

A Health Impact Assessment of the Maerdy Association of Self Help.

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Summary

The purpose of the research was to assess:

1. The impact that the Maerdy Association of Self Help (MASH) has had on the health of the members of the group and their wider social networks,
2. To assess the model used to support the group members along the road to recovery of their mental illness.

A Health Impact Assessment was undertaken and appropriate representative stakeholder groups utilised to inform the process. A short evidence base review was also undertaken to consider what literature was available on support groups and also systems needed to aid recovery from mental illness. The findings of which were used to inform how the proposal could impact on health, and furthermore how it could be improved to maximise its health improving potential.

The document aims to assess the approach from two angles. Firstly an examination of the impact of the MASH group will take place. Secondly the model used to help support the group in necessary training and input from health partners will be analysed with the view to inform further future work on the subject area.

A number of recommendations have been put forward and subdivided by suggested stakeholders who would be best placed to take forward the identified recommendation if accepted by the decision makers. These recommendations aim to maximise the potential health outcomes by design.

The report concludes that in its short life the MASH group has been effective in meeting the immediate needs of group members and improving their personal lives. Early steps have been taken towards developing group members to a point of recovery from their illnesses. The following recommendations are for the **MASH steering group** as a whole:

1. Continue to work together with a focus on developing group members to a point of recovery.
2. Support MASH group members to a point where they are comfortable in delivering Depression Busting Courses as tutors.
3. Explore further training and developmental needs of MASH group members.

4. Explore potential financial support for a continued source of funding for Depression Busting courses and tutor training.
5. Explore effective ways of communicating and relaying issues of the MASH group members to relevant organisations (eg Job Centre, Pathways to Work)
6. Invite relevant representatives at Job Centres and progression routes to employment to attend steering group meetings.

Communities First Maerdy

7. Continue to act as the local support and first point of contact for the MASH group and provide the links to further services and partners.
8. Communicate the needs of the MASH group to the steering group.
9. Provide support and advice for other Communities First teams wishing to adopt a similar approach as the MASH group.

Journeys

10. Evaluate the ongoing Depression Busting programme.
11. Explore other areas (with the Healthy Living Network and Local Health Board) to roll out the MASH model in other areas where appropriate.
12. Provide necessary support for newly trained Depression Busting tutors to deliver the course.
13. Provide necessary support for new areas wishing to adopt a similar model as MASH.

Local Public Health Team

14. Explore the potential to deliver Healthier Communities Mental Health modules and raise awareness to key partners such as Job Centre, various progression routes to work.
15. Identify other possible communities of need in RCT to develop a similar structure as the MASH project.
16. Support future Depression Busting courses in RCT.
17. Support new areas to establish support groups and encourage small steps towards recovery.

Local Health Board

18. Represent the needs highlighted within the MASH group and views of the steering group to decisions of local services.
19. Explore further links to initiatives and opportunities appropriate to the group.

20. Work with partners to inform needs of community members suffering with mental illness.

1.

INTRODUCTION

1.1 Rhondda Cynon Taff Profile

Rhondda Cynon and Taff (RCT) is a county of great diversity from the more affluent communities in the South near the busy metropolis of Cardiff to the deprived communities of the North. The northern communities can be found along the elongated and linear ribbon shaped valleys of the Rhondda and Cynon that were historically the heart of the industrial revolution. Since the 1940's the demand for Welsh coal has reduced and now disappeared from RCT altogether leaving many of these communities missing the traditional heavy industries that were the main local economic drivers, affecting both the socio-economic and cultural characteristics. As a result of exclusion, poverty, geography and limited opportunity, individuals and communities find it hard to access information, resources and services necessary to improve their health and wellbeing. Traditional health services often fail to reach all parts of the community.

At the time of the 2001 Census, Rhondda Cynon Taff had a population of approximately 232,000, making it the second most populated authority area in Wales after Cardiff. The population has declined overall since the 1991 Census by about 3,000 (RCT Health Alliance, 2005). This overall reduction is accounted for largely by outward migration, and by a reduction in children, both in absolute numbers and as a proportion of the population, and conceals a substantial rise in the older population. In effect, the population is ageing, and is expected to continue to do so.

Life expectancy can vary by up to five years depending on location of residency in RCT. Generally, it is in the most deprived areas that life expectancy is lower and improving more slowly. In terms of general physical and mental health, RCT scores slightly worse than the rest of Wales. Using the SF36 survey tool, people in RCT scored 48.2 for physical health and 48.0 for mental health. This was compared with 48.8 for physical health and 49.8 for mental health across Wales (Welsh Index of Multiple Deprivation, 2008).

One of the main factors that affects the health of people in RCT is the high level of deprivation in the area. To study populations in different places, larger areas, such as

the borough of RCT, are divided up into smaller pieces. These smaller areas, called Lower Super Output Areas (LSOAs), have been identified for the whole of Wales.

