



Royal Borough Windsor and Maidenhead

Year of Mental Health Action Plan

January 2017

“The Royal Borough of Windsor & Maidenhead is a great place to live, work, play and do business supported by a modern, dynamic and successful Council”

Our vision is underpinned by four principles:

Putting residents first

Delivering value for money

Delivering together with our partners

Equipping ourselves for the future

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Frequently used acronyms

FTE	Full time equivalent
RBWM	Royal Borough of Windsor and Maidenhead

1 INTRODUCTION

- 1.1 The Royal Borough is working with partners across Berkshire to raise awareness of mental health issues, which remains a key priority for the Borough and formed a central part of the refreshed Joint Health & Wellbeing Strategy.
- 1.2 In collaboration with Brighter Berkshire partners, the Royal Borough intends to:
 - a) Increase general awareness & reduce stigma.
 - b) Share best practice and integrate work streams across Berkshire.
 - c) Provide a communications platform for local authorities and partners to highlight their pledges and mental health strategies, including individual case studies.
 - d) Promote mental health across the political and health spectrum for the benefit of patients and residents.

2 CONTEXT

- 2.1 Brighter Berkshire is a county-wide collaboration that brings together local authorities, health partners, businesses, schools and the wider community to share experiences, good practice and intelligence. The Royal Borough became a member of this partnership in 2016 and the Principal Member for Public Health and the Communications is a member of the Brighter Berkshire core team
- 2.2 In January 2017, as part of the Charity Commission Annual Lecture, the Prime Minister described the burning injustice of mental health and the current inadequacy of treatment; suggesting that a new approach was required from government and society as a whole. The Prime Minister's mandate 'The Government's response to the Five Year Forward View for Mental Health' (January 2017) also outlined a programme of work to improve mental health services, their links to other public services and mental health prevention.
- 2.3 National Mental Health strategies include
 - **No health without mental health** (2011), a cross government mental health outcomes strategy for people of all ages sets a clear and compelling vision for improving mental health and wellbeing in England.
 - **Closing the gap: priorities for essential change in mental health** (2014) aims to bridge the gap between the governments long-term ambition set out in 'no health without mental health' and shorter-term action.
 - **The Five Year Forward View for Mental Health** (2016) is a report which covers care and support for all ages, this document signifies the first time there has been a strategic approach to improving mental health outcomes across the health and care system.
 - **Lethal discrimination** (2013) highlights why people with mental illness are dying early and needlessly. The report highlights what needs to change.
- 2.4 In 2014, 21,498 people had some form of mental health disorder in the Royal Borough of Windsor and Maidenhead. This is projected to rise to 22,630 by 2030 (an increase of 1,132 people)¹. It is timely for to strengthen our efforts in the area of mental health because:

¹ RBWM JSNA, 2016

- The number of mental health conditions (schizophrenia, bipolar affective disorder and other psychoses) did not significantly change in the Royal Borough of Windsor and Maidenhead from 2013/14 to 2014/15; however the number of people diagnosed with dementia and depression both increased over the same time period. Dementia increased from 0.6% in 2013/14 to 0.7% in 2014/15, depression rose from 4.0% to 4.8% over the same time period ¹.
- In any one year, approximately 1 in 4 British adults experience at least one diagnosable mental health problem.
- 1 in 10 children aged between 5 and 16 years has a mental health condition, the equivalent of three pupils in every classroom. Many continue to have mental health problems into adulthood which is not always recognised.
- This can lead to half of all adults experiencing at least one episode of depression during their lifetime.
- Suicide is the biggest killer among young men in this country.
- People with serious mental illnesses die, on average, 20 years earlier than the rest of the population.
- One in three of 100,000 'avoidable deaths' in England each year are people with mental health problems.
- Mental health costs an estimated £26 billion a year which equates to an average of over £1,000 per employee.

3 RATIONALE

3.1 The Royal Borough cannot promote public health and wellbeing without including mental health, as mental health is acknowledged to be as important as physical health. Across the council, we have adopted an approach that clearly stipulates that there is no '*public health without mental health*'. The action plan below reflects central government recommendations and local government commitment.

