Summary of Building a Healthy Future evaluation

as conducted by National Mind and Leeds Beckett University
Project summary

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. For example, people with diabetes are two to three times more likely to develop depression than the general population, while anxiety problems are common amongst people with cardiovascular disease.

Building on its work to increase the resilience of other at risk groups, Mind developed a six-week course that aimed 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 resilience programme, called Building a Healthy Future, was delivered by two local Minds (Birmingham and Manchester) between September 2014 and March 2016.

Developing resilience

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. These elements were incorporated into a six-week group intervention, initially written by Oxfordshire Mind, with inputs from Manchester Mind incorporated into later iterations. Drawing on CBT and positive psychology, the course took place over six sessions lasting two hours each. Participants learned CBT, mood management and relaxation techniques and were encouraged to step out of their comfort zone, and incorporate stress management and positive actions into their daily life. They were also given plenty of time and space for discussion and peer support.

Initially aimed at just people with diabetes and heart disease, the inclusion criteria was extended in August 2015 to also include people with muscular skeletal conditions. Altogether, 248 people completed the course across both locations. In Manchester, a total of 225 people were recruited attending at least one session, with 150 completing the course. Courses were held at a variety of locations across Manchester and Salford, and at various times of day. Participants came onto the course from a variety of routes, with the majority in Manchester self-referring and the rest coming through referrals from primary and secondary care, and other community routes. Two groups were held with the aid of a translator for a group of Asian women in Cheetham Hill.

Initially the intervention was intended for people with LTC as a way of preventing mental health problems. However, the evaluation has shown that people who came on the course with an existing mental health problem made the greatest improvement with both this and self management of their physical condition.
Evaluation

The project was independently evaluated by Leeds Beckett University with an additional formative economic evaluation conducted by Mind’s Research and Evaluation team. This summary is a report of both of these with additional information from Manchester Mind’s own verbal and written evaluations. The quantitative data included a before and after questionnaire administered in sessions one and six, and a three month follow up questionnaire. 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. Qualitative data included semi-structured interviews conducted with course participants and stakeholders. A full explanation of the methodology from Leeds and National Mind can be found in the final evaluation report.

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The evaluation indicated that the intervention was 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.

Case Study

Sweet victory: learning to repair myself

Jasmine is a young woman in her early twenties. She was diagnosed with type 1 diabetes at 16 and struggled to manage her condition. Her diabetes began to have a negative impact on her mental health and she dropped out of college. She attended the course in 2015. “I was just so low, and I was just about making it to those sessions … it had a big impact on me”. Jasmine found the peer support element particularly valuable.

The course had a positive effect on her mental health. “Sometimes your thoughts are so like jumbled when you’re at a low stage like that, and you need to just get them on paper, so that has really helped. I’ve gone and used what I’ve learned there … I feel like that was the biggest key in … repairing myself”. It also had a significant impact on her physical health. The course “made me realise that I need to get my physical body … in a good place along with my mind. At the time I was, like, avoiding the diabetic centre, wasn’t going to my appointments. It was just like, my sugars were, you know not very well”. After attending the course, she referred herself for counselling and began to take more care of her physical health. Improved self-management of her diabetes, including attending her scheduled appointments, reduces the chances of costly diabetes-related complications.

Jasmine feels the course and subsequent counselling made her more resilient and better able to cope with challenges. She managed to maintain her part-time retail job and found a new paid placement in an art gallery. “Once I got out there a bit again and I did this Manchester Mind … thing, I just felt like I got back to my confident, outgoing, like, adventurous self. It is hard to be adventurous with a health condition, but I’m getting there.”
Overall findings: a healthier outlook

The quantitative evidence shows that most people participating in the programme were more resilient and felt more confident in managing their LTC as a result of attending the Building a Healthy Future course. Overall, course participants in both Birmingham and Manchester 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. Most participants recorded an improvement in scores. Significant improvements were found for both males and females and individuals with diabetes and arthritis. There were not enough participants with heart disease for there to be significant data for this cohort.

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Participants reported life-changing impacts in areas including: accepting limits; developing and implementing new coping mechanisms; reduced anxiety; being more relaxed and more resilient; taking a greater interest in life; finding that reducing stress also has an impact on physical conditions; and healthier lifestyle.

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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. The analysis indicated that the majority of the savings produced are non-cashable (i.e. avoided costs/prevention). The case studies suggest that the intervention could produce overall savings between £718.07 and £20,632.07 per participant per year (PPPY) with most of these savings being non-cashable and distributed across a range of funders, commissioners, and service providers. The largest savings were produced by new employment and job retention. We assumed that reported positive effects on individual outcomes were maintained for 12 months, and calculated savings accordingly. As this research monitored outcomes for three months, these assumptions should be tested with further research.

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The intervention appears to have a positive impact on the mental health of participants. The high costs and poor 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 longer term problems. However, the intervention leads to little change in health service use in the short to medium term.

