Mind Cymru's Social Prescribing Service

Evaluation Findings

November 2021

Suggested Citation: Mind Cymru. (2021, November). Mind Cymru's Social Prescribing Service: Evaluation Findings. Cardiff: Mind Cymru.

Key findings

85% of service type 1 users* **wellbeing improved** from entering the social prescribing service at follow-up

On average, service type 1 users rated the service a **9.5 out of 10**

Employing link workers with **mental health expertise** and **community connections** was valued by and effective for service users

98% of service type 1 users reported **achieving the goals** set out in their my goals plan, either definitely or to some extent

**Who provided matched pairs data*
Base sizes for included statistics can be found in the main body of the report

Contents

Trigger warning: Please note, some qualitative insights presented within this report refer to potentially triggering topics (e.g., suicide)

Introduction

Rationale and implementation

March 2019-2020

Mind Cymru were awarded Welsh Government funding in August 2018 to develop, deliver and evaluate a mental health focused social prescribing programme. In March 2019, Mind Cymru's social prescribing programme was being delivered within high deprivation areas in Wales (including rural, urban and valley based communities), across three Local Health Boards, by four local Minds (table 1). The programme was delivered by link workers employed by each local Mind. Service users were referred to the service by GPs and Health Care Professionals (HCPs) from within Local Health Board areas.

Table 1: *Local Minds delivering the social prescribing programme and the Local Health Board areas they operate in*

Local Mind	Local Health Board
Vale of Clwyd Mind (VoC)	Betsi Cadwaladr University Health Board
Cwm Taf Morgannwg Mind (CTM)	Cwm Taf Morgannwg University Health Board
Brecon and District Mind (B&D)	Powys Teaching Health Board
Ystradgynlais Mind (YST)	

In line with initial evaluation plans, the Welsh Institute for Health and Social Care (WIHSC) were commissioned to work with Mind Cymru from December 2019-May 2021, and ran a wait list control trial between November 2019-March 2020. The wait list control trial was halted indefinitely in March 2020 due to the coronavirus (COVID-19) pandemic.

Responding to the coronavirus pandemic

Mind Cymru adapted the service in March 2020 in response to the coronavirus pandemic. Delivered both face-to-face and remotely pre-pandemic, the service was adapted to ensure it could continue to support people within Wales, responding to the increasing and changing needs of service users. For example, referral routes were opened up to include self-referral and delivery was moved to a remote delivery model (e.g., phone).

Following the coronavirus pandemic (and subsequent service adaptations) and end to the wait list control trial, a new evaluation approach was agreed by Mind Cymru with WIHSC and Welsh Government. The new approach consisted of two parts:

- A process evaluation (to be conducted by WIHSC), capturing insights about the service as it was originally intended to run (captured in WIHSC's report here).
- A routine service evaluation and monitoring of the adapted service, conducted by Mind's Evaluation and Performance team.

This report presents the findings of Mind's routine service evaluation and monitoring of the adapted service. Data collected covers the period of June 2020-September 2021.

Programme development & model

Minds Cymru's original (i.e., pre coronavirus pandemic) social prescribing service model was developed in collaboration with local Minds through a series of co-design workshops. The service was designed to support adults (aged 18+) with mild to moderate mental health problems (e.g., anxiety).

Service user pathways

The service was adapted during the coronavirus pandemic. Following this adaptation, when accessing the service, service users would speak to a link worker who would assess their needs and decide which of two service pathways they would utilise:

- Service Type 1 **(ST1)** refers to service use where the service user received more than a single contact with the link worker, and would typically have multiple contacts with them over several weeks while engaging with the services they were referred on to.
- Service Type 2 **(ST2)** refers to service use where users accessed the service for a single one-off contact, typically for referral straight into another service.

Within both service types, the link worker would refer service users to services appropriate for their needs (see next slide).

Key elements of the model

Service user referral pathways
Service users were referred to services in one of five identified service pathways:

1. **Community wellbeing activities** (e.g., gardening groups, arts groups)
2. **Non-clinical psychological interventions** (e.g., mindfulness)
3. **Services to resolve socio-economic needs** (e.g., benefits advice)
4. **Wider information and advice** (e.g., helplines)
5. **Other services**, including other health services (e.g., dentistry)

During the development of the model, link workers conducted mapping exercises to identify local services that users could be referred to that fell within each of the five service user pathways. Initially, the social prescribing service could only be accessed by those who had a referral from a GP or another health care provider/professional (e.g., a pharmacist). In 2020, referral pathways were opened up to allow people to self-refer into the service.

The 'What matters?' conversation
A core element of the model was the 'what matters' conversation/s that link workers would have with service users to identify their needs and the goals they wanted to achieve. Having these conversations allowed link workers to better understand the individual needs of the service user and support them appropriately.

Link worker expertise
Link workers used their expertise in mental health, alongside a strong working knowledge of available services in the local community to ensure service users were able to access the support they needed to improve their mental and physical health, and emotional wellbeing. Part of the link worker role included identifying barriers (e.g., anxiety) that were preventing service users from engaging with local services and supporting them to address these.

Meaningful closure for service users
Link workers would arrange meetings with service users towards the end of their service use to review whether service users were accessing appropriate community services/support, and whether or not they were happy with the progress they had made towards their goals. Following this, the link worker support for the service user would end, unless the service user required further support or assistance from the link worker.

Key elements of the model

Uplift funding

'Uplift funding' was built into the social prescribing model to 'uplift' services that users needed (e.g. providing extra capacity to services or introducing new services where there were gaps). Uplift funding was used to reflect the areas of greatest need among service users. The biggest demand for uplift funding during the project was for providing additional emotional and mental health support to service users, so they could then access other services. Uplift funding was used to provide things like anxiety management and Mindfulness courses (if these were not already available), and providing more timely access to counselling.

Peer Navigators

A proposal to recruit peer navigators was originally included in Mind Cymru's social prescribing model. Peer navigators would have been volunteers with lived experience of mental health problems, and would have provided service users with extra support to access services. Due to the pandemic, local Minds were unable to implement the peer navigator element of the model, and therefore, link workers provided any additional support needed themselves.

Evaluation methodology

Evaluation outline

Mind's Evaluation and Performance team conducted a mixed-methods, routine service evaluation of Mind Cymru's social prescribing programme from June 2020-September 2021 to explore: 1) The reach of the service, 2) People's motivations for using the service and the types of services they were referred to, 3) People's experiences of using the service, including what they liked/did not like, and 4) The impact of the service on people's mental health, wellbeing, and other areas of their lives dependent on their service use (e.g., help with finances, help with socialisation, or help with housing).

