brief assessment so don't need to be too detailed).

One specific MWIA question is included, but you might want to think of other relevant points in relation to positive or negative impacts — please add these in. Then note down any comments or recommendations that occur to you.

You are unlikely to be able to have an impact on every protective factor — please be selective and concentrate on those that appear to be most important for your proposal and client group.

An Example: Volunteers Project

2a Enhancing Control
MWIA Question: How does the Volunteers Project Impact on People's Control?

Protective Factors for Volunteers Projects	Likely Impact (E.g. Positive or Negative)	Comments or Recommendations
Individual/Lifestyle Knowledge, skills and resources to make healthy choices	Positive and negative	Generally positive impact on physical activity, negative impact on diet. **Recommendation:** Could be a more positive impact if organisers consistently considered health, and a person was responsible for volunteers' food and well-being.
Community/Social Opportunities to influence decisions	Positive and negative	People volunteering at events can provide constructive criticism on events from a different perspective to the event organiser. **Recommendation:** Routine feedback form provided soon after every event, asking all volunteers for constructive criticism.
Socio-economic/Environmental Job control; job security; levels of employment	Positive and negative	Some individuals may get jobs as a consequence of volunteering. However, this is rare, and often not optimised as a potential benefit. **Recommendation:** Where possible, provide volunteers with opportunities to gain experience in areas relevant to employment aspirations, e.g. administrative assistance.

5 Scale of Impact.

This section is important because it helps to identify the potential scale of any impacts that changes to your policy, service or project may have. It also helps to reflect on whether you have the potential to influence the proposal being assessed.

If known (or suspected) at this stage, what are the characteristics of the likely short-term mental health and well-being impacts of your project?

Duration of Impact
(this could be more than one period of time)

- ☐ Brief
- ☐ Weeks
- ☐ Months
- ☐ Years
- ☐ Entire Life
- ☐ Unclear

What are the possibilities for long term (longer than one year) mental health and well-being impacts of your project?

- ☐ Yes, there are some
- ☐ None
- ☐ Unclear
- ☐ A few people
- ☐ A part of the population
- ☐ The entire population

6 This section is a summary section that helps think through whether there is a need to undertake a more in-depth appraisal of the mental well-being impacts of the policy, service or project.

Having completed the above sections, a decision needs to be made about whether you should do a Rapid MWIA, and how to take forward any comments or action points you may have identified in the screening process.

For each question, circle the appropriate answer.

Question			
Does your project affect in a negative way any of your population groups in Table 1?	Yes	Don't Know	No
Does your project affect in a negative way any of the social determinants and protective factors in Tables 2a-d?	Yes	Don't Know	No
For some of the social determinants and protective factors of mental well-being, are some of the impacts of your project unknown?	Yes	Don't Know	No
Are the impacts likely to be over a long period of time (one year or more)?	Yes	Don't Know	No
Is there an opportunity to influence the delivery of the proposal you are screening?	Yes	Don't Know	No

If you have answered 'yes' or 'don't know' to at least two or more questions, then you favour further appraisal under the MWIA process.

Tick the appropriate box below.

- ☐ In favour of further appraisal
- ☐ Not in favour of further appraisal

Comments or Action Points

If you have made a list of comments or action points, you may wish to note here what, if any, further action you might need to take.

For example:

- Finding out more about the project activities in relation to the mental well-being determinants
- Finding out more about the characteristics of the population targeted by the project
- Finding out how to target population groups not using the project, and who may benefit in terms of mental well-being
- Developing an action plan based on your findings, in order to refine your project to maximise potential mental well-being and/or to reduce potential negative impacts.

If your project has been favoured for further appraisal, then you can use the third part of this toolkit to do further MWIA process involving a Rapid or Comprehensive Assessment process.

Part Two:
Evidence Based Assessment Tables

Introduction

Mental Well-being Population Characteristics, Social Determinants and Protective Factors

This section presents an evidence based discussion on factors that impact on mental well-being. It also presents two sets of tables to use when undertaking either a screening activity or a rapid or comprehensive MWIA.

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. Table 1 outlines the population characteristics impacting on mental well-being to be assessed. A MWIA question is included to guide participants in this process.

There will be an influence on mental well-being by socio-economic, environmental, cultural and lifestyle factors as detailed in the Introduction — The Social Model of Health.

Tables 2a-d in Part Two 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.

The factors are grouped to show how mental well-being can be affected at different levels: individual, community and socio-economic/environmental. The MWIA will assess how a proposal may affect mental well-being at each of these levels — tackling the individual and broader determinants of health. The evidence for these are summarised very briefly, with references to some of the key literature/policies (see also Making it Possible and Making it Happen DH 2002).

Table 1: Population Characteristics — Risk and Protective Factors for Mental Well-being

Population Characteristics	MWIA Key Question:	Likely Impact (E.g. Positive, Negative)
Age		
Early Years: Foundations for good mental health lie in perinatal period and early childhood (Mental Health Foundation (2005b) Lifetime Impacts, Hagel 2004); parenting style and attachment are the key factors. Key policies: NSF for children/every child matters.	Will this enhance or diminish support for parents and families through pregnancy, childbirth and first years of life?	
Adolescence: Attachment to school, family and community, positive peer influence, opportunities to succeed, problem solving skills. (Rutter and Smith 1995; Hartley Brewer 2005; Hagel 2004.) Key policies: Youth Matters (DFES 2005), National Framework for youth action and engagement (Russell Commission 2005).	Will this enhance or diminish feelings of security, significance and connection in young people?	
Old Age: The five main areas that influence mental health in later life are discrimination, participation, relationships, physical health and poverty. (Mental Health Foundation/Age Concern 2006, www.mhilli.org/documents/Inquiryreport Promotingmentalhealthandwell-beinginlaterlife-FINAL.pdf) Key policies: NSF for older people.	Will this impact positively or adversely on the five key areas known to influence mental health in later life?	
Gender		
Gender has a significant impact on risk and protective factors for mental health and the way in which the experience of mental distress is expressed. For example, depression, anxiety, parasuicide and self harm are more prevalent in women, while completed suicide, drug and alcohol abuse, crime and violence are more prevalent among men. Women are much more vulnerable to poverty, unemployment, domestic violence, sexual violence, rape and child sexual abuse. Key policies: Mainstreaming gender and women's mental health (DH 2003), National domestic violence delivery plan (Home Office 2005), Violent Britain (Liverpool John Moores University 2005).	Will the proposal impact differentially on men and on women?	

Race/Ethnicity		
Racial and ethnic differences in levels of mental well-being, and prevalence of mental disorders are due to a complex combination of socio-economic factors, racism, diagnostic bias and cultural and ethnic differences, in the way in which both mental health and mental distress are presented, perceived and interpreted. Different cultures may also develop different responses for coping with psychological stressors. (Bhugra and Cochrane 2001; McCabe and Priebe 2004). However, a major qualitative study found that idioms of distress bore great similarity across ethnic groups, although some specific symptoms were different. (O'Connor and Nazroo 2002 p.38.) Key policies: delivering race equality (DH 2005).	Will the proposal impact differentially on different ethnic groups, including refugees, asylum seekers and newly arrived communities?	
Disability (Including Learning Disability)		
Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are the key factors influencing the mental health of people with disabilities. Key policies: Valuing people: a new strategy for learning disability for the 21st century (DH 2001) www.archive.officialdocuments.co.uk/document/cm50/5086/5086.pdf	Will the proposal reinforce or reduce inequalities and discrimination experienced by people with disabilities?	
Physical Health		
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.	Will the proposal have an impact or take into consideration the physical health of the communities likely to be affected?	

Sexuality		
Some studies suggest that gay, lesbian, bisexual and transgender peoples are at increased risk for some mental health problems — notably anxiety, depression, self-harm and substance misuse – and are more likely to report psychological distress than their heterosexual counterparts, while being more vulnerable to certain factors that increase risk, e.g. being bullied, discrimination and verbal assault. (King and McKeown 2003; Myers et al 2005.)	Will the proposal impact differentially on gay men, lesbians, bisexuals and transgender peoples?	
Other (Population Groups/Settings)		
Prisons Schools Workplace Residential homes Hospitals Neighbourhood Other	Will the proposal impact on people living, using or working in particular settings?	

Social Determinants and Protective Factors for Mental Well-being

This 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).

The four factors are:

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

Enhancing Control

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).

Increasing Resilience and Community Assets

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. www.euro.who.int/socialdeterminants/assets/20050628_1

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). 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 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 & Margeti, 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 noise (Guite et al 2006;HF Guite, Clark C and Ackrill G (2006). Impact of the physical and urban environment on mental well-being Public Health supplement in press).

Facilitating Participation and Promoting Social Inclusion

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 Well-being 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).

Tables 2a-d: Framework for Identifying and Assessing Protective Factors for Mental Well-being

The four factors are control, resilience/assets, participation and social inclusion — and MWIA is considered at three levels: individual/lifestyle, community/social and socio-economic/environmental.

2a Enhancing Control

MWIA Question: How does the Proposed Development Impact on People's Control?

Protective Factors for Enhancing Control	Likely Impact (E.g. Positive or Negative)	Comments or Recommendations
Individual/Lifestyle Skills and attributes e.g. sense of control, belief in own capabilities Knowledge, skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices Opportunities for self-help e.g. information, advocacy, groups, advice, support Maintaining independence e.g. support to live at home when severely disabled or frail elderly		
Community/Social Opportunities to influence decisions e.g. at home, work or in the community Consultation processes e.g. opportunities for expressing views and being heard Local democracy e.g. devolved power, voting		
Socio-economic/Environmental Financial security and control over finances e.g. credit union, debt advice Employment e.g. job control, job security, appropriate work, levels of employment Physical environment e.g. housing, noise, density, pollution, re-cycling Transport options e.g. choice, accessibility, affordability		
Other		

2b Increasing Resilience and Community Assets

MWIA Question: How does the Proposed Development Impact on Resilience and Community Assets?