Case Study

Empowered to learn

Misha attended the course during a time which she described as ‘very frustrating’ with her health. She felt that it was interfering with her ability to be independent and felt very “vulnerable”. For Misha the aims of attending the course were twofold. Firstly to learn to cope with the future, and secondly to learn some relaxation techniques. She describes the course’s CBT tools as particularly valuable to her, as well as the ideas around how to challenge thoughts and moving out of the comfort zone. Misha also enjoyed the relaxation aspects of the course. The course made her feel more confident and in control, and she was able to realise the impact that negative feelings could have on her wellbeing. A month on from the course, Misha had begun volunteering one day a week and enrolled on a computer course to learn IT – finding a Tai Chi class online with her newly found IT skills. The once a week Tai Chi made her feel calm and relaxed. Three months after participating in the resilience programme she believed she was ‘calmer and more accepting of arthritis’. She identified that pacing herself and not getting frustrated by her physical limitations was still difficult at times. Misha felt that she had made positive changes around healthy eating and exercise as a result of the course, and three months on she was still using the relaxation techniques she’d learned when she was unable to sleep. For her, the ‘realisation that feelings can be modified by challenging thought patterns’ was seen to be the most important aspect she had gained from the course. She believes this would not have happened if she had not participated in the resilience programme.
Other findings: self-management and peer support

It should be noted that benefits are not evenly distributed across different groups of service users. People who were already confident in self-managing their condition made less significant progress for example, although they still received positive mental health benefits from the course. The economic impact of their participation is therefore lower than for their peers. There are some indications that the intervention could lead to large cost savings for service users with higher levels of mental health need. 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.

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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. Skilled facilitation and experiences in peer groups established a safe space in which participants could receive support and explore different coping skills. Support among course participants was very highly valued.

The skills of the facilitator were also noted in the evaluation, and that lived experiences (of LTC or mental health) was a great asset. Participants valued that the facilitator speaks as an equal, as well as being organised and skilled. It was important that the facilitator engage with them in a personal way that, it was perceived, some health professionals lacked time to do. These qualities helped participants to feel safe. Overall, programme sustainability depends on high quality resources, support, and trained facilitators.

In Manchester a three-month follow-up drop in was included for most of the courses, and regular drop-ins in one location. 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. Regular follow-up sessions should therefore be offered to all service users and training should be made available to encourage peer leadership of the groups. The evaluation noted the challenges that came with setting up any new and untested piece of work. Each of the issues described were, through ongoing learning, mitigated throughout the two-year project, primarily in Manchester by the development of strong local networks that helped with referral and recruitment issues.

Case Study

Calm through the storm

Martha was referred onto the course after experiencing panic attacks and attending A&E on three occasions with chest pains. She hoped to learn how to deal with her anxiety and her ailments. One month after the course ended she reported that although she had experienced panic attacks since the ending of the course, she now had tools to deal with them. She had used A&E once since the end of the course but having better knowledge about her heart, and being able to use the tools of the course, she did not use it again for the subsequent two months. “Thanks to the course, I am able to handle my anxiety better and have less panic attacks”. She is doing more walking and described her emotional and physical health as “Much improved”.

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Challenges
A number of issues were identified.

Referral criteria
There was a lack of clarity about boundaries for referral and recruitment. Whilst the Building a Healthy Future course aims to increase the resilience of people who do not have a diagnosed mental health problem, some of the service users were already experiencing moderate to severe mental health problems. Both locations conducted some level of participant screening, however the criteria used were not always clear or consistent. Birmingham were stricter, excluding all participants who were already taking anti-depressants, while Manchester allowed participants with some level of mental health problems, including those who were taking anti-depressants, providing they did not require a one-to-one intervention.

The evaluation does indicate that progress was made by both sets of client groups – those with a diagnosed mental health problem, and those without. Anecdotal observations from Manchester indicated that the course was useful for many participants who had a level of depression and anxiety. Many reported improvements in mood over time and a greater ability to handle subsequent episodes of depression. 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.

Attendance issues
Attendance and drop-outs was an issue for both sites. There were a variety of reasons for drop-outs including a misunderstanding about what the course was about (many people believed it was to educate them about their physical condition), and ill-health. This could be better managed with more thorough screening and expectation management of individual participants in terms of course aims and content. 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. Both co-ordinators reported that, whilst they had explained the purpose of the course in advance, most drop-outs expected the course to be more clinical or condition-specific.

General recruitment issues – gaining referrals
Recruiting and retaining participants was the biggest obstacle identified by the local Minds staff. They reported that they spent 50% more time on recruitment than they did on course delivery (45% vs. 30%). In Manchester, while there appeared to be high levels of buy-in from a variety of health care practitioners (from nurses and GPs to more specialist practitioners) these did not translate into high numbers of referrals. There were also high numbers of inappropriate referrals or referrals of people not willing to engage with the course. A greater willingness to actively social-prescribe people onto the course would result in a higher take-up, particularly if these came with a better explanation of the course aims and content.
Future plans to extend course to other conditions

Although only 3 categories of LTC were evaluated, we believe that the approach is adaptable to other LTC with some development of relevant case studies and materials. Manchester will be developing additional materials and extending the course in September 2016 to include a number of additional physical conditions, and will monitor impact and group dynamics.

Conclusion

This two-year project has provided learning and evidence showing how the intervention aimed at people with long term conditions has a number of valuable outcomes, from the impact on the lives of individuals to the potential for monetary savings. The importance of the course elements that improve individual strategies for self-management, and peer support and group learning are strong themes. The evaluation indicates that Building a Healthy Future has the potential to contribute positively to existing interventions around long-term conditions by providing a valuable environment where people learn strategies that improve their ability to self-manage within a supportive peer network.
We won’t give up until everyone in Manchester who experiences a mental health problem gets support and respect.