28 LSOAs in RCT are amongst the 10% most deprived in Wales. One ward is the fourth most deprived of the 1896 LSOAs in Wales. On the other hand, RCT has a number of affluent LSOAs, with four Areas ranking in the top 200 Areas in Wales. However, the majority of residents live in more deprived circumstances with 114 of 160 Areas in the bottom half of the deprivation table for Wales (Welsh Index of Multiple Deprivation, 2008). Furthermore RCT also has

- The 3rd highest rate of all cause mortality in Wales,
- The 4th highest for circulatory disease,
- The 4th highest for limiting long term illness
- The lowest fruit and vegetables consumption per day in Wales.
- 28.3% of the population smoke, 4% above the UK average.

In a survey conducted in January 2009 on the prescribing of anti depressants in England and Wales, RCT was ranked second highest with 97 prescriptions per 1,000 of the population. Interestingly, of the top thirty prescribers on the survey, 12 are in Wales and 10 are in the North East of England. The top 7 are Local Health Boards in close proximity to each other in South Wales (<http://www.bbc.co.uk/blogs/thereporters/markeaston/2009/04/>).

The more affluent south of the county and associated health benefits that come with a higher social class position can mask the scale of some of the problems in the north.

Communities First is the Welsh Assembly Government's (WAG) flagship programme to improve the living conditions and prospects for people in the most disadvantaged communities across Wales. There are 26 communities in RCT that fall into this category. From 2009 the programme will be working to achieve outcomes in six main areas; jobs and business, education and training, health and wellbeing, environment, child poverty, crime and safety. Whilst health and wellbeing is a category in itself it is also a cross cutting theme that impacts on all of the others.

Specifically within the upper Rhondda Fach valley, Maerdy is the only Communities First partnership in the area. The team work in close partnership with Communities First staff situated south of Maerdy including; Tylorstown, Penrhys, Pontygwaith,

Ynyshir and Wattstown. The local secondary school, Ferndale Community School has recently achieved E3 status, an initiative within RCT to promote the community focused school agenda.

1.2 MAERDY ASSOCIATION OF SELF HELP (MASH)

The electoral ward of Maerdy is situated at the most northern point of the Rhondda Fach valley. According to the 2001 census, the population of Maerdy was 3,441 with 35.66% of the population reported to have been suffering with a limiting long term illness. This compared with 27.22% for Rhondda Cynon Taff as a whole and 23.27% of the national average for Wales.

The Communities First programme has been operating in Maerdy since 2002. Communities First staff have worked with partners towards improving the health and wellbeing of the population of the area over a number of years, and have strong links to the Local Public Health Team and Local Health Board in Rhondda Cynon Taff. Health improvement initiatives within the area include healthy eating courses, a community allotment and the development of physical activity opportunities for members of the community.

Following an assessment of local health needs conducted by the Communities First Team in 2007, it became evident that there were relatively high numbers of the population suffering with depression and other forms of mental illness including anxiety (often related to depression), bi-polar disorder and obsessive compulsive disorder. This assessment resulted in the Communities First staff consulting with partners at the Local Public Health Team and Local Health Board on ways to improve the situation in the area. Further links were made to key partners 'Journeys', the only organisation in Wales whose purpose is to help people affected by depression.

The role of the Communities First staff was vital in recognising the need and initiating the early stages and concept of the MASH group.

An initial Depression Busting Course (see Appendix 1) was explored with Journeys and funded by the community health development project of Rhondda Cynon Taff Local Public Health Team – the Healthy Living Network. Sufferers of depression were taught about the illness and effective coping strategies related to depression as well

as issues such as quick fixes and food and mood. The initial courses were set up for spring and summer 2008.

The concept of a self help group was explored as a means of supporting potential attendees of the Depression Busting Course. A few key community members were identified, and with the support of the Communities First staff and Journeys, established the early meetings and advertising for the group. The first group meeting took place in November 2007, a few months prior to the initial Depression Busting course. Over the next few weeks and months the group continued to evolve and expand in numbers. Weekly meetings were established, sometimes involving other community partners including Age Concern. The group called themselves the Maerdy Association of Self Help, known locally as MASH.

A number of self help groups exist in the county of Rhondda Cynon Taff with a lack of focus on developing their members to a point where they are no longer dependant on the group. Alongside the regular MASH meetings, a steering group of professionals and community representatives was established, to help guide the project towards a focus of developing group members to a point of recovery. Partners included; Communities First Maerdy; members of MASH; community members of Maerdy; Journeys; Local Public Health Team; Local Health Board; Independent Mental Health trainer.

It was recognised that group members of MASH were ultimately the experts of their illness. An initial focus of the steering group was to work alongside the MASH group to develop the skills and confidence of group members to be able to deliver the Depression Busting course to other people with the illness within their community and eventually to other areas across the county, thus building capacity into the community setting. The approach was the first of its kind in the area and acted as a pilot to help inform similar practice in other areas across the county.