4 OUR PRIORITIES – THE THREE PILLARS

- 4.1 Our vision for good population mental health is built around three pillars:
- a) Mental health in all policies approach.
 - b) Building resilience in children and young people.
 - c) Strengthening communities through an asset based approach

Pillar 1: Mental Health in all policies approach

2.4 The mental health in all policies approach will be the legacy pillar, through which the Royal Borough will commit to undertake a mental health impact screen of selected policies, strategies and programmes which will embed cultural changes to reduce discrimination and stigma and enable parity of esteem. The Royal Borough will also ensure it has a Health and Wellbeing Board approved Suicide Prevention Strategy and will seek to ensure mental health is embedded into public health.

Table 1: Action plan – pillar 1

Key commitments	Lead
Introduce and embed mental health into Royal Borough policy through Mental	Service Leader/Consultant in Public Health

Key commitments	Lead
Health Impact Assessment Screening and or Assessment of policy, strategy or service.	(MHIS will be conducted by an SLT member and facilitated by Public Health)
Work in partnership with Brighter Berkshire stakeholders to promote mental health across the system and reduce stigma.	Principal Member for Public Health and communications
The delivery of appropriate mental health messages as part of the Joint Health & Wellbeing planned communication strategy	Public Health and Communications Team
Refresh of the Berkshire wide suicide prevention strategy	Wokingham Public Health Consultant
Development of Local Suicide prevention action plan	Service Leader/Consultant in Public Health
Planned local media engagement and reporting guidelines on suicide	Wokingham Public Health Consultant
Embedding mental health into workplace procedures	Head of Human Resources
Mental Health First Aid training for all Royal Borough managers	Public Health and Human Resources

Measuring impact

Indicator	Target December 2017	Target December 2020
Number of Mental Health Impact Assessments conducted.	Minimum of four Mental Health Policy Impact Screens.	Minimum number of 15 completed Mental Health Impact Assessments.
Working relationship established and maintained with Brighter Berkshire partnership.	Partnership working arrangements in place	Partnership working arrangements ongoing
Mental health included in Joint Health and Wellbeing Strategy communications.	The delivery of appropriate mental health messages as part of the Joint Health and Wellbeing Strategy communication plan.	Evaluate impact of communications strategy.
Berkshire wide suicide prevention strategy completed.	Endorsed by Health and Wellbeing Board.	Review local intelligence as part of Suicide Audit for future prevention strategy.
Media engagement and reporting guidelines for suicide.	Engaged with all media organisations in the Royal Borough.	Articles raising awareness of how to avoid suicides in the Royal Borough.

Indicator	Target December 2017	Target December 2020
Workplace procedures.	<p>A review of the categories of absence around mental health issues on iTrent.</p> <p>Ensure that line managers are equipped with the appropriate escalation process.</p> <p>Review of supervision forms, inclusion of questions around mental health e.g. 'How do you feel about your job right now'</p>	Mental health fully embedded in workplace procedures.
Mental Health First Aid training delivered to all managers.	<p>All managers trained in Mental Health First Aid Lite.</p> <p>Evaluation of Mental Health First Aid training September 2017</p>	<p>Mental Health First Aid training established and delivered as mandatory training for all managers.</p> <p>Training adapted / adjusted according to evaluation outcomes</p>

Pillar 2: Building resilience in children and young people

- 2.5 Children and young people's mental health is a priority. To secure improvements in schools as envisaged by 'Future in Mind' and endorsed in the 'Five Year Forward View for Mental Health', we commit to delivering Mental Health First Aid training in all middle and secondary schools. Further to this we will raise awareness through school networks.