Protective Factors For Increasing Resilience and Community Assets	Likely Impact (E.g. Positive or Negative)	Comments or Recommendations
Individual/Lifestyle Emotional well-being e.g. self esteem, self worth, confidence, locus of control, hopefulness, optimism, life satisfaction Cognitive functioning and social functioning e.g. problem solving, decision making, relationships with others, communication skills Spirituality e.g. having beliefs and values Learning and development e.g. formal and informal education and hobbies Arts and creativity e.g. expression, fun, laughter and play		
Community/Social Trust and safety e.g. being able to believe in reliability of others and services, reducing fear of crime Social networks e.g. contact with others through groups, friendships, neighbours Social support e.g. family member or service that is supportive		
Socio-economic/Environmental Shared public spaces, and green space e.g. gardens, café, pub, library, park, canal, natural environments Robust local economy e.g. local skills and businesses being used to benefit local people, sustainability Ease of access to services e.g. education, housing, health and social care		
Other		

2c Facilitating Participation

MWIA Question: How does the Proposed Development Impact on Participation?

Protective Factors For Participation	Likely Impact (E.g. Positive or Negative)	Comments or Recommendations
Individual/Lifestyle Having a valued role e.g. volunteer, governor, carer Sense of belonging e.g. connectedness to family, group, community Feeling involved e.g. in the community		
Community/Social Activities that bring people together e.g. connecting with others through groups, clubs, events Opportunities to get involved, e.g. citizen's juries, volunteering, Time Banks, advocacy Processes/delivery that support social contact e.g. corner shop		
Socio-economic/Environmental Economic e.g. access to paid work for all Transport e.g. good networks and access Access to services or goods e.g. easily accessible and understood, user-friendly Cost e.g. affordable, accessible		
Other		

2d Promoting Social Inclusion

MWIA Question: How does the Proposed Development Impact on Social Inclusion?

Protective Factors For Promoting Social Inclusion	Likely Impact (E.g. Positive or Negative)	Comments or Recommendations
Individual/Lifestyle Trust others e.g. feeling listened and responded to, reliability of support Feel safe at home e.g. freedom from abuse Positive identities e.g. gender, ethnicity, sexuality, disability, faith		
Community/Social Practical support e.g. job support Tolerance e.g. community cohesion, mutual respect Low levels of crime e.g. low anti-social behaviour, hate crime Conflict resolution e.g. mediation, problem solving		
Socio-economic/Environmental Challenging stigma of mental illness e.g. breaking down stereotypes Challenging discrimination e.g. racism, HIV Tackling inequalities e.g. gap between rich and poor		
Other		

Social Determinants that Impact on Mental Well-being

This table provides an additional option should you wish to explore, in more depth, the impact of your proposal on the social determinants. This list is not exhaustive — it merely reflects where we have found the evidence that supports impact on mental health and well-being.

Social Health Determinants — Further Questions for Comprehensive MWIA

	MWIA Question	Comments or Recommendations
Lifestyle Factors		
Diet, physical activity, alcohol, tobacco, drugs	What impact will the proposal have on people's capacity, capability and motivation to adopt healthy lifestyles?	
Spirituality	What impact will the proposal have on people's opportunities to explore and practice their spiritual beliefs and values?	
Social and Community Resources/Networks		
Social resources (networks, trust) Social support, social contact	What impact will the proposal have on social resources, social support and social contact that neighbourhood residents in all population groups can depend upon?	
Material Factors		
Socio economic status (occupation, education, housing, financial security)	Will the proposal affect people's income levels, access to education, quality of housing or levels of overcrowding?	
Employment status	Will the proposal affect people's access to appropriate employment?	
Neighbourhood characteristics	Will the proposal have an impact on the stability and strength of affected communities?	
Inequalities	Will the proposal have an impact on health inequalities within the affected communities?	
Other		

Part Three:
Rapid or Comprehensive Process

Introduction

This part of the toolkit presents all the stages of the MWIA, following on from the screening process — scoping, appraisal, recommendations, monitoring and evaluation — and can be used for either a rapid or comprehensive MWIA.

What are these Stages about?

Having undertaken the Desktop Screening process (Part One of the MWIA Toolkit) and decided that further investigation of potential impacts is needed or desirable, the next stage is to 'scope' the MWIA — to plan how to undertake this. Having 'scoped' the MWIA the next stage is to 'appraise' the evidence that will be used, to make a more thorough investigation of the potential impacts, and to produce recommendations on how to maximise positive, and reduce negative, impacts. Having appraised the proposal, the next stage is to formulate a set of evidence-based recommendations, designed to inform the decision makers. Running throughout the MWIA process, should be monitoring and evaluation of the process, and eventually of the impact. Consideration will need to be given to whether to undertake a Rapid or Comprehensive MWIA (see Table 1 in the Introduction to the toolkit for further explanation).

In this part, the stages are set out giving a brief introduction to best practice theory and some practical instructions on 'how to do it'. These procedures can be incorporated into a Rapid Appraisal in the form of a workshop with 'stakeholders'. If undertaking a Comprehensive MWIA, it is advised to use the workshop format with a range of stakeholders in a series of workshops. In the Appendices you will find a range of tools such as sample invitations, programmes, facilitators' notes, exercises to use and a sample evaluation form to assist you with holding workshops. You will also need to use the tables in Part Two (Population Characteristics and Social Determinants and Protective Factors for Mental Well-being).

The procedures are intended as a guide — you can always adapt them to meet your own needs, and have been piloted in many forms with a wide range of people. In our experience, this interactive process has been highly valued, as it gives people time to reflect and explore their thoughts and aspirations for promoting mental well-being, as well as being an active participant. We have also concluded that it requires good facilitation skills (not necessarily someone who has good knowledge of mental well-being), and planning such events is time consuming but well worth the effort.

Scoping Stage

Scoping is about identifying and establishing the practical foundations for the MWIA. If you are planning a Rapid MWIA, you would need to bring a small number of people together to help you undertake the process; in a comprehensive MWIA you should establish a Steering Group who would also oversee and monitor the MWIA through to the end of the process, including presenting and lobbying for the recommendations to be accepted (see section below).

Key Scoping tasks include:

- What level (depth) of MWIA are you planning to do (see Table 1 in the Introduction): desk-based, rapid, comprehensive?
- How and by whom will the MWIA process be overseen? If you decide you need a Steering Group, it is best to keep this group limited in number (max 8). A list of who needs to be recruited is included below.
- Which decision makers need to be involved? How will you link to the decisions making process for the proposal?
- When are the proposal's key decision points, and what time is available to undertake MWIA? It is best to start the MWIA as early as possible within the decision making process.
- How are you going to ensure an open and transparent process which allows all stakeholders to express a view and manage potential controversy or confidentiality concerns?
- To what extent can those who may be affected by the proposal be involved? If you can't find ways to bring these views in, then it is best to work from existing consultation reports or views already given, rather than do community participation poorly.
- Which specialists, practitioners and skills could usefully be involved? What skills are you going to need, and how will you access them? (see discussion below about the Steering Group.)
- What financial resources are required and available? Will you need to pay for venues, crèche, translation etc.?

- What are the boundaries for the MWIA in terms of time, place, relevant population groups and/or geographical area?
- What range of methods will be used, given the resources available, to gather the evidence base needed to undertake the MWIA?
- How will responsibility be divided up for different MWIA tasks?
- How will the process be monitored and evaluated?

Setting up a Steering Group

Who Needs to be Involved?

It is important to recognise that people have differing views about what mental well-being is for them. Also, that those in a policy-making or service/project delivery role and community members may all have different priorities and perspectives. If undertaking a Comprehensive MWIA, it is advisable to set up a Steering Group to advise, oversee and monitor the MWIA.

This could include:

- A chair person who can keep the Steering Group focused and linked to the decision makers
- The lead for the proposal — this person needs to be familiar with the proposal
- Someone who can project-manage the MWIA process
- Someone who has knowledge of the demography of the affected population/ community, such as a Public Health Information Analyst (or if you cannot secure this — access to this type of information)
- People who are able to access other 'stakeholders' such as planners, elected members, trade unions, health and local authority staff
- More than one person who can bring views and experiences from the affected population/ community, and who can advise on how to access these (this enables community representatives to be involved with the MWIA from the start).

Draft Terms of Reference could consist of:

Aim: To advise, oversee and ensure the MWIA delivers its objectives and influences the decision makers.

Objectives:

- To agree the methodological framework and timescales
- To provide an input of local knowledge and information
- To act as a bridge between partners
- To facilitate implementation of the recommendations
- To help assimilate and disseminate the emerging lessons.

Appraisal Stage

This stage is often referred to as the 'engine room' of the impact assessment process. It involves collecting a variety of forms of 'evidence' that inform the development of a set of recommendations that should influence policy, programme or project, (hereafter referred to as proposal) resources and delivery. It is important when making an assessment to have relevant and credible information/evidence to use — the type and quantity varies with the level of assessment.

There are generally three forms of evidence that are used:

1 Community profiling — collecting demographic and health status information about the population likely to be affected (section B below)

2 Stakeholder and key informant — collecting information from previous consultations or HIAs, original field work, such as one-to-one interviews, workshops, site visits or other participatory techniques (sections C and D below)

3 Research — published or 'grey' literature on potential impacts of the interventions on mental well-being, or on protective factors (section E below).

In this toolkit the user is encouraged to draw on all three forms, even if undertaking a Rapid MWIA, and certainly if undertaking a Comprehensive MWIA.

