Evaluation of the Building a Healthy Future programme

Executive summary

mind
for better mental health

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Project summary

At Mind, we define resilience as an individual's ability to deal with and adapt to challenging circumstances, and stay mentally well. We've identified three elements we believe lie at the heart of resilience: wellbeing, social connections and having ways to cope with difficult events.

It is well established that people with long-term physical health conditions (LTC) are at greater risk of developing mental health problems than the general population. Building on its work to increase the resilience of other at risk groups, Mind has developed a six-week course that aims to improve the wellbeing, resilience, and confidence to self-manage of people with heart conditions, diabetes, and arthritis.

Funded by the Department of Health's Innovation, Excellence and Strategic Development fund (IESD), a pilot of the programme was delivered in two locations – Birmingham and Manchester – between September 2014 and March 2016. 248 participants completed all six session of the course and a further 220 attended at least one session but did not complete the whole course. Manchester Mind recruited almost double the number of participants of Birmingham Mind (340 and 128 respectively). However, a lower proportion of participants completed the course in Manchester (46%) than in Birmingham (72%).

Evaluation

Leeds Beckett University conducted an independent impact evaluation of this pilot programme ('impact evaluation'). They sought to identify changes in the perceived resilience of service users, examining how the programme processes work for participants, under what circumstances, for which particular groups (taking account of condition, gender, and age); and exploring issues concerning the sustainability of the resilience programme.

In order to supplement Leeds Beckett's evaluation, Mind's Research and Evaluation team conducted a formative economic evaluation of the programme ('economic evaluation'). They modelled the potential health and non-health cost savings of the intervention, using case studies and outcomes data collected as part of the impact evaluation. They also began to identify enabling factors and barriers that affect the economic impact of the intervention.

This report presents their integrated findings. Detailed findings and recommendations from each of the two research projects are presented in the appendices.

Methodology

Leeds Beckett University's impact evaluation involved mixed quantitative and qualitative methods:

- A before and after questionnaire survey was administered (on three occasions, including three-month follow-up) to all participants on both projects. The resilience measurement questionnaire consisted of three scales concerning wellbeing, social efficacy (problem-solving/achieving goals) and social networks; and further related items about managing a LTC.
- Semi-structured interviews were held during project visits with 24 participants between 12 and 15 months into the intervention. The sample was purposive, to include female and male participants, and those with the main conditions represented on the courses. 18 female participants were interviewed, and six male participants. 13 participants had type 2 diabetes, one had a heart condition and type 2 diabetes, two had heart conditions, six had arthritis, one had arthritis and type 2 diabetes, and one had arthritis with type 2 diabetes and a heart condition. 11 Interviews were held with stakeholders. Eight

participants kept an anonymous brief narrative record of their progress in the three months following the course.

The quantitative data was analysed using the statistical software package SPSS. Three sets of analyses were conducted for Manchester Mind and Birmingham Mind separately and then for both areas combined:

- the first assessed change between baseline and the end of the course (post-stage) only
- the second assessed change between baseline and follow-up (three-month follow-up)
- a repeated measures analysis was then conducted to provide a comparison of change over the three time points. (Baseline, post course and three-month follow-up).

The qualitative interview data was analysed thematically using NVivo software. The evaluation team synthesised results from the different components of data analysis to inform conclusions and recommendations.

The economic evaluation involved three strands:

- an initial review of published and grey literature on the impact of co-morbid physical and mental health problems
- identifying the resources required to deliver each element of the programme
- conducting 16 semi-structured interviews with a diverse sample of project participants.

Mind's Research and Evaluation team used these data to develop case studies to understand the potential economic impact of the programme.

Findings

- Overall, course participants in both Birmingham Mind and Manchester Mind were found to have medium to large improvements for the four outcomes: wellbeing, problem solving and achieving goals, social support, and the management of LTC.
- All improvements were maintained at the three-month follow-up period.
- Significant improvements were found for both males and females and individuals with diabetes and arthritis.
- Most participants on the programme recorded an improvement in scores.
- Baseline to end combined scores across both programmes showed a statistically significant improvement over this period for all four outcomes and the 'overall combined score'.

Interviews

Responding to challenges of high recruitment targets and unclear boundaries, the two programmes approached recruitment in different (medical and community-based) ways. Participants benefited from the opportunity to meet with other people with similar experiences around various LTC and strongly valued the peer support that they received. The skilled facilitation, and experiences in peer groups established a safe space, in which participants could receive support and explore coping skills in a comfort zone which might be extended as the programme progresses. Potentially life-changing impacts were reported by participants.