Monitoring and outcome data

Recruitment and procedure

Link workers collected service user monitoring and outcome data between June 2020 and September 2021. The amount/type of data collected from service users was dependant on two things: 1) Whether they consented to take part in the evaluation, and 2) Whether they received ST1 or ST2. Those who did not consent to take part in the evaluation provided basic monitoring data (e.g., about their service use). Table 2 outlines what type of monitoring and outcome data was collected for ST1 and ST2 service users taking part in the evaluation and when this data was collected.

Method of analysis

Data was analysed in Microsoft Excel to produce descriptive statistics. Further analysis (paired samples t-tests) were run in SPSS for ST1 users who provided wellbeing data during both the 1st session and at follow-up* to measure changes over time and whether these were statistically significant.

Table 2: *Type of evaluation data collected by service type and time point*

Service type	Service use data	Wellbeing outcomes	Demographic data	Service user feedback
ST1	1st session	1st session & follow-up*	1st session	Follow-up*
ST2	1st session	N/A	Follow-up*	Follow-up*

Interviews

Recruitment and procedure

Service users provided their contact details if they were interested in taking part in an interview. Those who agreed took part in interviews between August and September 2021 (written feedback was collected from 1 service user in September 2021). Interviews (n= 8) were conducted remotely online or over the phone by the evaluation lead. Participants received/were offered a £25 gift card for taking part in interviews.

Method of analysis

Interviews were analysed using Thematic Analysis [1], adopting a framework approach. Transcripts were read and re-read and common themes within the data identified and input into a framework in Microsoft Excel. Within this report, themes are presented and illustrated using participant quotes.

** Please note, timing of follow-up data collection while initially intended to be at 6 weeks from entering the service, differed for several reasons including the length/type of intervention, availability of the service user/contact they had with the link worker. It was important for evaluation to be flexible like the service.*

Evaluation findings

Monitoring and outcome findings

Overall programme reach

Routine service evaluation data was only collected from those who consented to take part and therefore, evaluation data only represents a proportion of those reached by the programme. The total reach of the programme (i.e., including those who did not take part in the routine service evaluation) is presented in table 3. Over the course of the programme (February 2019-October 2021), **2244** service users were reached. **Most service users accessed the service via CTM (48%),** followed by VoC (23%), YST (17%) and B&D (12%).

Table 3: *Reach of programme by local Mind (2019-2021)*

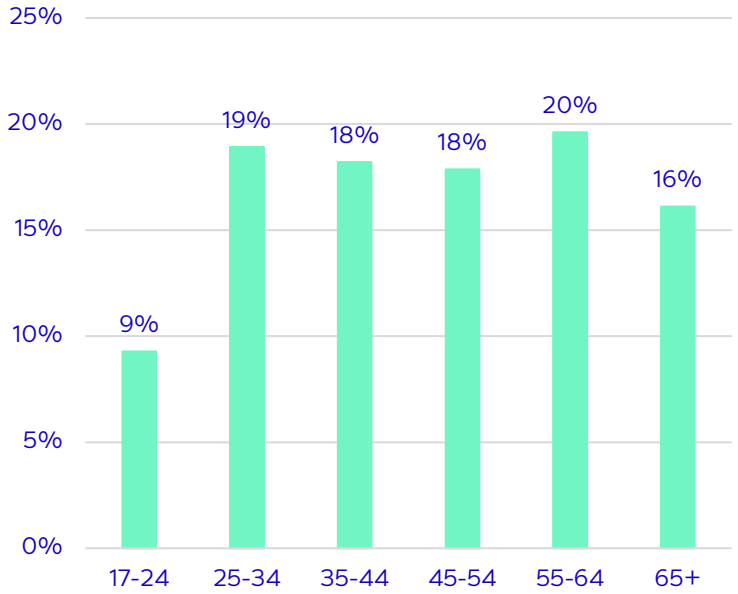
Local Mind	February 2019 - March 2020 (pre pandemic)	April 2020 – March 2021 (1st phase pandemic)	April 2021 – October 2021 (extension)	Total
CTM	62	664	362	**1088**
B&D	91	101	77	**269**
YST	51	258	65	**374**
VoC	202	200	111	**513**
Total	**406**	**1223**	**615**	**2244**

Information presented in the following section relates to overall evaluation findings. Please note throughout this section **green slides represent ST1 findings** and **pink slides represent ST2 findings.** For findings at a local Mind level, see slides 26-30.

Service user profile

ST1

Figure 1: Age range



590 ST1 users provided at least some monitoring data and 578 provided at least some evaluation data*.

- The social prescribing service reached service users from **a range of ages** including those aged **17-24 years old (9%).** 20% of service users were in the 55-64, 19% the 25-34, 18% the 35-44 and 45-54, and 16% the 65+ age range.
- **Most service users identified as female (68%)** and 31% identified as male.
- **Most service users identified as heterosexual (91%).** 3% of service users identified as bi, 2% as gay or lesbian, with 1% preferring to self-describe and 3% preferring not to say.
- 1% of service users identified or have previously identified as trans, while 99% had or do not.

(Figure 1 base= 571; Gender base = 578; Sexuality base = 571; Trans identify base = 570)

**Of those providing evaluation data, 233 accessed the service though VoC, 218 through CTM, 105 through B&D, and 22 through Ystradgynlais.*

Service user profile

ST1

Figure 2: *Ethnicity*

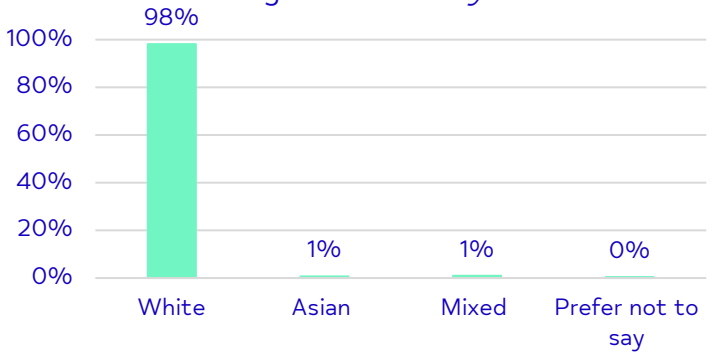
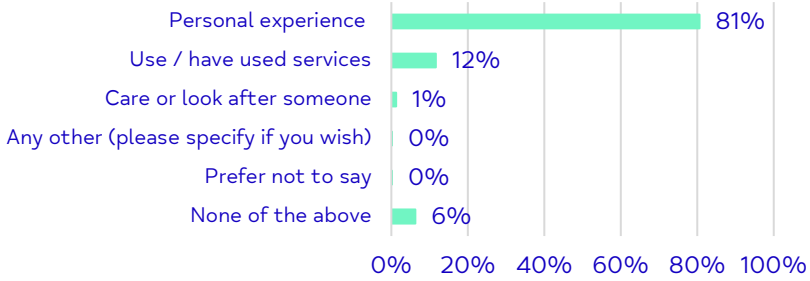