How to use the Next Part of the Toolkit

The theoretical steps for undertaking the MWIA appraisal stage are described here (adapted from the Merseyside Guidelines, 2nd Edition May 2001) and specific tools that we have developed (as described in the Introduction earlier) are then offered in Part Two and in the Appendices to give

the user a practical framework from which to draw. The tools have been piloted with a range of users and proposals, and are meant to be used flexibly, according to local needs and skills available.

A. Clarifying the Proposal (Policy, Programme or Project)

Introduction

It is important to have a clear understanding of the proposal that is subject to the MWIA.

This helps to focus on:

- Rationale, context and strategies or themes
- Populations or communities likely to be affected
- Stakeholder and key informants
- Relationship of the proposal to other relevant policies, programmes or projects
- Results from previous evaluations of similar proposals
- Results from previous stakeholder consultations.

How to do it

This could consist of an analysis of three types of documents:

1 The proposed policy document or programme/project plan and supporting documents

2 Other policies and official documents that relate to the proposal under investigation

3 Evidence of the social, economic, political, cultural and scientific context for the proposal.

If you are running a workshop you should have prepared this work, in order to present a brief summary of the findings; it is important to ensure that someone with knowledge of the proposal attends the workshop.

B. Community Profiling

Introduction

A profile of the areas and population groups and/or communities likely to be affected by the proposal should be compiled if you are undertaking a Comprehensive MWIA. This should draw on socio-demographic, health data and community knowledge to ensure a robust understanding of current health and mental well-being status is used to inform the appraisal, and then as a baseline to monitor impacts. In this case, the emphasis should be on mental well-being, which would include wider determinants of health — in particular, employment/income status, known social and community networks, access to relevant services, and information and data from residents' surveys on how people feel about their area, or the issue that is the subject of your MWIA.

If undertaking a Rapid MWIA, it is still useful to explore characteristics of your local population, drawing on local knowledge, and including stakeholders, perhaps in a workshop exercise.

Population groups that you might need to consider are listed in Table 1 in Part Two.

How to do it

If you are running a workshop, you should have prepared this work and present a brief summary of the findings, while ensuring that people who can represent the population groups of greatest interest or concern attend the workshop. It is then helpful to check out this information with the stakeholders and key informants. An exercise is provided in the Facilitator's Script for a workshop in Appendix D.

In Part Two, Table 1 presents a list of population characteristics and the evidence of the risk and protective factors for mental well-being. A key question is posed on how the proposal affects risk and protective factors in relation to age, gender, disability, race/ethnicity, physical health, sexual orientation and also different populations in settings. You may wish to add other populations. This table and set of questions is used in the workshop exercise or can be adapted for other methods.

From the profiling identify:

- Particular target groups that are of interest or concern to you
- Other groups who will be affected by the plan
- Groups that may be (inadvertently) negatively affected by the plan.

C. Stakeholders and Key Informants

Introduction

The process of MWIA requires broad participation, as people have different perspectives and experiences of mental well-being, as well as bringing knowledge to the process. This helps build a comprehensive assessment.

Best practice in HIA suggests the benefits of including stakeholders and key informants (expert witnesses) in the MWIA might be as follows:

- Provides information about proposal to those affected
- Improves quality of assessment, by ensuring potential health impacts identified will match local experience
- Provides opportunities for stakeholders to express and consider concerns, and to submit their own evidence
- Can help manage expectations and misconceptions
- Improves quality of final decision, as local needs can be reflected and tailor made response developed
- Affirms transparency of process by opening to public scrutiny.

Other benefits we have found in developing the MWIA is that when a range of people have had the opportunity to explore this together partnerships and networks have been strengthened. Ownership and actions to improve proposal delivery are also more likely to take place when people responsible are involved.

How to do it

The collection of data on potential mental well-being impacts involves qualitative research with the stakeholders and key informants. Selecting those who should be included, and how many people, is dependant on the nature of the MWIA. The MWIA Screening process should have started to identify these groups (using Table 1 in Part Two). The Community Profile and knowledge of the proposal, as well as the steering group, local community workers can help to identify stakeholders who have knowledge and a particular interest in the proposal. You should also consider how to include views and experiences from those who are likely to be affected, but who are less likely to be heard or to give their views.

Before the evidence is gathered it is important to ensure that you have tried to get a 'representative' sampling based on priorities identified through the Community Profiling, and that you use a consistent method of collating the information.

Methods for collecting stakeholder evidence could include one-to-one interviews, focus groups, workshops, video diaries, workshops, questionnaires, site visits and secondary research such as reviewing previous consultation exercises.

We recommend running one or a series of workshops (however our materials in Part Two and in the Appendices could be adapted for the other methods above). Guidance on how to hold a 'stakeholder' workshop is given in the Appendices:

Appendix A — Preparation for Holding a One Day Rapid MWIA Workshop

Appendix B — Sample Invitation Letter

Appendix C — Sample Participants' Programme

Appendix D — Facilitator's Script

Appendix E — An Alternative Exercise for Helping Prioritise Protective Factor Impacts

Appendix F — Flipchart Templates for MWIA Workshop.

These have been developed and piloted in numerous sessions over three years. They are intended as guidance and not intended to be prescriptive. The more interactive you can make the process the better, including encouraging stakeholders to explore their own understanding of mental well-being, while at the same time balancing this with an input of theoretical evidence.

Who might your 'Stakeholders' be?

Your stakeholders should include:

- The lead for the proposal — this person needs to be familiar with the proposal
- Someone who has knowledge of the demography of the affected population/community (or if you cannot secure this — access to this type of information)
- Someone who is involved with delivering the proposal
- People who can bring views and experiences from the affected population/community

- Experts whose knowledge is relevant to the proposal (or particular aspects of it), and who may or may not be from the locality concerned
- Relevant health (or related) professionals (e.g. general practitioners, community nurses, social or community workers)
- Relevant voluntary organisations
- Key decision makers
- Any other partners involved with the proposal.

D. Identification of Potential Positive or Negative Impacts on Social Determinants and Protective Factors of Mental Well-being

Introduction

As discussed in the Introduction in Part One of this toolkit, understanding and definitions of mental health and well-being are the foundation of MWIA. In Part Two, Table 2 presents the social determinants and protective factors for mental well-being. The evidence base for the impact on mental well-being of the socio-environmental model has been appraised and factors relevant to mental well-being have been incorporated into the protective factors. The factors have been based on reviewing the evidence and in piloting the toolkit. These are included to act as a guide to your assessment.

It is also important that, at a local level, there is a discussion as to what is the most appropriate model to use. There are a variety of websites that can help to access background reading on mental health and well-being to support this understanding.

How to do it

In bringing stakeholders and key informants into the MWIA, it is firstly important to establish common understanding about mental well-being. In Appendix D there are two suggested exercises that can be used or adapted to support this process. In Appendix K there is a list of facts and statements on mental health and well-being.

The tables that are presented in Part Two are there to act as a guide to the stakeholders and the topics for the evidence that you will need to be collecting. They can be used in workshops, adapted for one to one interviews, focus groups or desktop appraisals. These tables are the protective factors and social determinants that you will assess your proposal against. There are 42 in total grouped into four factors of increasing control, building resilience/assets, promoting participation and increasing control.

We recommend a stakeholder workshop and the outline and exercises for undertaking the steps are in Appendix D and E.

The steps are:

1 Within each of the four factors identify those that seem to have greatest importance in respect of the target group and proposal. Decide the three most important ways in which your proposal enhances each factor.

2 List all the ways the proposal has a positive impact on each factor.

3 Identify ways the proposal has a negative impact on each factor.

4 Identify possible actions/recommendations for improving the proposal.

Use the worksheets on Flipcharts 2, 3, 4 and 5 in Appendix F.

E. Literature Search

Introduction

This forms part of the evidence base for the appraisal. It can include:

- Published evidence such as scientific (research) literature in peer-reviewed journals, and grey literature that is relevant to the proposal, the social health determinants and protective factors and mental well-being
- Other MWIAs or HIAs that might have been undertaken on similar proposals
- Information from previous consultation or evidence gathered on the proposal, or other relevant proposals.

There are useful guidelines published by the London Health Observatory on behalf of the Department of Health to support good practice www.lho.org.uk

How to do it

In producing this toolkit there has been a comprehensive search of the literature identifying what affects mental well-being and what helps to protect it. This information has been discussed and piloted with a wide variety of communities and specialist workers. This, in turn, has informed Tables 1 and 2 in Part Two. In undertaking a Rapid MWIA, there should not be a need to undertake significant new research. However, if undertaking a Comprehensive MWIA, there might be a need to do further reviews of published research with an emphasis on that which is relevant to your proposal, e.g. the impact of community safety on mental health or well-being. There is a useful reference list that should assist you with this.

F. Assessment of Mental Well-being Impacts

Introduction

As described earlier, the MWIA process should include bringing together different forms of evidence. It is important to be clear about the status of this evidence:

- How representative were your stakeholders — what are the gaps? Be clear about whom you were not able to include
- How rigorous was your literature search (if you did one)?
- What is the status of the published research — was it one study, or were the findings consistent from several?
- How comprehensive was your community profile?
- Whom are you trying to influence — what form of evidence will be seen to be credible? (i.e. if you are trying to influence clinician you will need to have some scientific type evidence; however, if it is a regeneration programme stakeholder evidence will be important).

The likely consistency of 'expert' and 'community' perceptions of probability (i.e. risk), frequency and severity of important impacts could be described via a simple matrix (completed example below). The greater the likely consistency (i.e. the greater the likely agreement between expert and lay perceptions of important impacts), the more emphasis on the findings is warranted. The 'precautionary' principle should also be used: if there is a likelihood of negative impact — even though the evidence is not substantial — the risk should still be given priority attention, even if the recommendation is only to do further research into the risk.