The following HIA explores the impact that the MASH group has had on the health of the group members and its effects on the wider community. The effectiveness of the early support of the steering group will also be examined.

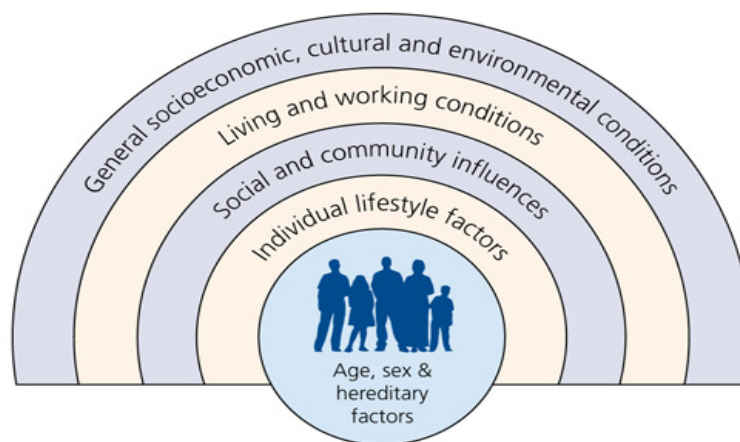
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HEALTH IMPACT ASSESSMENTS

There are widespread inequalities in health across the whole of Wales. The Welsh Assembly Government sees Health Impact Assessment as a tool to ensure policies, programmes and projects are assessed not only for their overall effect on health but also, to show that they will contribute to reducing inequalities, or at very least not increasing them. (National Assembly for Wales, 1999)

Achieving a reduction in inequalities in health can only be realised by putting in place sustainable means of improving and maintaining health and wellbeing.

Health impact assessment builds on the now generally accepted understanding that a community's health is not only determined by health services but by the wider determinants of health – which is illustrated by the diagram adapted from Dahlgren and Whitehead (1991) below. It is important to estimate the effects of the wider determinants, and therefore influences on health – which is the overarching aim of the health impact assessment.



Source: Dahlgren G and Whitehead M (1991) Policies and strategies to promote social equity in health. Stockholm, Institute for Futures Studies

The World Health Organisation defines health impact assessment as;

“A combination of procedures or methods by which a policy, programme or project may be judged as to the effect(s) it may have on the health of a population.”

(World Health Organisation, 1999b)

The health impact assessment model allows for an increased awareness of complex health causation issues and provides a useful evidence base for health policy. It can improve the way in which decisions are made by using the best evidence available. As the focus is on those who would be affected by a policy or project, it can help ensure that those who are most vulnerable to the causes of ill health will benefit the most. It is therefore a valuable tool in ensuring that any health consequences of a policy or project are not overlooked, and it may identify additional opportunities to protect and improve health and well-being. (Welsh Assembly Government, 2004)

There are a number of different types of health impact assessments;

- Prospective – concerned with potential health impacts, aimed at modifying the proposal prior to implementation
- Retrospective – assessment of health impacts after implementation; aids formation of future policies
- Concurrent – impacts assessed during project

(Scott-Samuel, 2001)

Additionally there are different appraisal techniques;

- Rapid Appraisal – systematic investigation of health impacts undertaken in a short space of time based on knowledge and perception of stakeholders, and assessors, the evidence base, and experience gained from previous health impact assessment undertaken on similar proposals.
- Comprehensive Appraisal – or also known as ‘health impact analysis’, it is based on the perceptions, knowledge and experience of stakeholders, and assessors who are usually specialists, a review of available evidence including previous health impact assessment undertaken on similar subjects and the collection and analysis of new data.

- Intermediate Appraisal – based on the perception, knowledge and experience of stakeholders, and one or more assessors who are specialists, a review of the available evidence, a review of previous health impact assessments, possibly the collection of new data.

(Scott-Samuel, 2001)

The purpose of this research was to conduct a retrospective Health impact assessment to determine;

1. The impact of the MASH group and its relation to the health of the group members and wider community networks where appropriate.
2. The key features of the model used with the MASH group in order to be able to replicate in other areas in Rhondda Cynon Taff.

Local Public Health Team – Healthy Living Network

The Local Public Health Team (LPHT) aims to enable individuals and communities to increase control over the determinants of health and thereby improve their health. They provide leadership and support for the planning, delivery and evaluation of health improvement and promotion throughout the area served.

A key priority for the LPHT is education and training. Healthier Communities is a modular training programme for community development practitioners. It aims to develop capacity for improving health within communities by enabling practitioners develop the knowledge, skills and confidence to identify and respond to health needs within their community.

One of the projects within the LPHT is the Healthy Living Network (HLN); a community health improvement project that focuses on identifying health needs of communities, helping them prioritise their needs and subsequently build capacity for health. Alongside this, the project aims to create links to local and national strategies, thereby facilitating the implementation of these strategies at a community level. It also endeavours to facilitate links to other organisations where appropriate.