Table 2: Action plan – pillar 2

Key commitments	Lead
Deliver Mental Health First Aid Lite training to all senior and middle schools in the Royal Borough through Personal, Social & Health Education (PHSE) network and Head Teacher Forums by 2020	Public Health with support from Head Teachers.
Deliver full two-day Mental Health First Aid training to all senior and middle schools in the Royal Borough through PHSE network and Head Teacher Forums by 2020	Public health with support from Head Teachers
Establish a PHSE (schools) network to raise awareness of key public health messages including mental health	Public Health with support from PHSE leads
Build on development of Wellbeing	Psychology and Wellbeing service

Key commitments	Lead
Champions Programme incorporating student involvement	

Measuring impact

Indicator	Target December 2017	Target December 2020
Deliver Mental Health First Aid Lite training to all secondary (10) and middle schools (4)	One third of schools (as outlined by Prime Minister). Stretch target in RBWM all schools	Maintenance and support for all schools with continued MHFA provided
Deliver Mental Health First Aid Full 2 day training to 1/3 of all secondary and middle schools	Two schools	One third of schools
Number of schools part of the PHSE network	50%	85%
Number of messages, as part of no public health without mental health, delivered through PHSE network	Three messages delivered	Ten messages delivered
The successful roll out of the Wellbeing Champions Programme	Intervention rolled out to eight schools per year (primary and secondary).	Intervention offered to all schools. (Primary and secondary).

Pillar 3: Strengthening communities through an asset based approach

- 2.6 Asset mapping provides information about the strengths and resources of a community and can help to build social capital.

Table 3: Action plan – pillar 3

Key commitments	Lead
Planned strategic asset mapping overview of mental health services and development of Recovery College	Public Health in collaboration with the Community Mental health Team
Reducing stigma initiatives and increasing emotional resilience	Public Health in collaboration with library, communication and HR colleagues

Measuring impact

Indicator	Target December 2017	Target December 2020
Mental health asset map completed	Asset map completed by March 2017	Asset map part of the ongoing the Royal Borough Recovery College 'Opportunity College'

Indicator	Target December 2017	Target December 2020
		prospectus
Launch of the Recovery College and Mental health asset mapping	Launch event conducted by September 2017	All mental health services provision part of the Recovery College
Community choir to promote mental wellbeing	Choir established by December 2017	Regular timetable including performances
Provide a mental wellbeing self-evaluation toolkit to encourage residents to 'Measure your Mood' using Edinburgh Survey and associated methodologies to improve it.	Publish short Edinburgh survey in Around the Borough	Edinburgh survey available on Royal Borough website Measure response by the number of hits to website

3. Conclusion

3.1 The Royal Borough will continue to look at opportunities to promote mental health with organisations and local businesses, as we recognise the importance of the workplace for the betterment of public health and mental health for our residents.

Appendix 1: Mental Health Impact Assessment Screening Tool

CONTENTS

- 1 **SCREENING** – Initial assessment and helping you decide if you need to do a Mental Well-being Impact Assessment
- 2 **SCREENING TOOLKIT** – helping to decide if you need to do a Mental Well-being Impact Assessment
- 3 Population characteristics
- 4 Protective factors and wider determinants that have a particular impact on mental health and well-being
- 5 Scale of impact and population
- 6 Having completed the screening assessment process the following sections will help you determine what to do next.
Appendices

1. **SCREENING – Initial assessment and helping you decide if you need to do a Mental Well-being Impact Assessment**

This desktop MWIA screening toolkit has been designed to help people who are planning or providing policies, services, programmes or projects (collectively referred to hereafter 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; screening is the *first* stage in MWIA but can also be valuable as a stand-alone short assessment. It is designed to be user-friendly and should take approximately 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 screening process can be used on a wide range of proposals such as:

- Strategies - Government Policies, Community Plans, Housing or Transport Policies
- Services such as Mental Health Day Services, Older People's support
- Programmes such as Healthy Schools, Healthy Weight Management, Expert Patients
- Projects such as Time banks, Community Arts

It is best done before the proposal has been finalised so that there is maximum opportunity for improvements to be made. It can be done on existing proposals if there is an opportunity or willingness to make changes to improve the rest of the delivery, or learn lessons. See appendix 1 for screening case studies.