Aspect of Potential Impact	Expert/Lay Consistency High	Low
Probability		●
Frequency	●	
Severity	●	

How to do it

It is best to document your MWIA process and findings as you go along, and using a consistent format. The templates presented for use in the stakeholder exercises can form the basic framework. The task is then to compile all your findings to identify the degree of consensus from the various forms of evidence, and to be clear where there are discrepancies or gaps in the evidence base.

G. Ranking and Researching the Most Important Aspects

Introduction

As in most impact assessment investigation, many potential impacts will be found. It will not be possible to explore all in great detail; hence impacts will need to be prioritised. This should be an iterative process, whereby all stakeholders who contribute evidence should be encouraged to prioritise as part of the process during the workshops and others, as well as when undertaking the final appraisal of all evidence collected if undertaking a Comprehensive MWIA.

How to do it

The prioritisation can be undertaken at a number of levels:

- By the Steering Group in the 'scoping' stage, by identifying criteria for selection of impacts such as those that are likely to have significant negative impact on vulnerable communities, those for which there is a realistic solution, value for money and others
- These criteria can then inform questions that can be posed during stakeholder interviews or workshops
- Using the prioritisation exercise described in the facilitators notes in Appendix E as part of workshops
- Using criteria based on the Measurability and Degree of Risk identified in the evidence.

Recommendations Stage

Formulating Recommendations and Producing a Report

Introduction and How to do it

Undertaking the MWIA process will have an outcome of raising awareness and understanding of mental well-being which is highly valued by those who participate. In addition, the theoretical outcome of an HIA is a 'set of evidence based recommendations'. Hence, it is also important that in appraising the evidence, a set of recommendations, designed to influence decision makers or proposal delivery, are also produced. These recommendations should be aimed at 'maximising potential positive and mitigating against potential negative' impacts on mental well-being. Occasionally, one main recommendation emerges that can be substantiated by all the evidence. More usually, long lists of possible recommendations emerge.

Again, as with ranking impacts, there should be a prioritisation process.

The following characteristics are likely to require consideration:

- The stage(s) of proposal development — how much time or space for negotiating changes to delivery is there? Be realistic about this!
- The mental well-being determinants that are likely to be affected — which ones are of greater concern?
- The nature of these effects and the probability that they will occur — how certain are you of the evidence base? If not totally certain, do you have enough to justify a recommendation? If the concern is significant about a potential negative impact, then it might be better to make a recommendation (precautionary principle) — but be honest about the status of the evidence.
- The organisations and political willingness available to implement the recommendations
- The social equity and acceptability of the recommendation
- The resources including costs of the recommendation
- How the implementation of the recommendation will be monitored.

The final product from the MWIA should be a report that sets out the process you undertook, the findings in summary form (place the detail into Appendices) and the recommendations you have identified. The format and language used should be appropriate for the decision makers who will be responding to the findings. There are many examples of HIA reports on www.nice.org.uk or www.ihia.org.uk.

Formulating Indicators to Monitor Impact on Mental Well-being

It is becoming more important to consider monitoring what impact the actual proposal is having on the community's mental well-being. Producing a set of indicators to assist with monitoring this is the concern of Part Four of this toolkit. This can be undertaken as part of a Rapid MWIA workshop

(although we would recommend a separate session is dedicated to this, as it is hard to fit it into discussions because people need time for reflection). Certainly, as part of a comprehensive investigation, time should be dedicated to achieving this.

The development and use of the indicators to monitor impact on community mental well-being would then form part of the recommendations of the MWIA, and evaluated as discussed below.

Evaluation of the MWIA

Introduction

This is generally an underdeveloped area in HIA, as efforts are focused on undertaking the process of the impact assessment and influencing decision makers, rather than spending the time to identify how and why the process may or may not have worked well. Nevertheless, it is important that lessons are learned from undertaking MWIA and then disseminated for those who follow, and to improve practice. Clarity is especially required around evaluation; monitoring processes will follow more or less automatically once appropriate evaluation formats are agreed.

Evaluation in MWIA consists essentially of the following elements (Scott-Samuel, IMPACT, 2006):

What to Evaluate	Type of Evaluation	Type of Evaluation Data	Nature of Evaluation Data
Achievement of ToR of MWIA	Input/process/output	Qualitative	Descriptive and/or checklist
Impact of MWIA on decision-making process	Impact	Qualitative	Descriptive
Impact of MWIA on the public health	Outcome	Qualitative and/or quantitative	Descriptive and/or numerical

How to do it

There are a number of ways to collect information that will identify evaluation data. This can be in the form of simple evaluation forms (a sample form is presented in Appendix I), pre and post interviews with stakeholders, observing the MWIA process — and following up on whether recommendations were accepted, and in the longer term, whether MWIA indicators were helpful in identifying a change in mental well-being.

It is helpful to think about the type of questions that could help with identifying process and impact data. (Taylor et al, 2003). These could include:

Process	Impact
How was the MWIA undertaken; did it follow best practice?	Did the MWIA change participants' awareness and understanding of mental well-being, and if so, how?
Did it make best use of available resources?	Did the MWIA process help to identify impact on mental well-being in a way that could be built upon by the proposal and participants?
What evidence was used, and did it help inform the conclusions of the MWIA?	Did the MWIA process identify indicators to measure mental well-being? Were these adopted? If not why not?
How were health inequalities assessed in relation to mental well-being?	Did the MWIA process identify recommendations that were adopted; if not, why weren't they?
How were recommendations formed and presented to decision makers?	Were the aims and objectives of the MWIA met?
What did those involved think of the process?	Were there any unexpected outcomes from the MWIA?
Others	Others

Part Four:
Developing Indicators

Introduction

This part of the toolkit follows directly on from the work that was undertaken in Part Three — assessment process. From this, you should have developed your understanding of the main impacts of your proposal (as it currently stands) on mental well-being. If your MWIA has identified recommendations that require changes to the proposal, you should also develop indicators based on these recommendations.

Developing indicators to enable the monitoring of the impacts of the proposal on mental well-being is a logical follow-on for a number of reasons:

- It enables all stakeholders to identify what might be an appropriate measure to use, to assess whether the proposal does go on to have the predicted positive impacts
- It enables stakeholders to monitor whether any improvements to the proposal are making any difference in reducing potential negative impacts
- It encourages stakeholders to monitor the effectiveness of proposals
- It helps to develop the evidence base for what makes a difference to mental well-being
- Others?

What is an Indicator?

Indicators are defined by the Oxford English Dictionary as 'a sign or symptom of; express the presence of or suggest a reading of'. Hence, they are a way of measuring delivery and performance against an intended outcome.

There is a need to improve our understanding of measures that can be taken to assess the impact of proposals on mental well-being, as identified by the work of the Scottish Development Centre for Mental Health on measuring mental health:

'Attaching greater weight to the evaluation of mental health improvement interventions and to the utilisation of the results of the evaluations is vital to achieve understanding of the contribution that mental health improvement can make to current policy and service goals. Strengthening confidence and expertise in identifying, developing and using mental health indicators is fundamental to improving evaluation standards and enhancing the credibility of mental health improvement.' (Friedli et al 2005)

The above paper also discusses how health indicators can be used:

- To define a public health problem: indicators help identify a problem as they are associated with its occurrence — for example low self esteem is associated with risk taking lifestyle such as smoking, substance misuse
- To indicate changes in health over time in individuals or populations
- To assess whether the objectives of a programme or intervention are being achieved.

It further notes that 'developing mental health improvement indicators generally means using subjective measures which are based on judgements made by the target group, patient, family, project worker et al, about well-being or the quality of life'. Measurement scales exist to measure many aspects of subjective mental well-being, such as quality of life or self esteem. These usually require new data to be collected via a survey. However, there may also be indicators, or proxy indicators, that are objective and at a more community or structural level, such as amount of green space in a neighbourhood.

Many of the things that people identify as having the biggest impact on their mental well-being are to do with how a policy, service or project makes them think and feel; things that are often not easily counted, such as increased self-esteem or safety. However, it is important that we do measure these impacts; indeed, these impacts are what the guidance in this part of the toolkit is aiming to assist with identifying.

Whilst mental well-being incorporates many factors (as detailed in Part Two), recent work has been undertaken to develop a mental well-being scale (Stewart-Brown, 2006, Measuring mental well-being: developing a new measure in NIMHE Mental Health Promotion Update, November 2006, London, CSIP). The premise for this work is that previous measurement scales have adopted a focus on mental illness

rather than mental wellness. The new 14 item scale, called the Warwick-Edinburgh Mental Well-being Scale, could form a useful means to measuring individual mental well-being, if resources and projects allow for new data collection.

The Scottish programme (Parkinson, 2006) has identified a list of constructs ('determinants, protective factors and consequences of mental health') for the indicators at the three levels of individual, community and structural/policy level:

Contextual Constructs		
Individual	Community	Structural/ Policy
Emotional intelligence Spirituality Learning and development Healthy living Physical health	Participation Social networks Social support Trust Safety	Violence Physical environment Working life Stigma/ discrimination Debt/financial security Social inclusion Equality

Examples of Possible Mental Well-being Indicators for Projects

Below is the table of mental well-being protective factors and some example indicators.