Figure 3: *Mental health experience*



(Figure 2 base= 574; Figure 3 base = 576)

- **Most service users reached were white (98%),** with just a small proportion of service users identifying as Asian (1%) or Mixed (1%) ethnicities.
- Of those who provided evaluation data, a **similar percentage of people living in South (45%) and North (41%) Wales** accessed the social prescribing service. 14% of service users were living in mid Wales.
- **4% of service users were Welsh speaking** (3% fluent, 1% could speak a fair bit of Welsh). Most (71%) could not speak Welsh, while 22% could just speak a few words of Welsh or a little Welsh (3%).
- **Most service users (81%) had personal experience of mental health problems**, while 12% had used or currently used mental health services. While the social prescribing service was aimed at those with experience of mental health problems, 6% of service users stated that they did not have personal experience of mental health problems.
- When asked about long term health conditions or learning differences, **61% stated that they had a mental health problem**, 17% a health condition or physical impairment, 2% a social, communication or learning difference and 1% a sensory impairment. 16% had none of the outlined conditions, while 1% had 'another' and 1% preferred not to say.

(Location base= 575; Welsh speaking base= 569; Long term conditions base= 571)

Service use

ST1

Figure 4: *Length of time spent with service user**

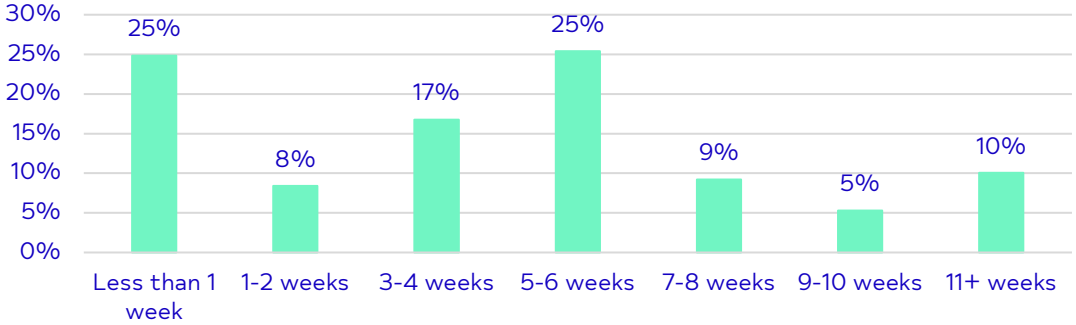
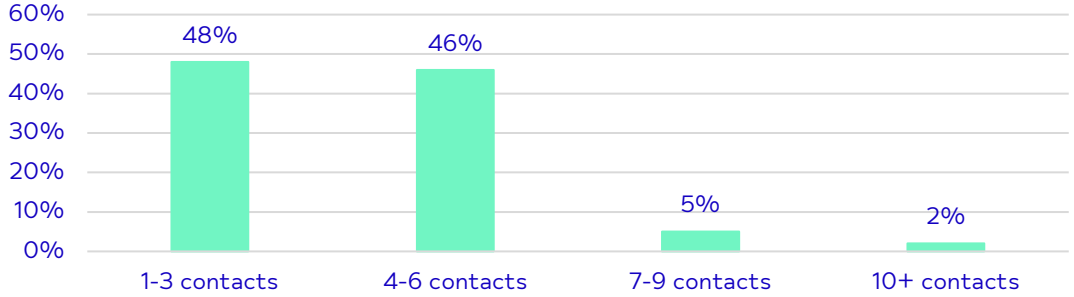


Figure 5: *Number of contacts with link worker**



(Figure 4 base= 358; Figure 5 base = 371; Referral base = 573)

- **65%** of service users providing monitoring data were **referred to the service in 2020** and 35% in 2021.
- The length of time link workers spent with service users varied for example, **25%** of service users **accessed the service for between 5-6 weeks**, while 10% had support for over 11 weeks.
- The length of time spent with service users likely varied for several reasons including the type of support they needed and availability of referred to services.
- Interestingly, findings suggest that **25%** of ST1 users spent **less than a week with link workers**, which could be for several reasons. For example, 26% (*n*= 23) of those who spent less than a week with link workers dropped out of the service.
- **48%** of service users **had 1-3 contacts with their link worker**, 46% had 4-6 contacts, 5% had 7-9 contacts, and 2% had 10+.

** It is important to note that some service users dropped out of the service, which might affect these figures.*

Service use

ST1

Figure 6: *Referral pathway*

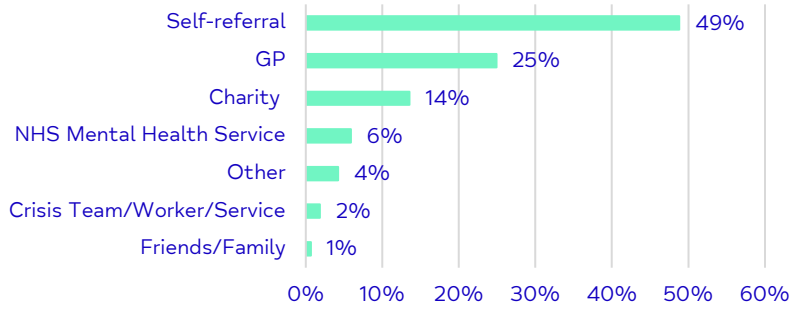
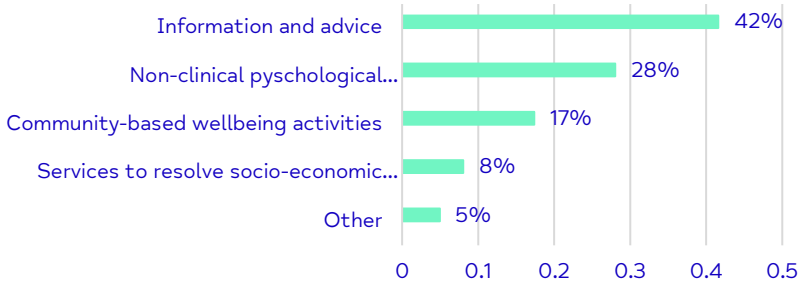