Before you begin to undertake the MWIA screening process you will need to identify the following:

- Input from a range of key stakeholders, up to 5 people, representing a diversity of knowledge and experience of the proposal. These might include a service user, a funder, and an operational manager. Arrange for this group to meet for an hour to undertake the screening process. This shared working has proved beneficial in building a more complete picture and understanding of mental well-being needs and responses in relation to the proposal, as well as strengthening networking and ownership of the recommendations of the exercise. One person needs to take the lead for asking the questions.
- Information regarding the proposal(s) you wish to screen. This could relate to who the key stakeholders are, known information regarding the target groups' demographic profile, knowledge of what is involved with the proposal
- Clarity of the scope to influence decisions and the timescale. If there is no scope or time to influence, it might be worth re-thinking whether the proposal you have chosen is the right one!
- It is worth appointing one person as the 'scribe' to ensure records are kept of the discussion and key decisions. This role can be shared at the various stages of the process.

2. SCREENING TOOLKIT – helping to decide if you need to do a Mental Well-being Impact Assessment

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

Name of policy, service, programme or project (proposal):

Name of policy, service, programme or project (proposal):

At what stage is your proposal?

- Not yet started
- Short way into delivery
- Half way through
- On-going
- Coming to an end
- Other?

Name and title of person completing:

Are you the lead for this proposal – or what is your role?

Names and roles of other people involved:

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 this screening.

Please tick as many as are relevant to you:

- To find out what impact we are likely to have or are already having
- To find out if we 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 the 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 MQIA, as you will need to be able to influence planning or delivery.

- Yes
- Some
- No
- Unclear

Then please continue, if not, then work out what, if anything, you need to do

3. Population characteristics

Age, gender, class, race/ethnicity, disability, sexuality and physical health influence risk and protective factors for mental health and the ways in which mental health is expressed. The relative impact of population characteristics is in turn affected by wider factors. The experiences of childhood, old age, coming from a working class family, belonging to a Black or Minority Ethnic community, being gay or lesbian, living with a physical or learning disability or suffering from chronic illness vary considerably. For example, financial policy, welfare benefits, housing, education, legislation on age, racial and sexual discrimination all contribute to the mental health impact of growing old.

Please look at Table 1. Think about your proposal and the populations/ communities you are targeting and 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, negative or indirect impacts – please add these in.

Table 1 Population Characteristics: Risk and Protective factors for mental well-being

Population Characteristics	MWIA Key Questions	Likely impact? Positive, negative or is it an indirect
Age		
<p>Early Years: Foundations for good mental health lie in pregnancy, infancy and early childhood. Parenting style and attachment are the key factors. The quality of the 'home learning environment', quality of pre-school and the amount of time in pre-school are all associated with greater 'self regulation', an attribute strongly linked to improved educational outcomes</p>	<p>Will this proposal enhance or diminish support for parents and families through pregnancy, childbirth and first years of life?</p>	
<p>Adolescence: Protective factors include: attachment to school, family and community; positive peer influence; opportunities to succeed and problem solving skills. 'Social capital' indicators (e.g. friends, support networks, valued social roles and positive views on neighbourhood) are closely related to risk and severity of emotional and behavioural disorders</p>	<p>Will this proposal enhance or diminish feelings of security, significance, belonging and connection in young people?</p>	

<p>Later Life: The key areas that influence mental health in later life are age discrimination, participation, relationships, physical health and poverty. Fear of crime and lack of transport are also consistent themes, with 'daily hassles' contributing more significantly to psychological distress than major life events</p>	<p>Will this proposal impact positively or adversely on the five key areas known to influence mental health in later life?</p>	
<p>Gender</p>		
<p>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. Depression, anxiety, attempted suicide and self harm are more prevalent in women, while completed suicide, drug and alcohol abuse, crime and violence are much more prevalent among men. Women are much more vulnerable to poverty and unemployment, and are more likely to suffer domestic violence, rape and child abuse.</p>	<p>Will the proposal impact differently on men and on women?</p>	
<p>Race and Ethnicity</p>		
<p>Race and ethnic differences in the 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 and are reflected in how mental health and mental distress are presented, perceived and interpreted. Different cultures may also develop different responses for coping with psychological stressors. However a major qualitative study found that expressions of distress bore great similarity across ethnic</p>	<p>Will the proposal impact differentially on different ethnic groups, including refugees, asylum seekers and newly arrived Communities?</p>	