Protective Factors for Enhancing Control	Example Indicator
Individual/Lifestyle	
Skills and attributes e.g. sense of control, belief in own capabilities Knowledge, skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices Opportunities for self-help e.g. information, advocacy, groups, advice, support Maintaining independence e.g. support to live at home when severely disabled or frail elderly	Number of adults gaining basic skills as part of the Skills for Life Strategy Number of people using Direct Payments Numbers accessing self-help services
Community/Social	
Opportunities to influence decisions e.g. at home, work or in the community Consultation processes e.g. opportunities for expressing views and being heard Local democracy e.g. devolved power, voting	Percentage of residents engaged in consultation Percentage of pupils engaged in school councils
Socio-economic/Environmental	
Financial security & control over finances e.g. credit union, debt advice Employment e.g. job control, job security, appropriate work, levels of employment Physical environment e.g. housing, noise, density, pollution, re-cycling Transport options e.g. choice, accessibility, affordability	Employment rates Residents in low-paid employment Take-up of pension credit

Protective Factors for Community Resilience/Assets	Example Indicator
Individual/Lifestyle	
Emotional well-being e.g. self esteem, self worth, confidence, locus of control, hopefulness, optimism, life satisfaction Cognitive functioning and social functioning e.g. problem solving, decision making, relationships with others, communication skills Spirituality e.g. having beliefs and values Learning and development e.g. formal and informal education and hobbies Arts and creativity e.g. expression, fun, laughter and play	Subjective life satisfaction/quality of life/self-esteem etc. using measurement scales Percentage undertaking 5 x 30 mins of moderate exercise
Community/Social	
Trust and safety e.g. being able to believe in reliability of others and services, reducing fear of crime Social networks e.g. contact with others through groups, friendships, neighbours, Social support e.g. family member or service that is supportive	Fear of crime Number of people you could ask for help if in financial difficulty Attendance/participation in cultural activities
Socio-economic/Environmental	
Shared public spaces, and green space e.g. gardens, café, pub, library, park, canal, natural environments Robust local economy e.g. local skills and businesses being used to benefit local people, sustainability Ease of access to services e.g. education, housing, health and social care	Amount of public space, green space Amount of investment in the locality Residents using recreational facilities

Protective Factors for Participation	Example Indicator
Individual/Lifestyle	
Having a valued role e.g. volunteer, governor, carer Sense of belonging e.g. connectedness to family, group, community Feeling involved e.g. in the community	Number of residents who feel that their local area is a place where people from different backgrounds can get on well together
Community/Social	
Activities that bring people together e.g. connecting with others through groups, clubs, events Opportunities to get involved, e.g. citizen's juries, volunteering, Time Banks, advocacy Processes/delivery that support social contact e.g. corner shop	Number of people engaged in volunteering Engagement of young people in out-of-school activity
Socio-economic/Environmental	
Economic e.g. access to paid work for all Transport e.g. good networks and access Access to services or goods e.g. easily accessible and understood, user-friendly Cost e.g. affordable, accessible	Numbers of lone parents in employment Percentage of BME population accessing support services

Protective Factors for Promoting Social Inclusion	Example Indicator
Individual/Lifestyle	
Trust others e.g. feeling listened and responded to, reliability of support Feel safe at home e.g. freedom from abuse Positive identities e.g. gender, ethnicity, sexuality, disability, faith	Number of people who feel that people in their area treat them with respect and consideration Number of victims of domestic violence supported to remain in their own home
Community/Social	
Practical support e.g. job support Tolerance e.g. community cohesion, mutual respect Low levels of crime e.g. low anti-social behaviour, hate crime Conflict resolution e.g. mediation, problem solving	Access to vocational support and debt advice Reporting of hate crime
Socio-economic/Environmental	
Challenging stigma of mental illness e.g. breaking down stereotypes Challenging discrimination e.g. racism Tackling inequalities e.g. gap between rich and poor	Number of employees with a mental illness retained/supported in employment Differential employment rate between deprived and affluent neighbourhoods Differential life satisfaction scores in deprived and affluent neighbourhoods

Following the Indicator Development Process below, the following are examples of indicators relating to a given project, programme, strategy or policy:

Example 1 of Increasing Resilience and Community Assets at a Project Level

Determinant/ Protective Factor	Art/culture
Specific Project	Grant funding to arts and culture programmes
Target Group	Residents in priority neigbourhoods
Indicator	Attendance/participation in cultural activities

Example 2 of Increasing Control within a given Programme:

Determinant/ Protective Factor	Hopefulness/optimism
Specific Programme	Increasing employment
Target Group	Long-term unemployed
Indicator	Number of adults gaining basic skills as part of the Skills for Life Strategy

Example 3 of Increasing Inclusion within a given Policy:

Determinant/ Protective Factor	Challenging stigma of mental illness
Specific Policy	Workplace policy
Target Group	Employees within small medium enterprise
Indicator	Number of employees with a mental illness retained/supported in employment

Example 4 of Increasing Participation within a given Strategy:

Determinant/ Protective Factor	Opportunities to get involved
Specific Strategy	Community Plan
Target Group	Young people
Indicator	Engagement of young people in out-of-school activity

Indicator Development Process

How to do it

Having undertaken the appraisal process, you may wish to progress to develop a series of indicators with your stakeholders. In our experience, this work takes a half day session, and is best planned and delivered as a follow-up to the stakeholder workshop/s — if you can persuade people to come back! See Appendix G for a workshop outline.

It is firstly important that all stakeholders are clear about:

- Why it is important to come up with some indicators
- How they might use them
- Who they are for

The steps are:

1 Agree which are the priority factors/determinants identified in the appraisal.

2 Identify the activities in the proposal that will have an impact (positive or negative) on that factor.

3 Identify how the activities will impact positively on that factor. How will you know this has happened. Identify what you will measure. Identify how you will measure it.

4 Identify how the activities will impact negatively on that factor. How could you reduce this. Identify what you will measure. Identify how you will measure it.

Use worksheet in Appendix H Flipchart 6.

Example 1
An Example of Developing an Indicator of Control for a Time Bank in South London

What is Time Banking?

The principle of time banking is the currency is time. One hour of help given to someone else earns one time credit. Credits can be withdrawn at will and spent on a whole range of skills and opportunities on offer from other members of the time banks.

Social Health Determinant or Protective Factor: Control — Opportunities to Influence Decisions		
	Positive Impacts	Negative Impacts
Activity/aspect of proposal likely to impact upon this: Giving time or receiving to help influence things that happen in your local community	**Positive impacts on mental well-being?** People feel that they have an influence over what happens in their local community	**Negative impacts on mental well-being?** People try to influence and then fail leading to an increased sense of powerlessness
	How will you know this has occurred; what will you measure? Time is spent on influencing changes; local changes result from members' influence and actions	**What might you do to reduce this, and how will you know if you've been successful in reducing this — what will you measure?** Satisfaction with the activity
	How will you measure this? Measure 1 The timebank broker will log hours spent on influencing Measure 2 The timebank conduct regular surveys. A question about influencing will be added to the survey Measure 3 The number of changes/results achieved will be captured, together with types of changes	**How will you measure this?** A question about satisfaction (of the influencing activity and result) will be added to the timebank survey

Finally

Having developed a series of indicators, you will need to consider how you will make arrangements for collecting and collating the information, and at what intervals you will need to do this. In addition, you will need to report on the results and feed them into any evaluation of the proposal and/or of the MWIA process — as well as influencing policy or other processes that you need, to increase understanding of mental well-being and resource allocation.

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Appendices of Templates and Tools

Appendix A
Preparation for Holding a One Day Rapid MWIA Workshop

Rapid Health Impact Assessment (APPRAISAL) — Gathering and Assessing the 'Evidence'

This toolkit presents one model of bringing 'evidence' — particularly stakeholders' views and knowledge — together in the form of a one workshop. This process/theory could be adapted into a more in-depth process — a comprehensive MWIA, if the user is confident of their skills and experience base.

We would recommend that a whole day is allocated to this process.
You will need to do some preparation as follows:

Task	Resources Required	Lead	Done
Inform decision makers of intention to undertake screening process.	Clarity about who this is and how to access them.		
Identify budget as necessary.	Costs of venue, refreshments, special needs such as crèche.		
Organise a venue central to where the community or project is based; book refreshments.	Venue that is central to where the community or project is based; book refreshments using local community group if you can.		
Arrange for facilitators if covering more than one project, and arrange briefing session for them.	Steering Group members, people who are good at facilitating.		
Arrange for administration support and attendance on the session to collect names and other tasks as required.	Local administration support.		
Identify stakeholders to invite; send out invitations with at least three weeks' notice.	Sample invitation letter (see Appendix B). Consider how you might reimburse community members for attendance.		
Prepare presentations as required — this might include an explanation of MWIA, and information on the population, known health determinants and what the project/proposal is that is being assessed.			
Prepare flipchart papers.	Flipchart templates (see Appendix F).		

Prepare statements and facts about mental well-being onto A4 papers to mount on walls.	Table of statements in Appendix K. Coloured dots — lots of them!		
Prepare copies of the tables of Population Characteristics (Table 1) and Social Health Determinants and Protective Factors for Mental Well-being (Table 2) — one set for each participant.	Copies of tables in Part Two.		
Prepare participants' programme and agree roles/responsibilities.	Sample programme in pack (see Appendix C).		
Prepare evaluation form to handout at end of process.	Sample evaluation form in pack (see Appendix I).		
Make any arrangements necessary for childcare, interpreters or others.	Identify needs from invitation responses.		
Arrange for photocopying of materials well in advance of session.	Local administration support.		
When signing people in when attending, record their contact details.	Signing-in sheet, and allocate responsibility for this.		
Undertake the MWIA screening process.	OHP or powerpoint; flipchart paper and pens; bluetack; post-it notes; facilitators' script (see Appendix D).		
Collect and collate evaluation forms.			
Write up the findings from the session within one week — this is often challenging, but it helps build trust and transparency to the MWIA and, in our experience has been appreciated.	Allocate time and responsibilities for this (i.e. ask any facilitators to write up their notes, or admin support to type up flipcharts).		
Send copy of write-up from session back to participants asking for feedback.	Sample feedback letter in pack (see Appendix J).		
Collate responses and agree action plan in light of recommendations agreed.	Actions as appropriate.		