Figure 7: *Types of services referred on to**



(Figure 6 base= 590; Figure 7 base = 1, 394; Mode of delivery base = 1366)

- The most **common referral route into the programme was self-referral (49%)** followed by GP referral (25%) and then referral through a charity (14%) including through Mind. Opening up referral pathways to include self-referral appeared beneficial in terms of reaching more people, with this being the most common referral route. Of those who used an 'other' referral pathway, the most commonly cited answer was a charity referral (40%), including referral from other Mind services (base= 68).
- ST1 users also provided free-text responses for their main reasons for contacting the service. The top three cited reasons were: 1) **Depression** (mentioned 283 times), 2) **Anxiety** (mentioned 282 times), and 3) **Isolation or loneliness** (mentioned 86 times). 32 service users mentioned accessing the service for reasons relating to **finance/income/benefits,** and 27 for reasons relating to **housing/homelessness**.
- The most **common types* of services referred** to via the social prescribing service **were information and advice services (42%)** followed by non-clinical psychological interventions (28%), followed by community-based wellbeing activities (17%). In terms of accessing the referred to services*, **45% accessed these over the phone**, 36% online, 7% face-to-face and 7% in a combination of the above. This likely reflects the restrictions and new ways of working (e.g., remote working) brought about by the coronavirus pandemic.
- 79 service users dropped out of the social prescribing service at some point for reasons including no longer wanting the service (19%), becoming unwell (6%), and because the service was not what they were expecting (1%). 5% were inappropriate referrals and link workers were unable to contact 65%.

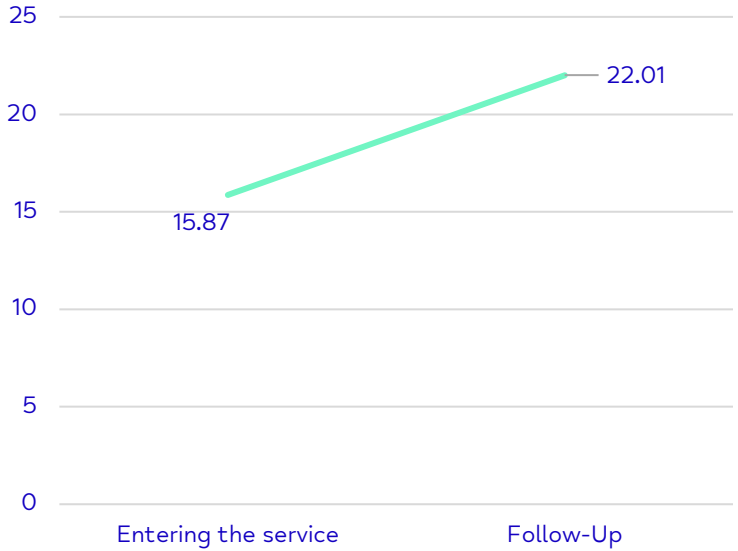
** Please note, service users could be referred on to multiple services and therefore percentages refer to number of services referred on to not number of service users.*

Service user wellbeing

ST1

Participants providing evaluation data were asked to complete the Short Warwick Edinburgh Mental Wellbeing Scale [2]* (SWEMWBS), a 7-item Likert scale questionnaire used to measure wellbeing. 571 participants completed the SWEMWBS during their 1st session with the link worker, and 309 completed the SWEMWBS at a follow-up.

Figure 8: *Average SWEMWBS scores when entering and at follow-up*



(Figure 8 bases: Pre= 571; Follow-up= 309)

- Findings show that the **average SWEMWBS score increased** from 15.87 when service users were entering into the social prescribing service to 22.01 at follow-up. These findings suggest that engaging with the social prescribing service had a **positive impact on service user wellbeing**. The population norm for the SWEMWBS is 23.2. While both scores entering and at follow-up were below the population norm, there was a **6.14 point increase**.
- **308 service users provided matched pairs data** (i.e., completed the SWEMWBS both when entering the service and at the follow-up). Findings from a matched pairs t-test revealed that changes in scores on the SWEMWBS from entering (M= 16.18. S.D= 5.02) to follow-up (M= 21.98, S.D= 5.48) were at a level of **statistical significance** ($t(307) = -18.02$, $p \leq .000$).

Exploring individual scores, **85%** of service users (providing matched pairs data) **wellbeing scores improved from entering** the social prescribing service to follow-up.

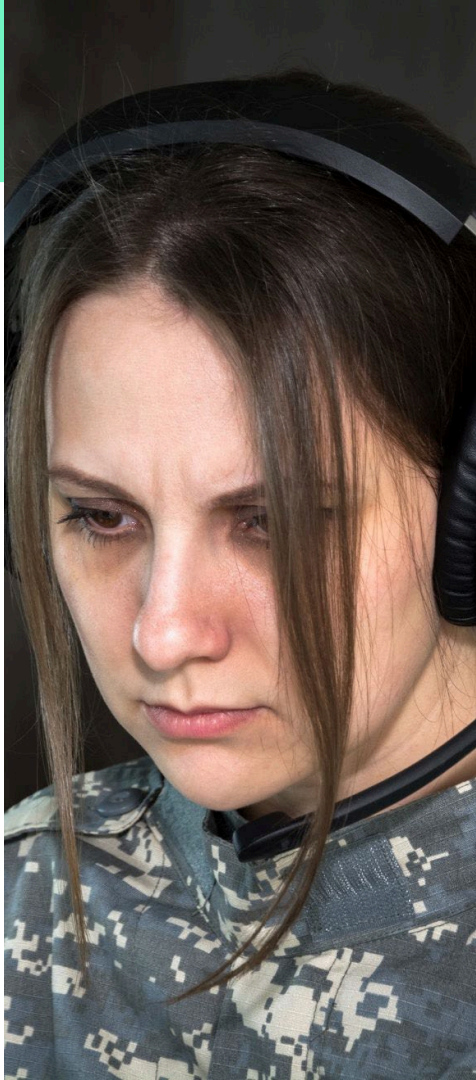
Service user wellbeing

ST1

Average SWEMWBS scores for service users when entering the social prescribing service and at follow-up were explored by age range (table 4). Findings showed that users in the **17-24 age range (i.e., young people) showed the smallest wellbeing increase**. This could be for several reasons for example, there may be less onwards services available for this age range or less rapport built with link workers, both of which could impact wellbeing.

