

MAKING EDUCATION A PRIORITY - MEAP

**Interim Monitoring and Evaluation Report for Mental Health Project
– Jan to Nov 2017**

Introduction

Mental health issues have personal, social and economic impacts that have both global and community effects. Of course, mental health sufferers in the UK are not exempt from such adverse effects, as stigma, discrimination and the neglect often exacerbates adversity and impedes recovery. Research evidence reports strong negative attitudes towards people with mental health problems that accounts for negative views not only in the media and in public perception, generally but also amongst mental health professionals (McDaid, 2016). In our project, we witnessed cases of this stigma when our clients with mental health issues, especially those with behavioural disorders experienced rejection and discrimination in further education institutions. We found that these and other cases of discrimination in employment and education increased social exclusion and isolation of our clients, which worsened their mental health distress and delayed their recovery.

It is on these grounds that the Making Education A Priority (MEaP) enterprise initiated a social prescribing model to increase support and participation in social and economic activities with a view towards increasing access to community services. We found that employment opportunities can be vehicles for integrating mental health clients into the community so that they can live independently, which in turn improves their health and wellbeing and increases their self-confidence.

Methodology

MEaP implemented a social prescribing model to increase social inclusion and increase support for people suffering from mental health problems. We collected data from these activities to evaluate their well-being impact by using the Short version of Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) questionnaire before and after the start of the project. We also interviewed our clients (semi structured) to collect deeper contextual information about the impact that the activities were having on their mental health whilst they accessed lifelong learning, work experience, volunteering and employment skills training.¹ MEaP also offered support for our clients to participate in social, economic and leisure activities within the following neighbourhoods: Ardwick and Longsight, Gorton, Levenshulme, Moss Side and Rusholme.

Findings

We found that these services enabled our clients to access social support and wider services that included training and employment, which we observed improved their mental health and wellbeing. We also found that sport (table tennis and pool), fine art and other social activities increased participation and made a positive impact on our clients' mental wellbeing. We believe that urban regeneration activities such as those we offered are some of the key drivers to social inclusion, poverty alleviation and an effective way to promote the wellbeing of people with mental health problems. We found that our clients with mental health issues often found it difficult to integrate in the community; to access education and sustained employment, so MEaP challenged this and supported our clients by offering career support, volunteering work experience in

