



The Hub Garden Project

Mental Well-being Impact Assessment



London Borough of Hounslow Steering Group
June 2009



THE IMPACT OF THE HUB GARDEN PROJECT ON MENTAL WELL-BEING

1. INTRODUCTION

Aim: To evaluate the impact that a community gardening project (at The Hub, Hounslow West) has on peoples' mental well-being and health. The Hub Community Garden Project aims to enable local people to

- grow fresh food
- practise, learn and share gardening skills
- create and look after gardens at the Hub for people to enjoy.

2. AIMS OF THE MWIA ASSESSMENT

- To identify how The Hub Garden potentially impacts on the mental health and well-being of The Hub Garden service users
- To identify ways in which the project might maximise its positive impacts and minimise its negative impacts
- To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well being of The Hub Garden service users.

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

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

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

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

4. METHODOLOGY

The Mental Well-being Impact Assessment (MWIA)

The Mental Well-being Impact Assessment is a two part screening toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental well-being.

The DOH 'Making it Happen Guidance' for mental health promotion (2001) identifies four key areas that promote and protect mental well-being:

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



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

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

MWIA Workshop

The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that The Hub Garden will have on the mental well-being of The Hub Garden service users. It will also identify actions to maximise positive impacts and minimise potential negative impacts on mental well-being

Table 1: Workshop participants

Role	No.	%
Service users and volunteers	7	64
Voluntary organisation workers	4	36
Total	11	100%

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

The participants were asked to select a definition of mental well-being from a selection of statements as included in the Mental Well-being Impact Assessment Toolkit. They were given three green and three red stickers and, upon arrival at the workshop, were asked to select the statements on mental well-being that they agreed with and the statements they disagreed with. The statements that scored highest from both categories were discussed as part of the timetable with all participants.

The statement that most people thought summarised mental well-being was “Mental health is the emotional and spiritual resilience which enables us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in one’s own and others’ dignity and worth. (The Health Education Authority, 1997)

POPULATIONS MOST LIKELY TO BE AFFECTED BY THE HUB GARDEN

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

A profile of the communities that are living in the area that The Hub Garden is targeting suggests the following characteristics and needs.(Please see Appendix 3.)

The people who attend the The Hub Garden are service users of the Library, of SureStart Hounslow, and residents of and visitors to the locality, who seem to reflect



the local community profile. This was discussed at the event, in order to identify those communities that local stakeholders consider to be affected by The Hub Garden.

The findings are presented in table 2.

Table 2

Priority population group affected or targeted by your proposal
<ul style="list-style-type: none"> • The Hub Garden targets people living in what is locally known as the former Beavers Estate, and the Meadows Estate (managed by Places for People.) In particular, • people wanting to garden, or volunteer for the community. • people with food poverty. • library users. • surestart users. • people who do not have, or do not use, a garden at home.

The Hub Garden provides a stress-free, relaxing and interesting outdoor environment for leisure gardening and informal learning, particularly valuable for nearby flat dwellers.

5. WHAT ARE THE KEY IMPACTS OF THE HUB GARDEN ON MENTAL HEALTH AND WELL-BEING?

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

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

Due to time constraints for workers at the Hub involved in the project, the team organising the MWIA selected just two of the four factors above, i.e. Resilience, and Participation. The Participants were introduced to the factors and asked to think about these factors in relation to the Hub Garden, and rate how important it was to the service users, and the potential impact that the service could have on them.

The Potential Impact of The Hub Garden on Resilience

Increasing resilience and community assets – the evidence

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).

Participants were then invited to work between themselves to identify which of the factors that contribute to a sense of resilience that The Hub Community Garden project had the potential to have either a positive or negative impact, and the degree of importance of that impact. The results are presented in figure 2.

Figure 2 Prioritisation Grid - Increasing resilience and community assets



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

The results are presented in table 3.