groups, although some specific symptoms were different		
Socio-economic position and class		
<p>Socioeconomic position (SEP) refers to the position of individuals and families, to other, measured by differences in educational qualifications, income, occupation, housing tenure or wealth. Socioeconomic position is generally analysed by quintile, for example comparing health or other outcomes of those in the poorest fifth of the population with those in the richest fifth. Socioeconomic position shapes access to material resources, to every aspect of experience in the home, neighbourhood, and workplace and is a major determinant of health inequalities. Different dimensions of SEP (education, income, occupation, prestige) may influence health through different pathways; SEP involves exposure to psychological as well as material risks and buffers, and structures our experience of dominance, hierarchy, isolation, support and inclusion. Social position also influences areas like identity and social status, which impact on well-being, for example through the effects of low-self esteem, shame, and disrespect</p>	<p>How will the proposal impact on people in different social positions? Will it reinforce or reduce inequalities?</p>	
Physical Health		
<p>Poor physical health is a significant risk factor for poor mental health; conversely, mental well-being protects physical health and improves health outcomes and recovery rates, notably for coronary heart disease, stroke and diabetes. Poor mental</p>	<p>Will the proposal have an impact on or take into consideration the physical health of the communities likely to be affected? Does the proposal recognise the relationship between mental health and</p>	

<p>health is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet. Stress epidemiology demonstrates the link between feelings of despair, anger, frustration, hopelessness, low self worth and higher cholesterol levels, blood pressure and susceptibility to infection. For heart disease, psychosocial factors are on a par with smoking, high blood pressure, obesity, and cholesterol problems.</p>	<p>physical health?</p>	
<p>Disability</p>		
<p>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</p>	<p>Will the proposal reinforce or reduce inequalities and discrimination experienced by people with disabilities?</p>	
<p>Sexuality and transgender</p>		
<p>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 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.</p>	<p>Will the proposal impact positively or adversely on gay men, lesbians, bisexuals and transgender peoples?</p>	
<p>Other population groups (<i>tick where appropriate</i>)</p>		
<p>Looked after children People with long term conditions People in residential settings Carers</p>	<p>Will the proposal have an impact or take into consideration any of the groups mentioned?</p>	

People experiencing violence or abuse People in the criminal justice system Ex-offenders Others		
Settings		
Schools Workplace Neighbourhoods Prisons Hospitals Primary Care Others	Will the proposal have an impact on or take into consideration any of the settings mentioned?	

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

There are three main factors that are thought to promote and protect mental well-being distilled from the evidence base presented in section 2 of this MWIA Toolkit:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation and promoting inclusion

Wider determinants such as our physical health and more broadly employment, housing, poverty also affect our well-being.

Please look at **Tables 2a-d**. The first table covers the wider determinants at the socio-economic/environmental level. The remaining tables cover the above three protective factors at both the individual and community/social level. Thinking about your proposal and the populations/communities it affects – consider the factors 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. Then note down any comments or recommendations that occur to you.

You are unlikely 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, and mark those that seem to be a priority impact.

2a Wider determinants at a socio-economic/environmental level

MWIA uses a framework for assessing the three protective factors *in the context of the wider determinants of mental well-being*.