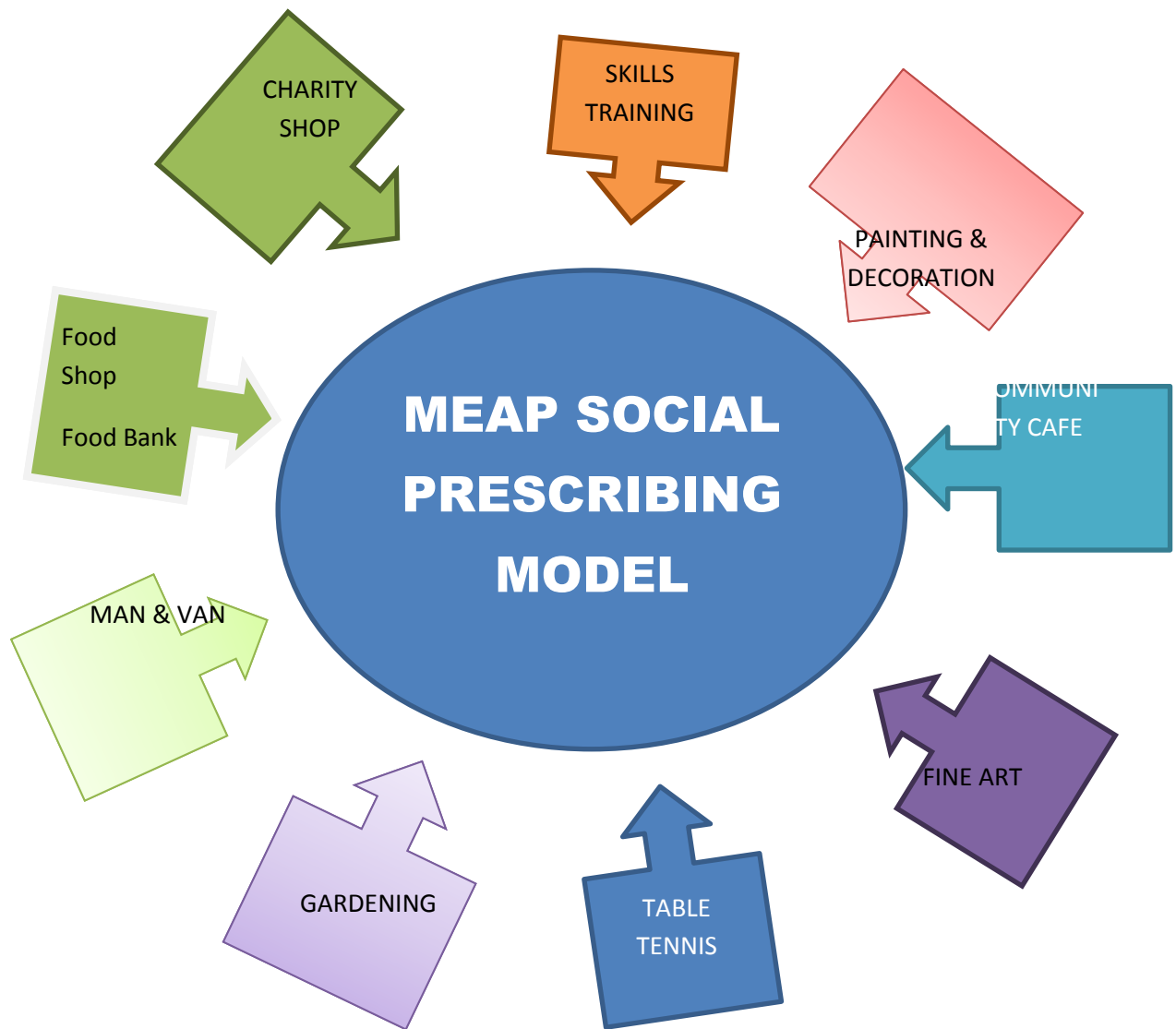
¹ For more details, see our research project, 'Perceptions of social inclusion and wellbeing for community volunteers' (<https://meapsite.wordpress.com/2017/09/08/meap-delivers-mental-health-wellbeing-as-part-of-its-lifelong-learning-education-activities/>)

sales and customer service, administration, enterprise, talent development, activities in fine art, decoration and gardening. Clients were also offered core employment skills training, particularly in IT, CV writing and interview skills to build confidence. We also encouraged and supported people with mental health problems to venture into setting up social enterprises.