Table 4: *Average SWEMWBS scores when entering and at follow-up by age*

Age range	Average entering	Average follow-up	Point difference
17-24	16.51 (base= 51)	21.32 (base= 25)	4.81
25-34	16.89 (base= 107)	22.82 (base= 56)	5.93
35-44	15.9 (base= 104)	21.96 (base= 47)	6.06
45-54	14.63 (base= 101)	21.58 (base= 59)	6.95
55-64	14.54 (base= 111)	21.32 (base= 60)	6.78
65+	17.35 (base= 91)	22.46 (base= 56)	5.11



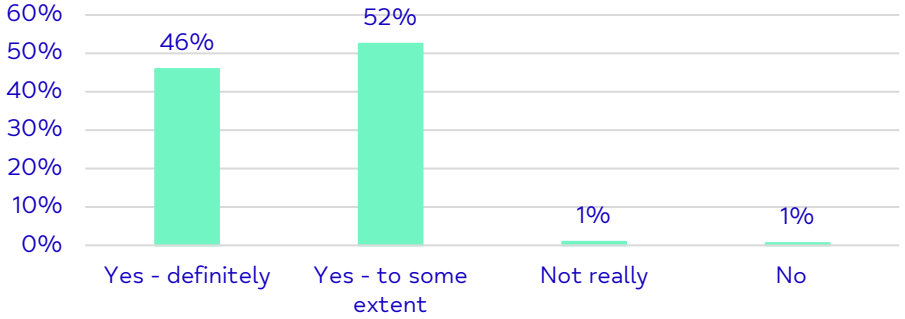
Service user feedback

ST1

On average, service users rated the service a **9.5 out of 10**
(Base= 303)

99% of service users would **recommend** the service to friends and family
(Base= 301)

Figure 9: *Did you achieve the goals set out in the my goals plan?*



98% of service users reported achieving their goals, either definitely or to some extent. Just 2% of service users stated that they did not or didn't really achieve their goals.

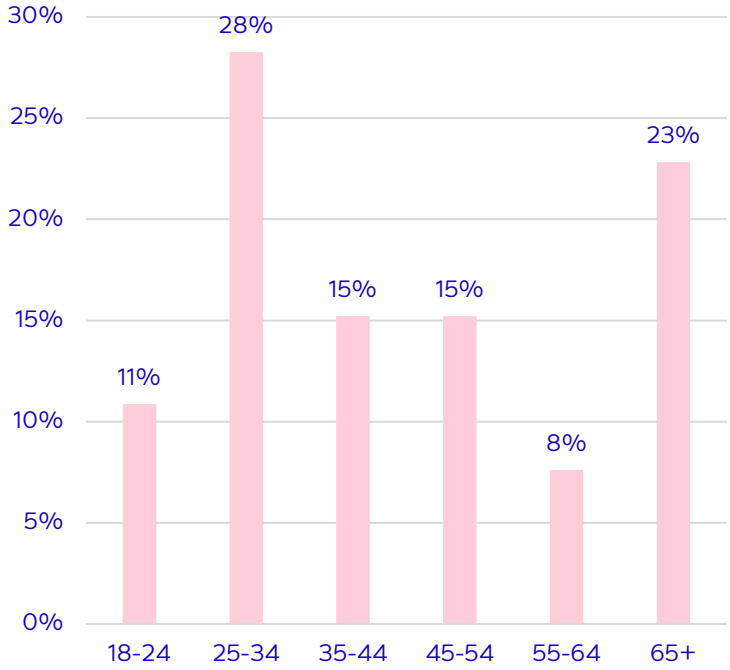
(Figure 9 base= 305)

Please, please keep doing what you're doing. Please keep helping people. I was aware of Mind but never really 100% knew what it was until I needed it ... I know it's hard with funding and things ... but if they can just keep doing what they're doing and helping people they are saving lives, they are helping people repair their lives or at least put it on track again ***– Interviewee***

Service user profile

ST2

Figure 10: *Age range*



624 ST2 users provided at least some monitoring data and 439 at least some evaluation data*.

- 32% of ST2 users accessed the service in 2020 and 68% in 2021. **This is opposite to the trend seen in ST1 use** which decreased from 2020 to 2021. While the reasons for this are not known, it could be that people required more in-depth longer intervention during the early stages of the coronavirus pandemic, and less in-depth support when restrictions started to ease.
- ST2 reached service users from **a range of ages**, with more people from the 25-34 age range accessing the service compared to other groups.
- **Most service users identified as female** (69%) and identified as **heterosexual** (89%). 4% of service users identified as bi, with 2% preferring to self-describe and 4% preferring not to say.
- **Almost all ST2 users providing evaluation data were White**, with 1 service user identifying as Asian. Similar to ST1, according to evaluation data the programme was less accessed by individuals from Black, Asian or Mixed ethnicity backgrounds and the reason for this is unclear.

(Figure 10 base= 92; Year of access base = 606; Gender base = 95; Sexuality base = 90 ; Ethnicity base = 97)

**Of those providing evaluation data, 375 accessed the service through CTM, 33 through B&D, 17 through Ystradgynlais and 14 though VoC.*

Service use

ST2

Figure 11: *Referral pathway*

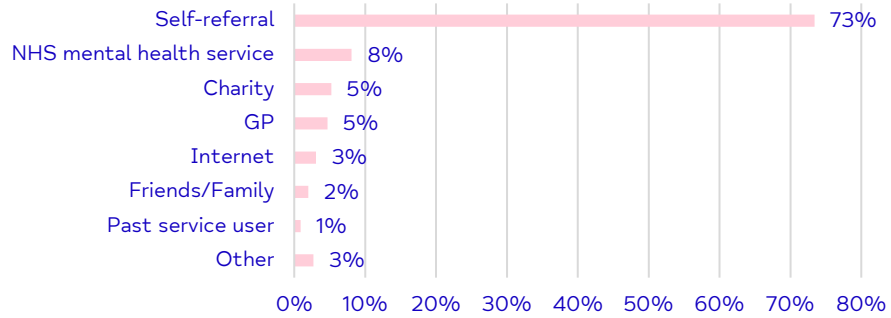
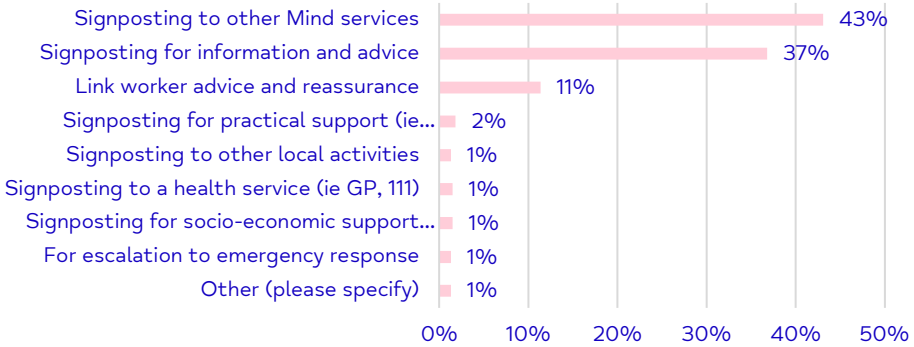