Through the HLN and under the banner of Healthier Communities the LPHT aim to use their network of community focused practitioners to develop the use of best practice such as Health Impact Assessments.

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METHODOLOGY

4.1 The Health Impact Assessment Model

There are many different descriptions of HIA. It is generally accepted that there are five major steps in each;

- Screening
- Scoping
- Assessment
- Describing the impacts
- Evaluation

A retrospective Health Impact Assessment was undertaken in order to assess the impact of the MASH group on its members and wider community networks during the first year of its existence.

A key element of Health Impact Assessments is stakeholder participation. Key individuals, organisations and community groups were brought together to discuss and examine the MASH group. Two separate focus groups were conducted with attendees of the MASH group and professionals associated with the MASH group on a separate date. Interviews also took place with members of staff at Journeys.

4.2 Step 1 – Screening

The screening stage included a literature review to consider the available evidence base for research in the areas of interest. Initially available research on self help groups was explored.

The self-help groups movement has a substantial history. Alcoholics Anonymous launched in 1935 and was probably the first organisation to demonstrate the impact and significance of such groups for people who experience shared conditions or shared problems. The available evidence suggests that self help groups can prove to be beneficial for people suffering with depression and other forms of mental illness, particularly at a low and moderate level. Often when

- National Institute for Health and Clinical Excellence guidelines (NICE 2004), aim to improve the treatment of people with depression and anxiety. NICE recommend that access to information, including support groups, is a valuable part of any package of care.
- A comprehensive study conducted by Depression Alliance Scotland (2005) entitled: “Self help Groups: A study in their role in recovery from depression” concluded that;

“Self-help groups are worth developing and sustaining, since they are valued by participants and have the potential to deliver a range of therapeutic benefits at modest financial cost. “
- Research conducted by Cuijpers (1997) suggested that referral to a self-help group is as effective as cognitive therapy and medication in treating generalised anxiety disorders (one of the illnesses of some members of the MASH group).
- A literature review of self help groups organised by the Mental Health Foundation (2004) identified that the following characteristics were synonymous with effective self help groups:
 1. ground rules and group agreements owned by the group;
 2. good morale, with a facilitator who can foster that;
 3. clear aims and objectives;
 4. consistent attendance;
 5. accessibility for all;
 6. friendly welcoming atmosphere;
 7. suitable venue and accessible location;
 8. enough funding for requirements;
 9. visibility; and
 10. ability to have fun.

An organisation in the Midlands called Self Help Nottingham (www.selfhelp.org.uk) conducted a mapping exercise documenting a list of benefits reported by attendees of self help groups:

1. feeling less isolated and alone,
2. access to relevant information and advice,
3. opportunities for sharing experiences,
4. empowerment to take an active role in own health,

5. increased self-esteem and confidence,
6. gaining of inspiration and support from others' experiences,
7. chance to give as well as receive help, and
8. opportunities to learn new skills.

Further studies by Borkman (1999) and numerous others resulted in similar lists of reported benefits of attending self help groups.

The model developed with the MASH group has involved a steering group of health and community partners working alongside the self help group with a focus on developing members to a point of recovery.

- Recovery has become the key principle underlying mental health services in numerous countries worldwide including; New Zealand (Mental Health Commission, 1998), the United States (Department of Health and Human Services, 2003) and Australia (Australian Government, 2003). Closer to home, it has been adopted in Ireland (Mental Health Commission, 2005) and Scotland (Scotland Government, 2006).
- The Sainsbury Centre for Mental Health policy paper: 'Making Recovery a Reality' recognise that:
"People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services."
- Several studies in the mental health literature including; Adamson and Rasmussen, 2001; Goodman and Jacobs 1994; recommended a closer collaboration between self help groups and main stream services to aid this development.

The Depression Busting course was the first step taken in working towards recovery from depression. The vast majority of attendees of the MASH group suffer with depression, with some members suffering with other forms of mental illness.

The Depression Busting course is an eight week programme run by Depression Alliance Cymru (DAC) – now 'Journeys', for people affected by mild to moderate depression. Its core aims are to bring about lifestyle changes, behavioural changes, and cognitive changes to the attendees. The design of the programme was developed by people previously affected by depression.

A report by Fear (2007) analysed the effectiveness of early Depression Busting courses. Despite a need for continued further evaluation into the programme, early findings highlighted

- 60% of the people taking part showed a 19% decrease in reported symptoms, twice the criterion difference for change. 30% of people attending showed no change (10% > change > 6%), and 10% people deteriorated (-30% change; an increase is self-reported symptoms).

The next step in the model aimed to build the capacity of the MASH group by training members to become Depression Busting tutors.