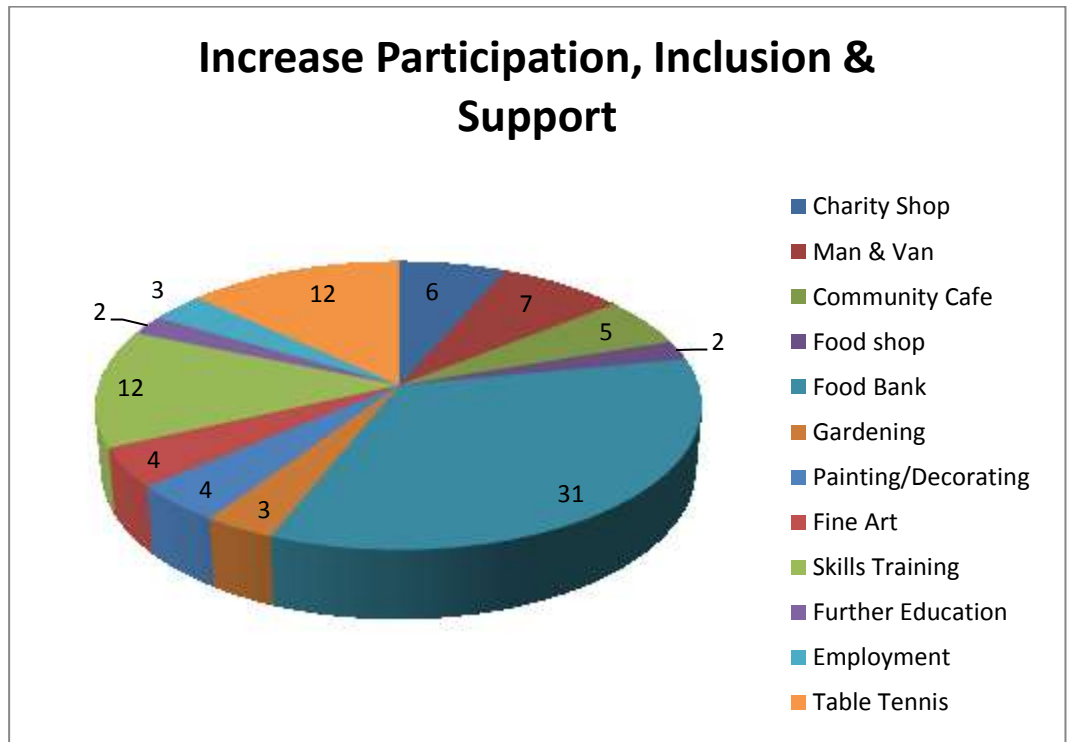
We found that clients with special skills (such as self-taught drawing) often needed help and support to build confidence and enhance their skills to start self-help projects. Our clients led some of these projects that included; fine art, gardening and decorating, which they found therapeutic and increased their self-esteem and self-efficacy because it made them feel useful. They also played table tennis and pool for leisure, after which they also reported an improvement in their physical health. This initiative also proved to be an effective strategy for getting people into enterprise and securing sustained employment with other organisations.

Cases that were outside of MEaP's remit were signposted to various services including local GPs, Greater Manchester Mental Health Foundation, African Caribbean Mental Health Service, the Tree of Life and other professional services. We also offered help and support to the hard to reach men and women in the centre, using a person-centred approach to encourage participation in activities that helped them to overcome isolation, stigma and discrimination.

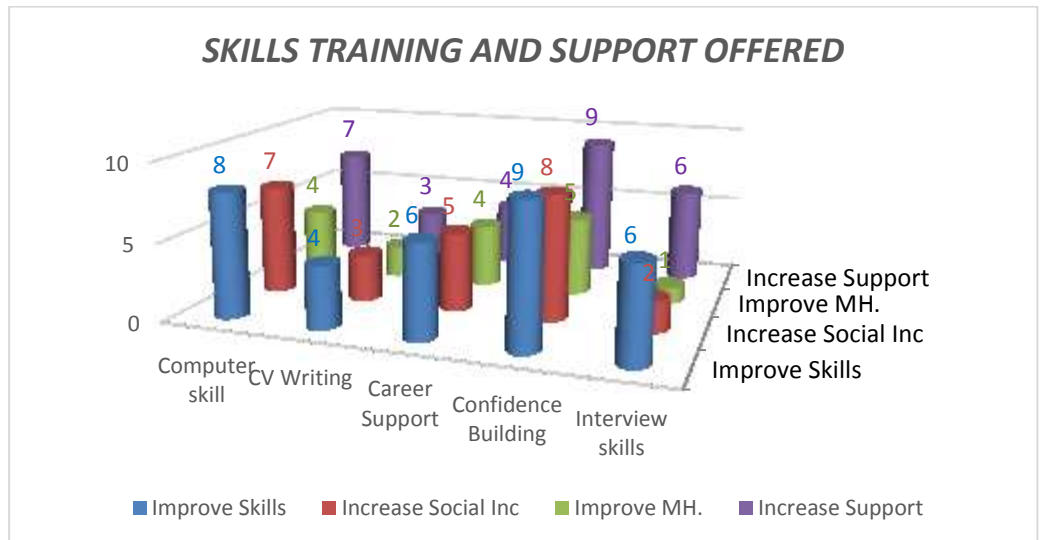
MEaP used different strategies and methods to collect data and evaluate the impact as shown in the following tables. The first table reports the type of social prescribing used during the project. The second table reports the number of clients that participated in the project in the respective activities. Most of the clients had accessed the food bank at some point and some clients had participated in multiple activities especially the Man and Van, charity shop and gardening.