The wider determinants are the factors that are determined at a structural level and impact on a population or the whole of society. There is a dynamic relationship between the wider determinants, the three protective factors and mental well-being. Mental well-being is an outcome of the circumstances and experiences of our lives: individual psychological resources, for example, confidence, self efficacy, optimism and connectedness are embedded within social structures such as our position in relation to others at work, at home, and in public spaces. Mental well-being also influences a very wide range of outcomes – health behaviour, physical health and improved recovery rates, educational attainment, employment and productivity, relationships, crime, community

cohesion, quality of life and, fewer limitations in daily living. Mental well-being may also be a factor in helping to explain why socio-economic disadvantage does not always correlate with health damaging behaviours.

Table 2a Wider determinants at a socio-economic and environmental level

MWIA question: How does the proposed development impact on the wider determinants?

WIDER DETRIMENTS (often at socio-economic/environmental level)	Likely impact Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
Access to quality Housing e.g. security, tenure, neighbourhood, social housing, shared ownership, affordable and appropriate		
Physical Environment e.g. access to green space, trees, natural woodland, open space, safe play space, quality of built environment		
Economic security e.g. access to secure employment (paid and unpaid), access to an adequate income, good working conditions, meaningful work and volunteering opportunities		
Good quality food e.g. affordable, accessible		
Leisure opportunities e.g. participate in arts, creativity, sport, culture		
Tackling inequalities e.g. addressing relative deprivation and poverty		
Transport access and options e.g. providing choice, affordability and accessibility		
Local democracy e.g. devolved power, voting, community panels		

Ease of access to high quality public services e.g. housing support and social care		
Access to Education e.g. schooling, training, adult literacy, hobbies		
Challenging discrimination e.g. racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith		
Other?		

Table 2b Protective factor - Enhancing control

MWIA question: How does the proposed development impact on people's control?

PROTECTIVE FACTORS FOR ENHANCING CONTROL	Likely impact Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
Individual		
A sense of control e.g. setting and pursuit of goals, ability to shape own circumstances		
Belief in own capabilities and self determination, e.g. sense of purpose and meaning		
Knowledge skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices		
Maintaining independence e.g. support to live at home, care for self and family		
Community/organisation		

Self-help provision e.g. information advocacy, groups, advice support		
Opportunities to influence decisions e.g. at home, at work or in the community		
Opportunities for expressing views and being heard, e.g. tenants groups, public meetings		
Workplace job control e.g. participation in decision making, work-life balance		
Collective organisation and action e.g. social enterprise, commonly-led action, local involvement, trade unions		
Resources for financial control and capability e.g. adequate income, access to credit union, welfare rights, debt management		
Other?		

Table 2c Protective factor - 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 Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
Individual		
Emotional well-being e.g. self-esteem, self-worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun		

Ability to understand, think clearly and function socially e.g. problem solving, decision making, relationships with others, communication skills		
Have beliefs and values e.g. spirituality, religious beliefs, cultural identity		
Learning and development e.g. formal and informal education and hobbies		
Healthy lifestyle e.g. taking steps towards this by healthy eating, regular physical activity and sensible drinking		
Community/organisation		
Trust and safety e.g. belief in reliability of others and services, feeling safe where you live or work		
Social networks and relationships e.g. contact with others through family, groups, friendships, neighbours, shared interests, work		
Emotional support e.g. confiding relationships, provision of counselling support		
Shared public spaces e.g. community centre, library, faith settings, cafe, parks, playgrounds, places to stop and chat		
Sustainable local economy e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks		

Arts and creativity e.g. expression, fun laughter and play		
Other?		

Table 2d Protective factor – Facilitating participation and promoting inclusion

MWIA question: How does the proposed development impact on participation and inclusion?

PROTECTIVE FACTORS FOR PARTICIPATION AND INCLUSION	Likely impact Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
Individual		
Having a valued role e.g. volunteer, governor, and carer		
Sense of belonging e.g. connectedness to community, neighbourhood, family group, work team		
Feeling involved e.g. in the family, community, at work		
Community/organisation		
Activities that bring people together e.g. connecting with others through groups, clubs, events, shared interests		
Practical support e.g. childcare, employment, on discharge from services		
Ways to get involved e.g. volunteering, Time Banks, advocacy		
Accessible and acceptable services or goods e.g. easily understood affordable, user friendly,		

non-stigmatising, non-humiliating		
Cost of participating e.g. affordable, accessible		
Conflict resolution e.g. mediation, restorative justice		
Cohesive communities e.g. mutual respect, bringing communities together		
Other?		