Research by De Silva et al (2005) and Falzer (2007) recognise the role that building 'social capital' into communities can play as possible preventive factors of mental illness. Shepherd, Boardman and Slade (2008) also discuss the importance of people suffering with mental illness to take on meaningful and satisfying roles within communities.

4.3 Step 2 – Scoping

A group of key stakeholders were brought together to discuss the prospect of conducting a HIA with the MASH group. Stakeholders included Communities First; members of MASH; local community members; Journeys and the Local Health Board. The following questions were put to the stakeholders:

1. How has the MASH group impacted on group members and the wider community?
2. Is there any current evidence / documentation available to support this?
3. What do you think would be the benefits of conducting a HIA with the MASH group at this point?
4. Who would be involved in the assessment?

It was agreed that there was an abundance of anecdotal evidence that the MASH was impacting on the intended audience. The stakeholders believed that by conducting a retrospective HIA at this time, MASH would undergo a comprehensive evaluation that

would help inform the future direction of the group, as well as help capture the model to be rolled out to other areas.

4.4 Step 3 - Appraisal / Assessment – establishing the health impacts

Focus groups were brought together to assess how the MASH group had impacted on the health of group members, and to examine how effective the steering group had been in supporting the group and facilitating necessary processes. Focus groups were held separately to obtain the views of the MASH group members and professionals involved with the group.

The information was captured and recorded using the wider determinants of health template (see appendix) with positive or negative impacts listed against relevant health and wellbeing determinants. Some comments are quotations by group members. In order to maintain anonymity, group members will not be named.

The perspective of members of the MASH group:

Health and Wellbeing Determinant	Positive impacts – beneficial effects	Negative impacts – adverse effects
Lifestyle: Diet	<p>Members reported how the Depression Busting course raised their awareness of how caffeine could be detrimental to their health, in particular the quality of sleep. They have taken steps to take caffeine out of their every day diet and improved their quality of rest.</p> <p>Community partners 'Age Concern' attended the MASH group to provide Get Cooking demonstrations for the group. Awareness of the benefits of healthy eating was gained through these sessions.</p> <p>One of the members was proud of stopping eating chocolate since attending MASH meetings.</p>	

<p>Lifestyle: Exercise</p>	<p>One member has now gained enough confidence to get out and about and has benefitted physically and mentally by starting to walk the country park.</p> <p>One member used to be really fit. Depression stopped the motivation to continue. MASH has helped the group member to take steps to get back into training and improve physically.</p>	
<p>Lifestyle: Use of alcohol, cigarettes and non-prescribed drugs.</p>	<p>MASH provides support for members of the group who suffer with alcoholism. The members of the group who suffer with alcoholism also provide peer support for each other.</p> <p>The group have discussed how those battling with alcoholism act as role models for those who smoke in the group and help to motivate a quitting culture.</p> <p>Many group members are aware that they smoke in order to get a quick fix to alleviate symptoms during difficult times. Since exploring this within MASH and during the Depression Busting Course, they are now aware of the reasons behind their behaviour and that it is detrimental to their health. It wasn't questioned in the past.</p> <p>They have identified that heavy smoking is directly related to 'bad days'. MASH has allowed them to enjoy more 'good days', where smoking is less prevalent.</p>	<p>Social aspects: the group don't go out to socialise at pubs / for meals due to the sensitivity of those with alcoholism.</p>

	<p>One group member realised the negative impact alcohol had on mental illness and gave up consuming alcohol altogether.</p>	
<p>Social and community influences on health: Family organization</p>	<p>The family of one group member have noticed a huge difference since attending MASH. The parents of the group member now see a productive usage of time. They are enjoying improved family relationships and home life has been benefitted "99%".</p> <p>Another group member risked alienating the family due to manic depression and addiction to alcohol. During periods of mania, the family were much happier in general. MASH has really impacted on the member's ability to see situations and control things more appropriately.</p>	
<p>Social and community influences on health: Social support and social networks</p>	<p>Members reported how the first step is very difficult to take, to come through the doors, for lots of people. The welcome for people, whether you're a stranger or a regular is reported to be as if "<i>... you're in the company of friends.</i>"</p> <p>Even long term members of the group find it difficult to pick themselves up to make the meeting and walk through the door. Once you're in, "<i>it's like being at home.</i>"</p> <p>MASH provides the group members with the opportunity to share problems in confidentiality with people in similar situations to themselves.</p>	