Table 3

Top priorities	Impacts of The Hub Garden on resilience and community assets		Comments and Actions	Measure
	(+) Positive Impact	(-) Negative Impact		
Learning & Development	Improved communication and interaction.		<ul style="list-style-type: none"> • Have regular induction days. • Provide more Internal promotion/publicity. • Target the community more accurately. • Provide Face to face contact. • Liaise with residents association. 	<ul style="list-style-type: none"> • Record any induction days. • Monitor publicity at 'team' meetings. • Select particular groups eg unemployed/or single parents. • Provide more 'staffed' sessions • Record co-operative acts.
Emotional Wellbeing	Recharge! More sociable. Happier. Calmer. More relaxed.		<ul style="list-style-type: none"> • Centre to Provide Structured (non-gardening) sessions e.g. Yoga and dance in the space. • More activities for children. • Retain a 'chill out zone'. • Encourage informal (non-gardening) use. 	<ul style="list-style-type: none"> • Report sessions at team mtgs. • Ditto children • Enhance areas to give more privacy. • Respect peoples need for privacy. • Signs made to encourage using the garden, not just volunteering • Improve seating, tables. • List acceptable uses at team meeting



Social Networks	Meet new people. Mutual space. <i>'It's OK to sit by myself'</i>		<ul style="list-style-type: none"> • Provide More seating. • Create a picnic area. 	<ul style="list-style-type: none"> • Report to team. • Discuss facilities with team & centre
Access to Green Space				
Trust and Safety				



The Potential Impact of The Hub Garden on participation and Inclusion

Facilitating participation and promoting social inclusion – the evidence

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

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

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

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

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

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

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

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

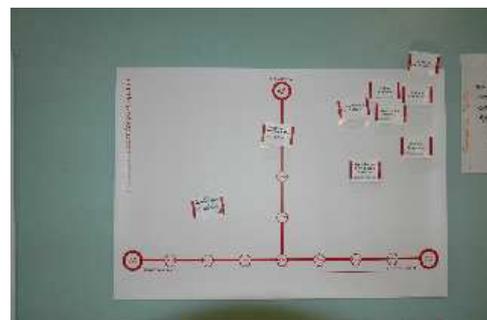
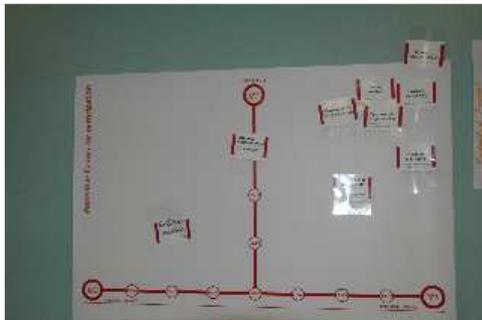
Higher national levels of income inequality are linked to higher prevalence of mental illness (Pickett et al 2006). Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with low income, low standard of living, financial problems, less education,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

Participants were then invited to work between themselves to identify which of the factors that contribute to facilitating participation and reducing social isolation they felt The Hub



Garden had the potential to have either a positive or negative impact, and the degree of importance of that impact. The results are presented in figure 3.

Figure 3 Prioritisation Grid - Participation



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

The results are presented in table 4.



TABLE 4

Top priorities	Impacts of The Hub Garden on Participation		Comments and Actions	Measure
	(+) Positive Impact	(-) Negative Impact		
Cost and Affordability	No cost involved to clients	Service undervalued, if free ?	<ul style="list-style-type: none"> • Need to Apply for/seek funding, to permit more sessions to take place, increasing participation. 	Team to review funding at meetings.
Feeling Involved	Opportunities to get involved, but limited by infrequent sessions.	If people don't have a role or place, they do not feel part of things.	<ul style="list-style-type: none"> • Prepare a List of jobs/tasks available to increase participation. 	Team to review at meetings
Sense of Belonging				
Opportunities to Get Involved				
Opportunities for Social Contact	People, especially isolated or flat dwellers, can benefit from the hub garden as a meeting place.	If there is no one there, people will be disappointed.	<ul style="list-style-type: none"> • Increase staff cover. • More comfortable seating. • Use garden for Café seating space. • More sessions (gardening etc.) • Provide Training for more garden volunteers. 	<ul style="list-style-type: none"> • Team to review at meetings • Discuss café use of garden with centre users. • Examine opportunities for training, and implement them.



Summary

The stakeholders identified six key determinants of mental well-being that were both of high importance and had a high impact.