5. Scale of impact and population

There are two more aspects to consider before determining if you will go on to do further MQIA assessment on your proposal.

A - scale of the impact on mental well-being, If known (or suspected) at this stage,

What is the duration of the likely mental health and well-being impacts of your proposal?

Please tick (this could be more than one period of time)

- Brief
- Weeks
- Months
- Years
- Entire Life (of the proposal)
- Sustained beyond the proposal
- Unclear

B - Scale of the population whose mental well-being is impacted.

What is the scale of the population that your proposal will impact upon?

- A few people
- A small part of the population

- A majority of the population
- The entire population

6. Having completed the screening assessment process the following sections will help you determine what to do next.

For each question in the central column, circle the appropriate answer

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

If you have answered 'yes' or 'don't know' to at least two or more questions under the above question, the you are advised to consider further appraisal under the MWIA process. Use section four of this toolkit to plan and undertake your MWIA

7. Actions to think about if you don't favour further appraisal under the MWIA process

If you have answered No to at least three or more questions under the above question, then you are not in favour of further appraisal under the MWIA process and may wish to consider doing one or some of the following actions listed below.

Throughout the screening process you will have made a list of comments or action points which may relate to one or two of the other stages of MWIA. It may be useful to use one of the methods/ stages to better inform your highlighted action points. For example:

- Find out more about the project activities in relation to the mental well-being determinants – consider holding a stakeholder workshop see Section 4 of this toolkit
- Find out more about the characteristics of the population targeted by the project – consider completing a community profile see Section 4 of this toolkit
- Find out how to target population groups not using the project, and who may benefit in terms of mental well-being – consider completing a community profile and redoing the population table screening toolkit see Section 4 of this toolkit
- Develop an action plan based on your screening findings, in order to refine your project to maximise potential mental well-being and/or to reduce potential negative impacts
- Find out if there are any further opportunities to influence the proposal and / or who may be in a position to influence the proposal and seek their support for undertaking an MWIA
- Find out if you have any existing evidence of your impact on any of the components of mental well-being identified as a priority for your proposal. For example: existing monitoring data, surveys or evaluation reports. See Section 5 of this toolkit for further ideas
- Find out if you could integrate an indicator into your existing data collection to measure your impact on any of the components of mental well-being identified as a priority for your proposal? See Section 5 of this toolkit for further ideas

Appendices

Appendix 1: Screening Case Studies

Policy level – the Lancashire Local Area Agreement (LAA)

The full report for this is available on www.hiagateway.org.uk

The purpose of the MWIA was to ensure that mental health is recognised as a cross-thematic issue within the whole LAA – not just a health and social care or well-being issue, and to increase mental health awareness across the whole range of policy makers in the county. The aim was to develop a cross-thematic action plan to address community well-being with commitment and ownership across the whole LAA.

The desk top screening tool was used with each LAA thematic group which also helped to identify priority mental well-being indicators for each theme for mental well-being. We then completed the community profiling and collation of the evidence base – linking into the Joint Strategic Needs Assessment process - and organised a multi-agency

stakeholder event for each indicator. The screening process helped to prioritise which themes and indicators to work on. The first workshops were for NI 153 (working age people claiming out of work benefits) and this identified priority actions such as addressing personal development, confidence and self-esteem rather than just focusing on vocational skills when supporting people back to work; working with employers to increase their mental health awareness, skills, and how to support the mental health of employees.