Appendix B
Sample Invitation Letter

Insert logos here

An Invitation to Improve Well-being and Health

Are you interested in helping the (insert project or proposal to be assessed) you are involved with, be as good as possible at improving well-being and health? Then you might be interested in coming to our Well-being Health Impact Assessment Workshop. Any results that suggest how projects can be improved will be acted upon, as well as helping inform future project funding and planning. So, your views will be listened to and used!

What is Well-being Health Impact Assessment?

It means looking at how the projects and services we offer affect well-being and health of local people.
We would like to use this method to assess (insert project or proposal to be assessed).

What has our (insert project or proposal to be assessed) got to do with Well-being and Health?

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.

We are inviting about thirty people to our workshop. All of them are involved in some way with the projects. For example, we particularly want local people who are current or potential users of the projects, as well as the people who are running them or planning them. And this is how you can help: we would like you to come along, because we think it is important for us to hear what you've got to say.

We will be asking you to share your views on:

- What do you think helps or doesn't help you to feel in control of your life, to feel involved and valued, to feel less anxious or isolated?
- How can the project you are involved with best help you with these feelings?
- How can we improve the projects to achieve this?
- What would we look for to measure success in these areas?

If you think these things are important, and you would like to tell us how we could improve projects for people and their families and friends, please come along to our:

"Well-being and Health — Are We Going to Make an IMPACT?"

Half Day Workshop on (insert date) at (insert venue) from (insert time) to (insert time)

Refreshments will be provided.
Childcare, transport and interpreting services will be available if you let us know your needs.

Please use the tear-off slip below to let us know if you can attend, and return by (insert date) using the stamped-addressed envelope provided.

(Insert project or proposal to be assessed)

Invitation to a Well-being and Health Impact Assessment Workshop

on (insert date)

from (insert time) to (insert time)

- ☐ I shall be attending the MWIA workshop on (insert date)
- ☐ I am unable to attend the workshop, but will send a representative
- ☐ I am unable to attend the workshop
- ☐ I have specific dietary requirements (please specify) _____
- ☐ I have specific physical needs such as a hearing loop (please specify) _____

Name _____

Local Person/Organisation _____

Job Title (if relevant) _____

Address _____

_____

Telephone _____ Email _____

Please return by (insert date) to _____

Appendix C
Sample Participants' Programme

Second Stage: Mental Well-being Impact Assessment Participants' Programme

Aim: To provide an opportunity to understand how (insert project or proposal to be assessed) can help promote mental well-being, e.g. how the project impacts on people's sense of self control, in order to make improvements to the proposal.

Objectives: This workshop is the second stage in the process, and will seek to contribute through:

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

Programme	
(Insert times)	Registration and refreshments/lunch
	Welcome, introduction, purpose of workshop and outline of programme.
	Group to work on 'What do we understand by 'mental well-being'; what helps and what doesn't?'
	Questions
	Identifying population characteristics and priorities the proposal is targeting and any gaps.
	Break
	Identifying priority protective factors that affect those for whom the project is targeted, and ways to improve this.
	Final feedback and action planning.
	Evaluation.

Appendix D
Facilitator's Script

Please note that there are a series of exercises (see Appendix E) and flipchart templates (see Appendix F) that also support these facilitators notes that you may wish to use or adapt. It is helpful to print or draw these out before running the workshop.

Please note the times suggested are only indicative of how long you might need!

10.00 - 11.00am
First Session of Groupwork — Introduction, Setting the Scene

Time	Activity
10.00	**Welcome and Purpose of Workshop** · To increase our understanding of what we mean by mental well-being · To identify those population groups that are of priority/interest for the proposal to be assessed · To identify the main factors that affect mental well-being, which this proposal has the potential to impact upon · To develop an action plan to respond to improve the proposal — to make the most of positive impacts, and how to lessen possible negative impacts. Briefly explain how the workshop will be run, and what is planned in order to follow up the findings. You might want to adapt this to use language that will be commonly understood! Group introductions: Invite people to introduce themselves in whatever way you feel is most appropriate. In small groups, we've invited people to say who they are, why they are there and one thing they have done that week to make themselves feel better — starting with one of the facilitators first. From this, you can reasonably conclude that we all have different ways of relaxing or looking after ourselves — mental well-being means different things to different people
10.15	**What do we Mean by Mental Well-being?** Rather than have the participants sitting passively being talked at, it is suggested we build on their knowledge and experience. You could use either of the following exercises: Exercise 1 You could ask the group to come up with words that they would see as being relevant to mental well-being, perhaps giving them post-it notes to write them on. They could then work in small groups to first put the words into a couple of sentences, and then to share these, so the whole group has had a chance to form their own views. Then, as facilitator, you will need to summarise the discussion and, maybe talk briefly about other definitions. Exercise 2 Place previously prepared statements and facts (see Appendix K) that give various definitions of mental health, well-being and explanations of happiness all around the room. We have included lots of statements, so you might want to select some and use others that you know of.

	Draw participants' attention to the statements on the wall, and invite them to circulate and look at them, and to chat to each other about what they understand, like and dislike about them. Give each participant three green and three red dots, and — working in pairs — encourage people to place the green on those statements they like the most, and red on those they like least. Then, select those that have the most of each, and invite people to talk briefly about why they chose those ones. In going through this process, it helps people engage with the language, the understanding and to 'own' that understanding. It will also help the facilitator get a feel about where participants are coming from in their understanding. Summarise the collective understanding.
10.40am	Brief Introduction of the Proposal that you will be Working on We have found that this is an important part of the process. Time spent clarifying what the proposal is being assessed is time well spent. Invite lead person for the proposal you will be assessing to give a short explanation of what the proposal aims to achieve, who it is targeted at, and the main aspects of the proposal. Any questions?
10.55am	According to how many people you have involved, it is best to work through the MWIA sections in smaller groups (max 12). It is at this stage that you would divide people in whatever way seems to make sense.
11.00am	Refreshments

11.15 - 12.45pm
Second Session of Groupwork
Complete Sections 1 and 2 — Population Groups, Social Determinants and Protective Factors

Time	Activity
11.15am	Section 1 — Population Characteristics This exercise is more robust if you have previously identified information on population groups most likely to be affected by the proposal. This information should be available from the local Annual Public Health Report, and if possible, try to have someone with this knowledge contributing to the discussion. All the population groups in this section are potentially at an increased risk of experiencing low levels of mental well-being — and they may be priority target groups for your proposal. In Small Groups Tell the group: We'll be going through each section of the rapid appraisal, and taking notes on the flipchart.

	Facilitator: Refer group to Table 1 in Part Two, or you might want to ask the group to come up with population groups/settings they think are most interested in. As the facilitator, you would use the table as a prompt. Tell the group: All the population groups in this section are potentially at an increased risk of experiencing low levels of mental well-being — and they may be priority target groups for your strategy/plan. Equally, your strategy/plan may affect the mental well-being of these groups, even if it doesn't intentionally target them. Ask the group to identify the groups that will be particularly affected by the strategy/plan. They could draw on whatever information you have previously identified, or it might be contained in the proposal you are working upon. You can also use the MWIA questions listed in Table 1 in Part Two. Identify: · Particular target groups that are of interest or concern to you · Other groups who will be affected by the plan · Groups that may be (inadvertently) negatively affected by the plan. If lots of groups are identified, ask group to prioritise, say, the three most relevant. Scribe: Draw up a flipchart using Flipchart 1 from Appendix F: Priority Population Groups/Settings. Facilitator: This discussion should be kept brief.
11.30am	Section 2 — Protective Factors Tell the group: The evidence shows that there are a number of protective factors that are important in protecting and promoting mental health and well-being. The most important ones we are looking at today are: · Enhancing people's sense of control over their lives · Building their resilience/assets · Facilitating greater participation · Promoting greater social inclusion. The toolkit also works on a social model of health. In other words, there are a wide range of social determinants of health, and a range of factors that are thought to protect mental health and promote well-being; you might have talked about some of them in the whole group discussion about how we understand mental well-being. These social determinants have been incorporated into the four protective factors and there may be impacts at a number of levels — individual, community and at a broader socio-economic/environmental level. In this section, we'll look at these in more detail. Alternatively you could use the exercise on prioritising impacts presented in Appendix E.

Enhancing Control

Begin by asking the group what they understand by this, particularly for the population groups they listed in Section 1.

Facilitator:
Refer group to handout of Protective Factors of Mental Well-being — the section that talks about Enhancing Control (previously printed out from Part Two).

Scribe:
Record the information on Flipchart 2 from Appendix F.

Step 1

First, look through this list of protective factors of mental well-being in Table 2 in Part Two. Encourage the group to discuss the whole range, and to identify those that seem to have greatest importance in respect of their target group and proposal.

- Which areas are you seeking to have the most impact
- Which are most important for you to make a difference? (This could either be positive or negative)
- Which are the areas where you most need to devote more attention?

Once they have had a chance to discuss these, move onto examining their priorities in more detail (in a Comprehensive, you would examine all the factors).

Decide the three most important ways in which your proposal enhances people's control.
(Note: these can be the headings already listed on the toolkit in the table, or the group can come up with other headings.)

Scribe:
Write the priorities in the first column of Flipchart 2.

Facilitator:
Encourage the group to identify the relevance of these factors for mental well-being — use the MWIA question and keep the discussion moving on, allowing everyone a say.

Step 2

Pick one of the these factors to look at in more detail and list all the ways your proposal has a positive impact on this factor.