	<p><i>“You know you’re not on your own – people in MASH understand a lot more than professionals ever could.”</i></p> <p>The group report that they’ve become more like a family than friends.</p> <p>Each person is comfortable in talking about whatever they need to within the group, in a safe and non-judgemental atmosphere.</p> <p>As different members have different experiences of mental illness in terms of severity, type of illness and duration of time, they are able to provide answers for each other.</p> <p>MASH has evolved to being more of a social support network for the members. Much more than a meeting every Wednesday. Group members have developed genuine bonds and friendships.</p> <p>Some members reported not having friends in the community, and in the past have felt isolated. MASH has provided them with social and support networks much needed and appreciated by these members.</p> <p>Some of the group also suffer with alcoholism and openly share their experiences of this within the MASH meetings.</p> <p>MASH members commented on how the meetings are often <i>‘fun’</i></p>	
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	<p>and people leave feeling genuinely <i>'happy'</i> often <i>'laughing on the bus'</i>.</p> <p>A consistent observation of group members is that a year ago, there was no laughter at group meetings. As the group have developed and bonded, MASH meetings are often the highlight of the week.</p>	
<p>Economic Conditions affecting health: Unemployment</p>	<p>Employment is far away for most members, but MASH has made the group realise that there is a future and not just a dead end.</p> <p>Group members report to have gained in confidence since attending MASH meetings.</p> <p>Most of the group have accessed other courses and training to continue to improve themselves and their personal situations.</p>	<p>The group don't discuss income or finances at group meetings, although it's on everyone's mind. The group members were aware the potential negative affects on mental health.</p>
<p>Access and quality of services: Medical services</p>	<p>The lack of understanding and unhelpful nature of medical services (in the experience of group members) has led the group to realise that they shouldn't rely on services etc.... but have the confidence to improve their own situation themselves.</p>	<p>Each member has had difficulty with services and has a separate story to tell. They reported how GP's haven't been helpful.</p> <p>Medical services – if people were still relying on medication, they'd be in exactly the same boat as they always were. It's the group that have improved their own situations rather than support from medical services.</p>
<p>Access and quality of services: Careers Advice</p>		<p>A crucial point and major issue that was strongly emphasised and echoed within the group was a universal difficulty in proving mental illness to the Job Centre and professionals working in progression routes to</p>

		<p>work. The lack of understanding of professionals creates tension and anxiety and often knocks the confidence of group members.</p> <p>The location of the nearest job centre also means that MASH members have to catch a bus (or several buses) in order to make an appointment. With various forms of mental illness, this in itself is often a major problem for members to access the services.</p>
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The perspective of the professionals and partners linked to the MASH group.

Health and Wellbeing Determinant	Positive impacts – beneficial effects	Negative impacts – adverse effects
<p>Lifestyles: Use of alcohol, cigarettes, non-prescribed drugs</p>	<p>MASH provides support for members of the group who suffer with alcoholism. Those members are also able to provide support each other.</p> <p>For many members, stopping smoking may be the natural progression, after being empowered to take control of their illness.</p> <p>Peer support: members suffering with alcoholism have acted as role models for the smokers and motivate a quitting culture.</p>	<p>Social aspects: the group don't go out to socialise at pubs / for meals due the sensitivity of those with alcoholism.</p>
<p>Lifestyles: Diet</p>	<p>One member of the group had a eating disorder, he's made positive steps towards addressing this since being a member of MASH.</p> <p>The group have learned from the healthy eating taster sessions delivered</p>	

	<p>by partners Age Concern.</p> <p>Members of the group have approached the Communities First team to discuss healthy eating. A sign that they have become less introvert, more aware of themselves and start to realise they have the power to control their own lives, and take steps towards achieving healthier lifestyle choices.</p>	
<p>Lifestyles: Risk taking activity</p>	<p>Some group members are still self harming and there has been 1 suicide attempt since MASH started. But the group are comfortable talking to each other about this and open up to each other when episodes take place.</p> <p>This wouldn't have been possible or an available option to group members in the past.</p>	
<p>Social and community influences on health: Family organisation and roles</p>		<p>Recovering from mental health problems can lead to a change of personality / shift of balance of relationships within friends / families. This can be unsettling for relationships as 'who people are' (people see them as being mentally ill) may change and alter dynamics of relationships.</p>
<p>Social and community influences on health: Citizen power and influence</p>	<p>Two members of the group in particular have been able to develop their confidence to a level where they are able to act as leaders of the group and take responsibility in becoming mental health advocates. They have talked and presented at Communities First Partnership meetings and open days amongst other events.</p>	

<p>Social and community influences on health: Social Support networks</p>	<p>The group are comfortable talking to each other about sensitive issues such as suicide attempts / self harm and readily open up to each other when episodes take place.</p> <p>The group have given a re-birth to traditional community spirit that was common in the area in previous decades.</p> <p>The shock factor has diminished the longer the group have been active. Whatever is discussed within the group nothing is surprising to them.</p> <p>They have become close friends rather than acquaintances.</p> <p>The group find it easier to talk to peers than a medical professional, who may not understand – less of a chance of social services getting involved, not understanding the situation and people getting lost in the system.</p>	
<p>Social and community influences on health: Neighbourliness / Divisions in community</p>	<p>There are a number of demographic differences within the MASH group, including age, race, wealth, nationality. But none of these are an issue within the group itself.</p>	
<p>Social and community influences on health: Social isolation</p>	<p>There have numerous impacts on issues of social isolation. One group members sometimes turns up in her pyjamas, but attends meetings because other members call for her on their way to MASH.</p> <p>Members of the group now attend meetings of professionals, one chairs</p>	