The above activities offered opportunities to clients with mental health issues to gain skills and experience in the respective fields. Clients reported increased support and improved social inclusion, mental health and wellbeing as reported in the final table.



The 31 people who participated in the mental health project accessed the food bank, 12 of the 31 participants received employability training, 7 volunteered in the following areas; The Man & Van (helping with loading and delivery of orders), 6 people volunteered in the charity shops, whilst 5 people volunteered in the community cafe. 3 projects were led by clients with mental health problems.



The clients who participated in the skills training reported an increase in well-being:

“working on improving my literacy has also improved my self-confidence with the standard of literacy I have developed”.

Another client expressed how she developed confidence when she said

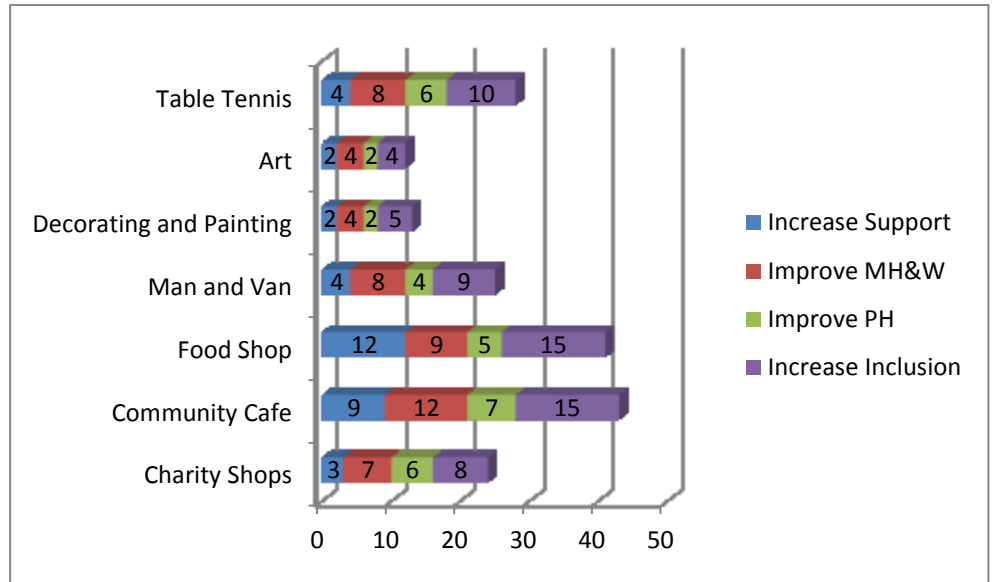
“I do not deal with problems very well because I don’t like conflict ... this issue used to affect my confidence, but since I came into the project, my confidence levels have improved and I feel much calmer and assured to deal with problems.”

Another client commented:

“I am thankful for coming to this training because I became more discerning in choosing my social relationship, now I can choose to only socialise with the positive people, because the calmness of one of the pastor has quite impressed me.”

The changes in behaviour that we observed were reported by our clients as improvements in their mental health and well-being.

Social Prescribing Impact on Clients



The above table reports the number of clients that participated in the respective activities and the impact these activities made on clients with mental health. This report will be analysed and evaluated after combining the pre and the post data capture results.

The table below represents the aggregate scores of the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) questionnaire, at this interim stage.