Figure 12: *Main reason for contact**



(Figure 11 base = 556; Figure 12 base = 606; Where would they have gone base = 613)

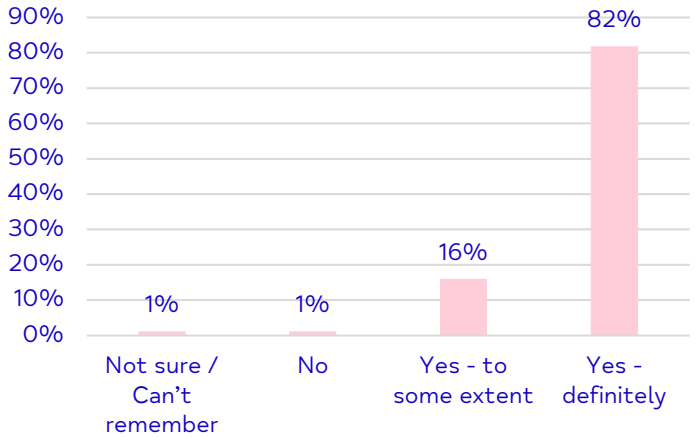
- Most ST2 users (73%) **self-referred themselves into the programme.** Exploring free-text responses, of those who cited accessing the service through an 'other' referral pathway* (base= 159), the most commonly cited pathway was via the internet/social media platforms (48%).
- The most cited reason for accessing ST2 **was for signposting to other Mind services** (43%) followed by signposting for general information and advice (37%). Free-text analysis revealed that the other (1%) reasons for contact included signposting to specific services including Active Monitoring, telephone support and counselling among others.
- When asked where they would go for help had they not accessed the social prescribing service*, **almost half (48%) stated that they did not know,** 35% said they would have gone to their GP and 6% searched the internet. 5% would have used another charity service, 3% sought help from their friends and/or family, 2% NHS mental health services and 1% an 'other' source.

**Please note, some service users gave multiple reasons for contact and multiple places they would have gone for help had they not used Mind, so some percentages do not add up to 100%. Some service users also provided more than one route to accessing the programme.*

Service user feedback

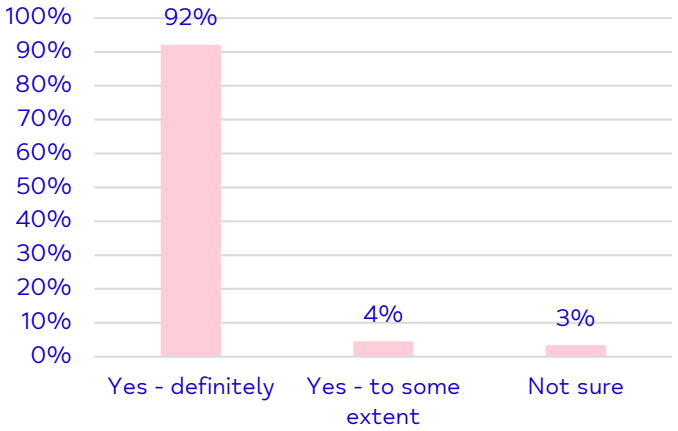
ST2

Figure 13: *Did this service provide the help needed?*



Service user feedback from ST2 users was very positive, with **98% stating that yes, the service provided the help they needed**.

Figure 14: *Would you recommend the service to friends and family?*



Further, 96% of ST2 service users would definitely or to some extent **recommend the service to friends and/or family**.

(Figure 13 base = 88; Figure 14 base = 89)

Poverty spotlight

One of Mind's strategic priority areas is to fight for the mental health of people experiencing poverty. Measures of poverty were piloted during the social prescribing evaluation (for a few months) to explore the reach of the programme in supporting people living in poverty with their mental health problems. The same questions were asked to both ST1 and ST2 users. Findings are outlined below.

Considering all users (e.g., ST1 and ST2 users combined), of those who provided income data (54% would prefer not to say), the most commonly cited income bracket was £10,001-£20,000. **Just 2% of users had a combined household income* of £50,001 or more.**

Considering all users (e.g., ST1 and ST2 users combined), **56% who received the service were in receipt of benefits** (or lived with someone in receipt of benefits).

An experience based question was used to measure the experience of poverty. The question asks participants to select from a series of 'I/We' statements (table 5). Those who answer with statements B, C or D are said to be living below the minimum income standard or experiencing poverty. Findings show that overall, **44% of service users were living below the minimum income standard or experiencing poverty.**

Average SWEMWBS scores when entering the service and at follow-up were explored considering differences between those who were living above (*n*= 16 when entering, *n*= 9 at follow-up) and below (*n*= 21 when entering, *n*= 13 at follow-up) the minimum income standard. While the point difference between entering the service and follow-up was similar for both groups (7.69 above minimum income, 7.42 below minimum income) those with incomes above the minimum income standard had higher average scores when entering the service (17.75) and at follow-up (25.44) than those living below (15.43 when entering, 22.85 at follow-up).

(Benefits bases: ST1 = 96 ST2 = 38; All users = 134; Income bases: ST1= 94; ST2= 20; All users= 114)

Table 5: *Experience-based poverty question*	**ST1**	**ST2**	**All**
A. I / We feel like we have enough income to support ourselves financially and live a good standard of living.	37% (*n*= 16)	67% (*n*= 6)	43% (*n*=22)
B. I / We get by day-to-day but are under pressure. It is difficult to manage unexpected costs and events.	26% (*n*= 11)	11% (*n*= 1)	24% (*n*= 12)
C. I / We are falling short of a decent standard of living.	14% (*n*= 6)	0% (*n*= 0)	12% (*n*= 6)
D. I / We can't afford to eat, keep clean and stay warm and dry.	9% (*n*= 4)	0% (*n*= 0)	8% (*n*= 4)
Prefer not to say	14% (*n*= 6)	22% (*n*= 2)	12% (*n*= 6)

**Income from over 18s living in the house, including money from part time and full time work and benefits*

Evaluation & monitoring data: Key findings

- The social prescribing programme significantly improved the wellbeing of ST1 users from when they entered the service to follow-up, with **85% of service users' wellbeing having improved.**
- **98%** of ST2 users stated that **the service provided the help they needed.**
- The service was highly rated among users, with 99% and 96% of ST1 and ST2 users **saying they would recommend the programme to friends and/or family.**
- Evaluation findings suggest **the programme did not reach people from ethnic minority communities**, despite the service being offered in four different locations with several referral pathways.
- Among those who provided income data, a small percentage (2%) were earning 50k or over annually, and 56% were in receipt of (or living with someone in receipt of) benefits, suggesting **the service is reaching people from lower income households.** However, financial data was only collected over a short period of time and response rates to theses questions were low and therefore, findings should be interpreted with caution.