Service level – Warwickshire Resource Cafés

The full report for this is available on www.hiagateway.org.uk

Warwickshire's seven resource cafés offer a service to those individuals in the community who have identified mental health problems (including common mental health problems and dual diagnosis) who are over 18 years of age. The aim is to work with service users (many of whom have been in long term institutions) to enable them to live healthily and make life changes that would both improve their mental health and their quality of life. New contracts require a move from a dependency model towards adopting a well-being focus using a self help model as well as encouraging use of Individual Budgets and Direct Payments for beneficiaries to purchase and manage their own support care.

An hour and a half meeting was organised with the resource café leads and commissioner of the services to screen all seven cafés for their potential impact on mental well-being, and to ascertain whether further appraisal of the evidence was justified. One café did not participate further. Use of the Screening Toolkit enabled each targeted population group to be systematically assessed. It was possible for each of the six cafés to identify those groups who were not currently being targeted but who could benefit from the services. These included women, some black and minority ethnic communities and young adults. Exploring the impact of the protective factors highlighted positive benefits such as promoting access to information and services, and social activities and networks. Areas that needed further work were the support needs for client groups that were in transition from dependency to self-help. All the resource cafés agreed that further investigation and understanding of their impacts was needed. A community profile and literature review were undertaken, and a successful stakeholder event was held.

Programme Level – Liverpool '08 European Capital of Culture *The full report for this is available on www.hiagateway.org.uk*

The Liverpool 08 European Capital of Culture Company was developing a wide range of programmes designed to promote culture as well as regenerate areas of Liverpool as 08 European Capital of Culture. The Company committed to commissioning the first Comprehensive MWIA as well as assisting with piloting the evolving MWIA toolkit in 2007. Sixteen projects and policies were screened to assess the effects of the programme on mental well-being. The screening toolkit was also used to decide whether a more intensive assessment should be carried out. The screening was undertaken during a short meeting with each project and policy team.

After the screening it was agreed that an intensive assessment should be done and include:

- Comprehensive profiling of the communities involved and affected

- A review of the published literature with reference to the potential impacts of the arts and culture on health and well-being
- A series of workshops for those projects identified through the screening process as having the greatest potential to impact on mental well-being. Funders, managers, people with a creative/ artistic role, and communities would be invited to join to bring a wide perspective on impacts and to pool ideas.

Eight project and policy teams participated in workshops: the Grants Programme, G-litter, Four Corners of the City, Mersey Boroughs Programme, 08 Volunteers, Chinese New Year, Commercial Partners, and the 08 Vision Document.

Project Level – Well London – Be Creative Be Well

Well London is a three year Big Lottery funded well-being programme delivered by seven partner organisations across 20 Super Output Areas (SOA) in London. One of the target areas is Broadgreen in Croydon. A project commissioned by the Arts Council (a partner in Well London) aimed to refurbish and redesign the interior of the local community resource centre to enhance and transform how the centre was used and the impact it had on community well-being.

With the design and refurbishment already underway, the MWIA screening tool helped identify the potential impacts of the refurbished centre on the mental well-being of the community and helped identify what was needed to ensure maximum impact from the investment once the refurbishment was complete. The screening highlighted key ideas and issues, for example, increasing access to the building, how decisions are made about activities, identifying organisations who may like to host activities / outreach sessions at the centre.

Appendix 2: Lambeth Expert Patients (available: www.hiagateway.org.uk)

An example of how to fill in the screening table:

Enhancing control

MWIA question: How does the Expert Patients Programme project impact on people’s control?

Protective factors for the Expert Patients Project: (A six week programme for people with chronic long term conditions to enable them to maintain independent living	Likely impact Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
Individual		
Maintaining independence	<i>Positive and negative</i>	Positive – helps to develop patients’ knowledge of support

		<p>services and grants available, and how to access them.</p> <p>Negative – not all patients who could benefit from the programme are using it.</p> <p>Recommendation – need to do more work to promote the programme.</p>
Community/Organisation		
<p>Opportunities for expressing views/being heard</p>	<p><i>Positive</i></p>	<p>Views encouraged from all participants to enable people to learn from each other.</p> <p>Recommendation – encourage more opportunities for expressing views e.g. with GPs.</p>

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