	<p>the group. One member spoke as an advocate for MASH at the partnership board meeting.</p> <p>Accessible via Community Transport scheme.</p> <p>MASH has become a community in itself. The knock on effects of this is beneficial for the wider community.</p> <p>The infrastructure is in place in Maerdy: other areas need to follow the model.</p> <p>The group has allowed the silent minority to get their voice / feelings heard.</p>	
<p>Social and community influences on health: Local pride, sense of belonging, divisions in communities and social isolation</p>	<p>The group has a massive sense of belonging: Community Transport driver – “I bring them up here and they’re not <i>always</i> down when I pick them up, they may be chatting with me.... But, you can feel that air of optimism about them when you take them back.”</p> <p>They’ve taking it upon themselves to look after the group members who are suffering with alcoholism. Community Transport Driver – “They’ve taken it upon themselves to help these three away from the alcohol.”</p>	
<p>Living/ environmental conditions affecting health: Housing</p>	<p>One member of the group was obsessive about the cleanliness of her home. Talking through her obsessions at MASH has helped her to rationalise her behaviour, and give</p>	

	her the support to make changes to her behaviour.	
Living/ environmental conditions affecting health: Indoor Environment	<p>One member's housing was very poor. Since MASH, this person realised the importance of taking small important steps at a time.</p> <p>The group have also donated pieces of furniture to this member.</p>	
Economic conditions affecting health: Unemployment and economic inactivity	<p><i>Volunteering:</i> group members living in Maerdy have become more active and interested in community events i.e. getting involved in writing articles for the newsletter etc....</p> <p>Group members have learned new skills to deal with their illness through the Depression Busting Course and continue to learn skills when partner organisations come into the group to deliver sessions.</p> <p>They're very eager to undertake more training as a group and develop new skills. Evidence suggests that new skills are vital for improving mental health.</p>	<p>A major worry and barrier for members of the group in taking steps towards becoming a Depression Busting tutor is the issue about the risk of losing their benefits and therefore their income.</p> <p>Any volunteering needs to be declared for benefit claims. Staff have attempted to get people from the job centre to come out to meet the group. It's very difficult for group members to make that step.</p> <p><i>"Surely a route out of benefit is to do something"</i>. (Professional-anonymous)</p> <p>There is a need for people working in progression routes to work to understand that people who are mentally ill can make it to work / volunteer one day, but may find it difficult the next. There needs to be much more understanding amongst these professions.</p> <p>Fit for work: the focus should be on what you can do, rather than what you can't do.</p>

<p>Access and quality of services: Transport and careers advice</p>		<p>The nearest Job Centre is roughly 7 miles away from Maerdy. The transport links are poor and there is a general lack of understanding of mental illness amongst professionals. All of these factors are genuine barriers for group members</p>
<p>Access and quality of services</p>	<p>The MASH members signpost each other to appropriate services e.g. CPNs.</p> <p>It is felt that the group itself provides a better service for their needs than what's offered via GP surgeries and other services.</p> <p>Journeys have been a key partner and very supportive of the group, providing additional training to the Depression Busting Course via Confidence Training and Mental Health</p>	<p>It was stated that there is a lack of resources to recognise and catch mental illnesses at the beginning in an attempt to halt progression.</p> <p>The professionals observed that group members could have to wait months to get the services they need. There's not just a lack of resources, there a lack of understanding of mental illness – the hidden illness.</p> <p>"We haven't got a national health service, we've got a national illness service."</p> <p>Some group members of MASH have children with challenging behaviour and find it very difficult to receive the support they need.</p>

4.5 Step 4 – Decision Making / Describing the Impacts

Recommendations

The following are recommendations that derived from the comments and opinions generated by stakeholders during the health impact assessment and the evidence base already available. The recommendations are subdivided by stakeholders who it's suggested would be best placed to take forward the identified recommendation if accepted by the decision makers.

The following recommendations are for the **MASH steering group** as a whole:

1. Continue to work together with a focus on developing group members to a point of recovery by investing in the development of group members.
2. Support MASH group members to a point where they are comfortable in delivering Depression Busting Courses as tutors.
3. Explore further training and developmental needs of MASH group members.
4. Explore potential financial support for a continued source of funding for Depression Busting courses and tutor training.
5. Explore effective ways of communicating and relaying important issues of the MASH group members to relevant organisations (eg Job Centre, Pathways to Work)
6. Invite relevant representatives at Job Centres and progression routes to employment to attend steering group meetings in an attempt to help fellow professionals understand the complexity of mental health issues.

Communities First Maerdy

7. Continue to act as the local support and first point of contact for the MASH group and provide the links to further services and partners.
8. Communicate the needs of the MASH group to the steering group.
9. Provide support and advice for other Communities First teams wishing to adopt a similar approach as the MASH group.