Base sizes for each of these statistics can be found in the previous slides

Local Mind findings

Overview

This short section provides some key findings from ST1 users split by local Minds delivering the social prescribing service. Table 6 outlines the amount of evaluation and monitoring data collected by each local Mind.

Table 6: *Amount of evaluation and monitoring data collected by each local Mind*

Local Mind	Routine service evaluation data	Monitoring data
Brecon and District (B&D)	*n*= 105	*n*= 115
Cwm Taf Morgannwg (CTM)	*n*= 218	*n*= 218
Vale of Clwyd (VoC)	*n*= 233	*n*= 239
Ystradgynlais (YST)	*n*= 22	*n*= 22

Brecon & District

On average, service users rated the service a **9.6 out of 10**
(Base= 80)

Intervention type	Percentage of referrals
Non-clinical psychological interventions	37% (*n*= 100)
Community-based wellbeing activities	27% (*n*= 72)
Information and advice	21% (*n*= 57)
Services to resolve socio-economic needs	11% (*n*= 29)
Other	4% (*n*= 11)
Base	269

The average **SWEMWBS** score for B&D service users when **entering** the service was **17.34** and the average **follow-up** score was **24.26**
(Pre base= 105; Follow-up base = 81)

Cwm Taf Morgannwg

On average, service users rated the service a **9.8 out of 10**
(Base= 63)

Intervention type	Percentage of referrals
Non-clinical psychological interventions	29% (*n*= 185)
Community-based wellbeing activities	5% (*n*= 29)
Information and advice	64% (*n*= 409)
Services to resolve socio-economic needs	1% (*n*= 6)
Other	2% (*n*= 14)
Base	643

The average **SWEMWBS** score for CTM service users when **entering** the service was **15.4** and the average **follow-up** score was **22.47**
(Pre base= 218; Follow-up base = 60)

Vale of Clwyd

On average, service users rated the service a **9.2 out of 10**
(Base= 142)

Intervention type	Percentage of referrals
Non-clinical psychological interventions	19% (*n*= 82)
Community-based wellbeing activities	31% (*n*= 136)
Information and advice	24% (*n*= 105)
Services to resolve socio-economic needs	17% (*n*= 73)
Other	10% (*n*= 43)
Base	439

The average **SWEMWBS** score for VoC users when **entering** the service was **15.93** and the average **follow-up** score was **20.4**
(Pre base= 227; Follow-up base = 151)

Ystradgynlais

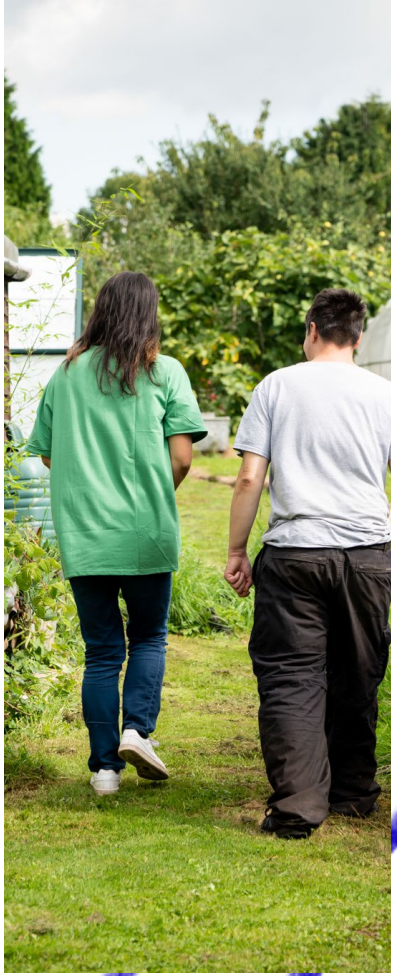
On average, service users rated the service a **9.4 out of 10**
(Base= 18)

Intervention type	Percentage of referrals
Non-clinical psychological interventions	56% (*n*= 24)
Community-based wellbeing activities	12% (*n*= 5)
Information and advice	21% (*n*= 9)
Services to resolve socio-economic needs	9% (*n*= 4)
Other	2% (*n*= 1)
Base	43

The average **SWEMWBS** score for YST service users when **entering** the service was **12.8** and the average **follow-up** score was **24.18**
(Pre base= 21; Follow-up base = 17)

Local Mind key findings

- ST1 users across all local Minds **rated the service highly** (between 9.2 and 9.8) suggesting that a high standard of service was being delivered across the local Minds.
- **Wellbeing scores for service users from each local Mind increased** from entering the service to a follow-up, suggesting an improvement in wellbeing since using the service. The size of this increase varied across local Minds (e.g., +11.38 points in YST users and +4.47 in VoC users) however, it is important to note that sample sizes across local Minds varied and this should be considered when interpreting the findings.
- The types of services referred to (and therefore in-demand by) service users varied between local Minds, with CTM referring the highest percentage of their users to **information and advice services** (64%), VoC to **community-based wellbeing activities** (31%) and YST and B&D to **non-clinical psychological interventions** (56% and 37% respectively). This highlights the **benefits of a flexible service** like social prescribing with the ability to offer/signpost to support based on the needs of the individual. This could also reflect the expertise and connections of the link workers and their ability to signpost appropriately based on user needs, using their resources wisely.



Base sizes for each of these statistics can be found in the previous slides

Service user interview insights

I think it's a brilliant service...it's so accessible and I think its the right sort of thing for people -
Interviewee

Service user profiles

Eight service users took part in interviews, and one service user provided written feedback about their experiences of using the social prescribing service. Of the nine service users who took part, five utilised the B&D, three the CTM and two the VoC service. Eight used the service for themselves, and one on behalf of someone they care for.