Scribe:
Capture as much of this as possible in the appropriate box of Flipchart 2. Use a biro rather than flipchart pen, so you can write detail. If group is unclear whether some impacts are positive, write this in the 'unclear' box, checking the group are OK with this.

Step 3

Identify ways your proposal has a negative impact on this factor — and probe any inadvertent negative impacts.

	Step 4 Identify what actions/recommendations the group could make for improving the proposal in the light of their discussions, and record these.
12.00pm	Increasing Resilience and Building Assets Repeat same process as for 'control'. Facilitator: Refer group to handout of Protective Factors of Mental Well-being — the section that talks about Increasing Resilience (previously printed out from Part Two). Scribe: Complete Flipchart 3 from Appendix F.
12.30pm	You might want to break for lunch at this stage.
1.30pm	Facilitating Participation Repeat same process as for 'control'. Facilitator: Refer group to handout of Protective Factors of Mental Well-being — the section that talks about Facilitating Participation and Promoting Social Inclusion previously printed out from Part Two). Scribe: Complete Flipchart 4 from Appendix F.
2.00pm	Increasing Social Inclusion Repeat same process as for 'control'. Facilitator: Refer group to handout of Protective Factors of Mental Well-being — the section that talks about Facilitating Participation and Promoting Social Inclusion previously printed out from Part Two). Scribe: Complete Flipchart 5 from Appendix F.
2.30pm	Developing Indicators Remind group they have identified up to twelve protective factors for mental well-being. Ask them which they would like to spend a further session working on, developing ways of measuring (indicators) whether or not the proposal does make any impact on mental well-being. You will need to explain and discuss the point of indicators, how they might be used, and suggest developing these in a follow up session — in our experience people are too tired to stay by this point! The process for Developing Indicators is in Part Four of the toolkit.

2.40pm	Action plan, including what they have identified that need to be turned into recommendations. Facilitator: This is an opportunity for the group to reflect on their discussions — in particular what themes or specific issues that have been identified that they feel need to be worked up into recommendations. Guide them to identifying a small number that are designed to improve the positive impacts on mental well-being of the proposal, and, perhaps more importantly, to reduce any potentially negative ones they may have identified. Try to encourage them to identify who can take these forward, as well as how. Encourage the group to identify one of them to feedback the main points from the groupwork and the recommendations they have identified. Scribe: Note these down.
3.00pm	Plenary Session Recall all the groups and invite brief feedback from each: · Main impacts they identified · Recommendations they identified and how they suggest taking these forward · Is there interest in doing further work on developing Indicators? Summarise and agree how the MWIA findings will be disseminated. If there is interest in Developing Indicators — this is the time to agree how, who and when this might be achieved. Part Four of this toolkit is designed to assist with this process. Alternatively, you might want to look at indicators that are already being collected and that relate to the impacts identified in the groupwork. Invite participants to complete evaluation forms before leaving. Thank everyone and close session.

Appendix E
An Alternative Exercise for Helping Prioritise Protective Factor Impacts

Example 2 Enhancing Control

Step 1
Split the participants into groups of 5. Ask them to think about what is it that generally makes them feel in control or out of control themselves, then ask them to list them, and prioritise the top one. Repeat this process for resilience, participation and inclusion (recommended time 10 minutes for each one).

Facilitator:
It might be a good idea to get each group to undertake for each area (ideally), then compare results with each other. If time is limited you can get each group cover 1 protective factor and feedback their list and top priority to the wider group.

Step 2
Prepare flipchart sheets with a prioritisation grid (see diagram 1 on page 75), with the axis indicating the level of impact and importance (draw one for each set of protective factors, i.e. control, resilience, and participation and social inclusion).

Write each protective factor (from Table 2 in Part Two) onto a separate post-it note (e.g. control over decisions and choices, access to services and resources, etc.).

Now ask people (in the same groups or as a whole group) to consider the population groups listed in Section 1, and to think about what is it about your strategy/plan/project that makes people feel in control or not. This time use post-it notes with the 8 key protective factors written on them.

Get the group to stick the post-it notes onto the flip-chart sheet according to their importance (vertical axis), and impact (horizontal axis) (see Diagram 1 on page 75).

The protective factors that the group place as highest impact and importance will be at the extremities of the grid (see Diagram 1). In some cases, where people might identify that potentially the impact is both positive and negative, simply get them to write another post-it and put it on.

Facilitator:

- Encourage people to stand up and do this — it increases the group energy.
- Get everyone having a go at placing the post-it's, and negotiating with each other about where it goes on the grid.
- As people negotiate priorities, make notes of examples, stories and reasons.

Repeat the process for resilience, participation and inclusion (recommended time: 20-30 minutes for each one.)

Step 3
Pick one of these factors, and list all the ways your strategy has a positive impact on this factor (use Flipcharts 2, 3, 4, 5 in Appendix F for recording steps 3, 4 and 5).

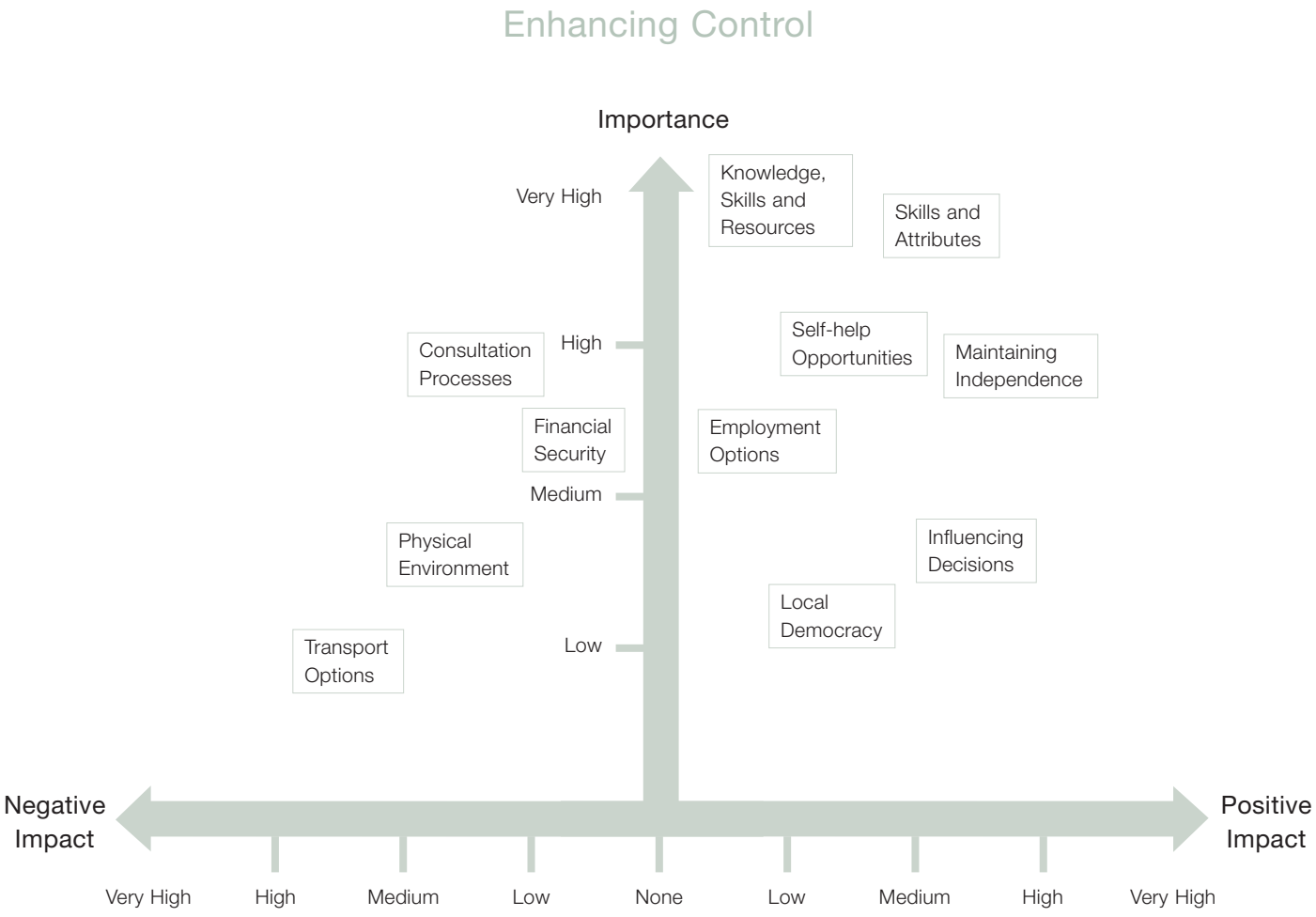
Step 4
Identify ways your strategy has a negative impact on this factor — and probe of inadvertent negative impacts.

Step 5
Identify what actions/recommendations the group could make for improving the proposal in the light of their discussions, and record these.

Repeat for other factors if time available (recommended time: 20 minutes for each one).

Facilitator:
Make notes of examples and stories for use in the final report.

Diagram 1
Example Prioritisation Grid



Appendix F
Flipchart Templates for MWIA Workshop

Section 1 — Flipchart 1

Priority Population Group
Affected or Targeted by your Proposal

Protective Factor: Control

Three Top Priorities:	Impact of your Proposal on this Protective Factor Positive	Negative	Unclear	Comments Actions Identified
1				
2				
3				

Protective Factor: Resilience and Community Assets

Three Top Priorities:	Impact of your Proposal on this Protective Factor Positive	Negative	Unclear	Comments Actions Identified
1				
2				
3				

Protective Factor: Participation

Three Top Priorities:	Impact of your Proposal on this Protective Factor Positive	Negative	Unclear	Comments Actions Identified
1				
2				
3				

Protective Factor: Social Inclusion

Three Top Priorities:	Impact of your Proposal on this Protective Factor Positive	Negative	Unclear	Comments Actions Identified
1				
2				
3				

Appendix G
Indicators Workshop Facilitator's Script

This exercise is designed to build on the findings from the MWIA workshop process concerning social determinants and protective factors for mental well-being. In our experience it is worth organising a follow-up session as participants are too tired to explore impacts and develop indicators in one long session. However, it is sometimes a challenge to encourage people to return for a follow up session.