Journeys

10. Evaluate the ongoing Depression Busting programme.
11. Explore other areas (with the Healthy Living Network and Local Health Board) to roll out the MASH model in other areas.
12. Provide necessary support for newly trained Depression Busting tutors to deliver the course.

13. Provide necessary support for new areas wishing to adopt a similar model as MASH.

Local Public Health Team

14. Explore the potential to deliver Healthier Communities Mental Health modules and raise awareness to key partners such as Job Centre, various progression routes to work.

15. Identify other possible communities of need in RCT to develop a similar structure as the MASH project.

16. Support future Depression Busting courses in RCT.

17. Support new areas to establish support groups and encourage small steps towards recovery.

Local Health Board

18. Represent the needs of the MASH group and views of the steering group to decisions of local services.

19. Explore further links to initiatives and opportunities appropriate to the group.

20. Work with partners to inform needs of community members suffering with mental illness.

5 Conclusion

On completion of the health impact assessment of the Maerdy Association of Self Help, a number of conclusions have been made.

To date, the MASH group has provided a unique, supportive environment for members to share and explore their problems, and work through them together. The reported social networks and bonds that have developed within the group have led to an experienced positive impact on the lifestyles of some group members. The literature suggests that this is an important step towards recovery for many people suffering with mental ill health.

The continued support of Maerdy Communities First staff and the training and support from Journeys has been directly instrumental in the early success of the MASH group members in taking steps towards improving their illness.

Further work needs to take place amongst the steering group to support MASH members to take the next step to become Depression Busting Tutors. The intention to build skills and confidence of group members and community capacity incorporates community development principles already in existence in RCT (Golby, 2009).

Additional work needs to take place with fellow professionals to raise awareness and understanding of the complex issues surrounding mental illness, especially in relation to employment.

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Appendix 1

Depression Busting Course - Journeys

The course covers the following:

What is Depression? – This session looks at the holistic nature of depression and its impact on the body, emotions, way of thinking and behaviour. It looks at the causes, and stresses that you can and do recover from depression.

Action Planning – Gives information and practical advice on how breaking tasks in to manageable segments facilitates achievable goals and puts an end to setting yourself up to fail.

Relaxation runs throughout the course, each week (except for the first) beginning with a relaxation activity.

Quick Fixing – Looks at how people self medicate or quick fix and why this may not be useful. Healthy alternatives are then investigated.

Self Monitoring – a practical activity which people use throughout and between sessions to help monitor what makes people feel good or not good and progress throughout the 8 weeks (many participants use this long after the course has finished).

How the body holds stress – a look at how this can be physically seen and how small improvements in posture and breathing can have a beneficial effect on mood.

Sleep – explains why people with depression have disturbed sleep patterns and what they can do to improve their sleep hygiene.

Thoughts and beliefs – examines how negative thoughts and ruminations can impact on behaviour and mood and enables participants to challenge such thoughts.

Physical Activity – looks at why physical activity is disabled by depression and how being active can improve mood.

Thoughts and beliefs (2) – Builds on the previous thoughts and beliefs session and enables participants to challenge deep seated beliefs.

Managing change/ loss and grief – examines the process of grief and how we can be stuck somewhere in the process, it examines how loss and change can trigger depression and how we can cope with change.

Healthy Eating/ food and mood – looks at the relationship between depression and eating habits and how we can improve these habits.

The course has been written, developed and delivered by people who have had depression.

We encourage the setting up of a self help group to encourage people to on the course to continue to improve their mental health and well being.

The course is aimed at those with mild to moderate depression and their carers.

Appendix 2

The Wider Determinants of Health Template

1. Lifestyles	<ul style="list-style-type: none"> Diet Physical exercise Use of alcohol, cigarettes, non-prescribed drugs Sexual activity Other risk-taking activity
2. Social and community influences on health	<ul style="list-style-type: none"> Family organisation and roles Citizen power and influence Social support and social networks Neighbourliness Sense of belonging Local pride Divisions in community Social isolation Peer pressure Community identity Cultural and spiritual ethos Racism Other social exclusion
3. Living/ environmental conditions affecting health	<ul style="list-style-type: none"> Built environment Neighbourhood design Housing Indoor environment Noise Air and water quality Attractiveness of area Community safety Smell/odour Waste disposal Road hazards Injury hazards Quality and safety of play areas
4. Economic conditions affecting health	<ul style="list-style-type: none"> Unemployment Income Economic inactivity Type of employment Workplace conditions
5. Access and quality of services	<ul style="list-style-type: none"> Medical services Other caring services Careers advice Shops and commercial services Public amenities Transport Education and training Information technology
6. Macro-economic, environmental and sustainability factors	<ul style="list-style-type: none"> Government policies Gross Domestic Product Economic development Biological diversity Climate