MWIA Area	Resilience	Participation
Key Determinants	Improved communication and interaction.	Low Cost to participants
	Opportunities to 'recharge' More sociable. Happier. Calmer. More relaxed.	Improved communication and interaction.
	Opportunities to 'recharge' More sociable. Happier. Calmer. More relaxed.	Provision of a place to get to know other people.

A focus on these for The Hub Garden will help promote the mental well-being of people services users in the locality.

7. REVIEWING THE LITERATURE EVIDENCE BASE

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

The review utilised the following resources:

- **LAA**
- **Joint Strategic Needs Assessment**
- **Joint Mental Health Commissioning doc**
- **Estimating the prevalence of common mental health problems in PCTs in England (2006)**
- **Mental Health Needs Indices**
- **<http://www.primis.nhs.uk/pages/prevalence07/smiss.asp> 2007**
- **Census**



8. APPRAISING THE EVIDENCE

The literature review was generally confirmed by the findings from the workshop.

9. DEVELOPING INDICATORS OF WELL-BEING

“What gets counted, counts.” Therefore being able to measure progress and impact of The Hub Garden on the determinants of mental well-being identified by the stakeholders through the MWIA is an important step. Building on the initial ideas from stakeholder about “how you know” that certain impacts have happened four indicators have been developed.

Factor	Determinant	How do you know?	Data collection	Frequency
Resilience	Opportunities to ‘recharge’ More sociable. Happier. Calmer. More relaxed.	<ul style="list-style-type: none"> • Observe and record use of the space. • Record comments of users. • Observe the space being used for meeting and chatting 	Observation at a set time, daily. Keep a log / comments book	Review record book at team meetings.
Participation	Opportunities to become actively engaged	Evaluate opportunities, and advertise them, then note uptake.	Staff to record uptake of opportunities	quarterly

10. RECOMMENDATIONS

The group recommended

- a search for funding to increase the number of sessions
- seeking ways for people to participate when the staff are absent
- improving seating, tables, and privacy, and reviewing use by centre partners, encourage informal non gardening use (e.g eating out, outdoor classes etc.
- Improving awareness of the facility through better publicity, esp to residents assn.
- More training opportunities, to encourage participation.



APPENDIX ONE

Evaluation of the Stakeholder MWIA workshop

1. Participants were invited to complete an evaluation form. The results suggest the workshop was

- *Very relevant (4,)fairly relevant (6) slightly relevant (1)*
- *It increased the understanding of well being for 8 of the 11 participants., but one felt that some of the definitions were quite stereotypical.’ and another ‘didn’t learn anything new’ however another found the discussion good. Another ‘always found the presence of well-being in green spaces’ Another said now I understand well.’*
- *The workshop was useful to all, Interesting (10, Understandable (for all but two) and enjoyable(6) . Comments received were ‘Quite difficult’,”quite complicated and more in depth than I was expecting. Some concepts and examples were difficult to understand’.*
- *Regarding what the MWIA will contribute, one felt that it opened minds to new ideas, another that ‘it will help people to become more aware of the positive impact of the gardens on local people., and ‘help sustain the garden project’*
- *One participant said they would NOT recommend the workshop to others.*
- *Other comments were: ‘Did feel that the agenda to responses had been pre-set.’ ‘Useful, interesting, and informative’; ‘I feel that the mental impact of the garden will be different for everyone.”It was an advantage that so many parents took part’*

2. The MWIA team also evaluated the event. We agreed that gathering with stakeholders to consider the mental well-being impact of the project was a worthwhile thing to do, and raised everyone's awareness of well-being. The event also brought to light issues of the way the Hub Garden is run, which impact on participants. Very importantly, it was a community participation tool, providing an opportunity for people to draw on and share experiences. However, we did also feel that concentrating on only two factors was more practical, particularly when some of the paid stakeholders had limited time available for this workshop.

More generally, we would commend the idea of an MWIA to other organisations, but would point out that the organisations from which we are drawn would be unable to provide this service to others without the necessary resources to do so. Perhaps the requirement to do an MWIA could be included in Service Level Agreements for Social Care organisations, children's centres etc. It does not need to be NHS specific, and could apply for example to Job Centres.

However, the team considered that the process to be followed, especially the prioritisation grids, was difficult for both clients and the team to fully understand, and resulted in confusion about what those parts of the workshop was trying to achieve. This would have had a greater effect on people for whom English was a second language.