The following facilitators' notes provide a framework to support the development of locally based, tailor made indicators, and/or to identify indicators that might already be collected. See Part Four of the MWIA toolkit for further discussion on indicators.

You may want to prepare some flipcharts with the framework presented in Flipchart 6 (see Appendix H) before the workshop begins.

Developing Indicators

Tell the group:
This section is to develop indicators that make sense to all stakeholders based on the mental well-being protective factor priorities identified in the earlier workshop sessions/day.

An example of an indicator (use the examples given above).

You might want to ask the group for their ideas/thoughts as to:

- Why it is important to come up with some indicators
- How they might use them
- Who are they for?

Facilitator:
Show the group the table (see Flipchart 6 in Appendix H of the toolkit), that you have previously drawn on flipchart paper.

Step 1
Remind the group of the social determinants and the protective factors they prioritised in the earlier session. From these, they now have the opportunity to prioritise ones to work up indicators from. Encourage them to prioritise and decide which one to work on first — then work your way through these one at a time. To save time and duplication of discussion, build on what was identified as positive or negative impacts in the Appraisal sessions.

Scribe:
Write the chosen determinant/factor in top line of Flipchart 6.

Step 2
Ask the group to have a quick discussion on the range of activities in their strategy/plan that will have an impact (positive or negative) on this factor. Ask them to select the one activity that will have the biggest impact on this factor (this could be one where they're actively trying to create a positive impact, or one where they're concerned there will be a negative impact).

Scribe:
Write this activity in the left column of Flipchart 6.

Step 3
(an indicator of positive impact)

Ask:

- How will this activity impact positively on this determinant/factor?
- (If several impacts), which one of these would you prioritise? (Keep this discussion focused — it's about specific activities, and their effect on the specific determinant/protective factor)
- How sure are you that it will have this impact — definite, probable, speculative?

Scribe:
Write this in top left box of Flipchart 6. Also note definite, probable, speculative.

Ask:

- How will you know this has actually happened – what will you see?
- What evidence could you use, what else might you need, and where could you get this?
- Drawing all this together – what will you measure? (Keep this specific)

Scribe:
Write what they will measure in middle left box.

Note:
Point out to group: this is one of your indicators.

Ask:

- How will you measure this?
- Will this be hard data, an estimate, or qualitative?

Scribe:
Write down answers in bottom left box.

Note:
Point out to group: you now have an indicator for positive impact on this determinant/protective factor, and how you can measure it.

Facilitator:
This is not about just getting hard measures — softer measures are just as valid/important. The following example can be used to make this point:

A college Tutor who had identified increased self-esteem as one of the key determinants of mental health in her adult education class, talked about knowing this because people who did not contribute to group discussions at the beginning of the course would by week 3, as their self-esteem grew. For her, the hard outcomes of GCSEs were not appropriate, nor were the number of training weeks; the real measure was this change in people's behaviour and the increased number of interactions, which she felt could be measured.

Step 4
(an indicator of effectiveness at mitigating negative impacts)

This is a similar process to Step 2 — though note, the focus is not on negative impacts per se, it's on how these can be mitigated.

Work through these questions:

- How will this activity impact negatively on this determinant/factor?
  (prioritise most negative, most definite impacts)

Scribe:
Complete top right box of Flipchart 6.

- What could you do to reduce this negative impact?
- How will you know if this has been successful – what would you see, what would you measure?
  (This gives you your indicator for how effective you are at mitigating the negative impacts)

Scribe:
Complete middle right box of Flipchart 6.

- How will you measure this?
  (Hard data, estimable, qualitative?)

Scribe:
Complete bottom right box of Flipchart 6.

Point out to group: this gives you your second indicator got for this determinant, and how you would go about measuring it.

Step 5
Repeat the whole process for the other priority determinant/protective factors.

Scribe:
Complete using Flipchart 6.

Towards the end of the session, depending on how long each indicators takes and how many the group want to develop:

Action Planning to take Forward the MWIA Process at Local Level

- How and who will take forward the indicator work?
- How could they contribute towards evaluation of the proposal?
- Others?

Reflection and Feedback/Evaluation
You might want to circulate a version of the Evaluation Form (found in Appendix I of the MWIA toolkit) for participants to complete.

And then...

You might also want to have a closing round for participants, asking people to share anything that has interested, surprised them — or what they have found challenging about the whole MWIA process.

Appendix H
Flipchart Template for Indicators Workshop

Section 3 — Flipchart 6

First Indicator

Social Health Determinant or Protective Factor:		
Activity/aspect of proposal likely to impact upon this:	Positive impacts on mental well-being?	Negative impacts on mental well-being?
	How will you know this has occurred; what will you measure?	What might you do to reduce this, and how will you know if you've been successful in reducing this — what will you measure?
	How will you measure this?	How will you measure this?

Appendix I
Sample Evaluation Form

Please rate the following areas on a scale of 1 to 5:

Date:	Excellent				Poor
The session overall	1	2	3	4	5
Introduction to Mental Well-being	1	2	3	4	5
Identifying mental well-being determinants	1	2	3	4	5
Identifying types of impacts	1	2	3	4	5
Identifying draft indicators	1	2	3	4	5
Final discussion	1	2	3	4	5
How useful was the workshop for you?	1	2	3	4	5

Comments:

Appendix J
Sample Feedback Letter

Insert logos here

Dear (insert name),

Re: (insert name of proposal assessed and date)

Thank you very much for attending and contributing to the workshop on insert date.
I hope you found it as useful as we did!

I am enclosing a draft write-up from the session. As discussed, I would appreciate you giving your comments.
If there are any other views or thoughts you have had since the workshop, please share them with us.

Please write your comments directly onto the report, and return it to me using the enclosed stamped addressed envelope.

I look forward to hearing from you, and, hopefully to being able to report back with some results!

With best wishes,

Yours sincerely,

(insert name and title)

Appendix K
Statements or Facts about Mental Well-being to use in Rapid Assessment Workshop

Economic output has almost doubled in the UK in the last 30 years, but life satisfaction has remained absolutely flat. Meanwhile, depression has risen significantly over the past 50 years in developed countries. (NEF)

Mental illness is now at least as important as poverty, and puts unemployment in the shade: there are more people with mental health problems on incapacity benefit (almost 1 million) than there are recipients of jobseekers allowance. (Happiness: Lessons From a New Science, LSE, Professor Richard Layard)

Mental health is 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'. (The Health Development Agency)

Mental health status is a key consideration to changing the health status of a community. (WHO, Promoting Mental Health — Concepts-emerging Evidence-practice)

Mental health is described as... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2001a, p.1)

...mental health is the foundation of well-being and effective functioning for an individual and for a community. This core concept of mental health is consistent with its wide and varied interpretation across cultures. (WHO Promoting Mental Health — Concepts-emerging Evidence-practice)

Facing discrimination and prejudice because you have a mental health problem is unfair and unjust. And since the introduction of the Disability Discrimination Act, it can even result in legal action. (Scotland's National Anti-Stigma Campaign entitled See Me)

Being happy is seriously good for you and others around you. (NEF)

Levels of trust ("do you think most people can be trusted?") has fallen in the UK from 60% (1950's) to 30%. (Performance and innovation unit 2002)

Well-being is more than happiness and satisfaction. It includes developing as a person, being fulfilled and contributing to society. (New Economics Foundation, NEF)

The term 'well-being' is used here to mean people's experience of their quality of life (NEF)... 2/3 of the well-being effect can be attributed to actual participation in development of policy and only 1/3 to improvement in policy that resulted. (Frey, B and Stutzer, A., 2002, Happiness and Economics)

The promotion of mental health is situated within the larger field of health promotion, and sits alongside the prevention of mental disorders and the treatment and rehabilitation of people with mental illness and disabilities. (WHO, Promoting Mental Health — Concepts-emerging Evidence-practice)

'Mental health' is referred to as a state that is determined not only by an absence of mental illness, but also by a sense of well-being. (Heer & Woodhead, 2002)

Mental health is about the way human beings adjust to the world, and are effective, happy efficient, content and maintain an even temper, an alert intelligence, socially considerate behaviour and a happy disposition. (Source: Wooton, 1959)

Mental health is the capacity to live life to the full in ways that enable us to realise our own natural potentialities, and that unite us with, rather than divide us from all other human beings who make up our world. (Source: Guntrip, 1964)

Mental health is characterised by the ability to love and to create... by a sense of identity based on one's experience of self as the subject and agent of one's powers, by the grasp of reality inside and outside of us, that is, by the development of objectivity and reason. (Source: Fromm, 1956)

A positive sense of well-being; individual resources including self-esteem, optimism, sense of mastery and coherence; the ability to initiate, develop and sustain mutually satisfying personal relationships; the ability to cope with adversities (resilience); these will enhance the person's capacity to contribute to family and other social networks, local community and society. (European Commission 2000)

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 state of being healthy, happy, or prosperous; welfare. (American Heritage)

Providing an exact definition of mental well-being is difficult. However, generally researchers agree that a mentally healthy young person has the ability to develop: Psychologically, Emotionally, Socially, Intellectually; and Spiritually. (SCRE Centre)