However, a number of issues were also identified. Firstly, the lack of clarity about boundaries for referral and recruitment led to very distinct client groups emerging. Secondly, in the early stages of the programme, coordinators were effectively lone-working on a project that placed great demands on them. Thirdly, peer support among course participants was very highly valued, but there was little preparation for participants to become peer supporters with expertise after the programme. Fourthly, the language of everyday experience was effective in engaging participants, but the specific term 'resilience' had not been explored by the end of the course. Fifth, it is not clear that the course as designed would be consistently beneficial or suitable for people across an uncontrolled diverse range of conditions and of severity around mental health. Sixth, despite impressive participant recruitment numbers, there was high participant dropout. Finally, uneven engagement from different community groups requires further thought about diversity.

Economic evaluation

The economic evaluation indicates that the Building a Healthy Future programme has a positive economic impact, in addition to the positive effect on individual's wellbeing and resilience. However, the majority of the savings produced are non-cashable (i.e. avoided costs/ prevention).

Our case studies suggest that the intervention could produce overall savings between £718.07 and £20,632.07 per participant per year (PPPY). However, most of these savings are non-cashable and distributed across a range of funders, commissioners, and service providers. The largest savings were produced by new employment and job retention.

The intervention appears to have a positive impact on the mental health of participants. The high costs and poor individual outcomes associated with co-morbid physical and mental health problems mean that this intervention may produce considerable non-cashable savings if it can help to prevent the development of mental health problems in the longer term. However, the intervention leads to little change in health service use in the short to medium term.

Benefits are not evenly distributed across different groups of service users. People who are already confident in self-managing their condition may still receive positive mental health benefits from the course. However, the economic impact of their participation will be significantly lower than their peers. The majority of service users were not in work but participants who were supported to gain or retain their employment through the course had significantly higher economic impact. There are some indications that the intervention could lead to large cost savings for service users with higher levels of mental health need. The continued support provided by regular follow-up sessions appears to improve the sustainability of participants' improved outcomes. This service, particularly if predominantly peer-led, does not require large investment and it appears to offer very good value for money.

Based on the data collected through case study interviews, we have assumed that the reported positive effects on individual outcomes are maintained for 12 months and calculated savings for primary and secondary mental health services accordingly. However, this research only monitored outcomes for three months and so these assumptions should be tested with further research. More systematic collection of service use data and long-term monitoring of participant outcomes is required to make more confident conclusions about the impact and value of the intervention.

It has allowed me to look forward and really plan what I want for my future and not to feel as if I'm limited because of my health.

Key recommendations

Based on the integrated findings of the impact and economic evaluations, the authors make a number of key recommendations:

Impact

- The intervention has been shown to have significantly positive effects on participants' outcomes. It also provides good value for money. With minor revisions, this intervention could have a very positive effect if rolled out more broadly.
- Further development work is required to refine the targeting of the intervention for group(s) or participant characteristics who will benefit most from the intervention. This report provides detailed analysis of the impact of the course on a range of participants – including diverse mental health needs and severity of LTC.
- More careful screening of potential participants in the intervention would provide value for money because it will improve the appropriateness of referrals and clarify participant expectations. This will have a positive effect on participant retention rates. Improved retention will reduce the cost per participant and also improve participant outcomes.
- Regular follow-up sessions should be offered to all service users and training should be made available to encourage peer leadership of the groups. The continued support provided by these follow-up sessions appears to improve the sustainability of participants' improved outcomes. This service, particularly if peer-led, does not require large investment and it offers very good value for money.
- Gains in resilience have been significantly demonstrated in the short-medium term. Further research is required to assess the strength of longer-term effects and develop more comprehensive economic models. There is currently little research into the long-term effects of resilience interventions and the impact of changes in resilience-related outcome measures in the short-medium term on the longer-term prevalence of poor mental health. Systematic collection of service use data would also strengthen the economic modelling. These areas should be a high priority for future research.

Process

- Future programme delivery should extend the resources and time available for programme set-up and partnership building. It should also provide increased resources for programme co-ordination and delivery.
- Recruitment targets need to be moderated for future programme delivery. These should be segmented into priority areas for example, date of diagnosis, gender, mental health experience/diagnosis, ethnicity etc.
- Many of the strengths of Mind's service delivery are based on distinctive local Minds and their initiative, enterprise, and community knowledge. For a nationally funded project, more planning is required to bring national strategic design and local initiatives into closer alignment.
- Future programme development should be based on clearer links between goals, the boundaries for participant inclusion, and evidence requirements. This will improve programme planning, project management, and consistency of delivery.

We won't give up until everyone experiencing a mental health problem gets both support and respect.

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