Of those who accessed the service for themselves:

- Five accessed ST1 and three ST2
- Five identified as women and three as men
- All identified as White
- One was in the 18-24, one the 25-34, one the 35-44, two the 55-64, and two the 65+ age range
- Of those (*n* =5) who provided information about benefits, two were in receipt (or lived with someone in receipt) of benefits

Key interview insights are presented in this section. Some free text responses from participants completing the routine service evaluation are also presented and are indicated via use of different headings.

It is important to note *that at times there was confusion among interviewees about Mind's Social Prescribing service and Mind's Active Monitoring service, both of which can refer service users onto the other. While every effort was made to distinguish which service interviewees were discussing when talking about Mind services, it is possible there is some overlap.*

Motivations for using and pathways into the service

All interviewees **made use of the service since the coronavirus pandemic** and had **multiple interactions** with the link workers. Interviewees accessed the services through a range of pathways. For example, most interviewees were referred to Mind through healthcare professionals including GPs. Some interviewees accessed other Mind services first (e.g., Active Monitoring) and then accessed the social prescribing service afterwards. **Motivations for accessing the service** included help with **anxiety or depression**, as well as **exploring what options were available to them** generally in terms of mental health support. One interviewee also accessed the service specifically due to suicidal feelings, suggesting that the level of need of some users accessing the service was too high (e.g., not mild to moderate).

I then chased up with my doctor about available support and she also mentioned Mind...I picked up the information, yes as I say, across a couple of people but ultimately I phoned Mind in Brecon because they were my nearest office – ***Interviewee***

Experiencing anxiety...trouble sleeping, a bit low as well... So, I was just trying to find something that I could do, to try and...get myself out of that pattern ...changing what I was doing, so that I wouldn't keep having this sort of experience ongoing...I was just looking for something to help with that, and my life had been really busy. Like, with three children and lockdown and everything and I did feel...really rung out, you know – ***Interviewee***

[the Active Monitoring contact] got a colleague ...from the social prescribing unit to speak to me...She was ringing me every week and giving me information on where I could go for help and stuff – ***Interviewee***

Suicide is why I contacted you...I was really worried about what the consequences would be if I didn't get help now – Interviewee

Service accessibility

During the interviews, service users discussed the **accessibility of the social prescribing service**. Most interviewees accessed the service since the coronavirus pandemic and subsequent adaptation of the service. Therefore, while some were able to have some sessions (either with their link worker or with their referred to service/s) in person, **most interactions with the service were conducted remotely** (e.g., over the phone). Overall, **feedback about the remote service delivery was mixed**, with some discussing how this was much more accessible than face to face, for various reasons including their mental health or for practical reasons. Some highlighted a preference for face-to-face support, while being understanding of the need for remote delivery due to the pandemic. This highlights **the importance of a hybrid model to suit individual service user needs**. Interviewees also discussed the **promptness** of the service and how **easy it was** to get the support they needed in a timely manner, aided by the **flexibility of the link workers**.

*Flexibility was a positive, working full time it can be tricky to get the time for a counselling session over the phone, but the link worker was flexible which was good – **Written feedback***

*Everything was over the phone...it was helpful at the time just speaking to somebody because I live on my own and she was helpful and understanding...I'm not very good on the phone, sometimes I can't hear people. I have problems with hearing. I would prefer face to face – **Interviewee***

*The interviewee accessed the service over the phone and for them, felt this was extremely accessible and would be their preferred choice of contact, due to their physical and mental health conditions - **Researcher notes from service user interview***

*I find it better actually...I live in a rural area as well, I would've had to travel, like, half an hour to get somewhere in town...whereas, a conversation on the phone could be, like, a twenty-minute thing, so yes, for me, remote telephone and video calling is much better, and I feel really comfortable talking on the phone – **Interviewee***

*I rang the number...they said somebody would get back to you and they did within an hour, maybe even half an hour...I thought it was excellent...I've had no problem accessing anything. And I can't quite work out why because you must be super busy...there's lots of people through the pandemic using you more than normal but I've always been relatively good at accessing all the services...I haven't had to wait or think why hasn't anyone rung me back – **Interviewee***

‘What Matters’ conversation

The ‘what matters’ conversation is one of the core components of Mind Cymru’s social prescribing model, and is **essential to identify what the client’s needs are and what goals they want to achieve**. Essentially, a ‘what matters’ conversation is an interaction between the link worker and that client where the link worker explores what it is that is important to the client to ensure that the services, advice and support provided to the client complement the attainment of their goals. Interviewees spoke about these types of interactions with the link worker, **how useful they found them** and whether or not the services that were identified following these conversations were **appropriate for their needs**.

*She came up with various activities and groups and, you know, available contacts in this area ... It's hard for me to talk to her at first, to say what help I needed because she put a package in which I found out wasn't suitable for me and then of course when she phoned me back and she agreed it was too much for me and then she put me on another package and referred me to somebody else – **Interviewee***

*It was, kind of, hard to express what I'm looking for and I don't really know half the time but they were very good, yes. She kept in touch with me and she put me on this course and she phoned me back because I'm living on my own which was more or less trying to get out and do your thing which was too much for me – **Interviewee***

*[we] spoke about how I felt, what options there was for me, how [the local] Mind or the Mind charity could help, put me in touch with a couple of different people, told me all about the twilight service....She was very, very thorough and she gave me a lot of information - **Interviewee***

*She would not just answer a question, if I was saying I was worrying about something, she would give me ideas and thoughts on it. And, help me to think, as well. It was like a chat more than an interview - **Interviewee***

*She would ring me as well and ask me ...’have you tried this or have you done this? ‘...little different things that she was giving me information that I hadn't, sort of, thought about – **Interviewee***

Services referred on to

Interviewees were referred to **a range of services** including other national and local Mind services such as counselling and Active Monitoring. External services discussed were varied but included **relationship services**, **gardening groups** and **housing/benefits support**. Interviewees gave their opinions of these services and provided some insight into the benefit of these services for them. Findings were mixed. **Some services appeared to be extremely valued by service users**, appropriate for their needs and were able to help them with the initial issues they accessed the social prescribing service for. Some users described issues with referred to services including poorer accessibility.

About counselling

Follow on counselling seems inhibited by lack of organisation where appointments are just dumped on people and if you can't make it then you don't hear back for ages. A call before would solve a lot of that just by asking people what their weeks look like, what's there working circumstance...Seems like the service answers to part time counsellors rather than to the needs of the patient, which is a shame, but I can understand.

*– **Written feedback***

About a mindfulness course provided through a local Mind

*Initially I felt that I needed the...regular sessions with [the colleague] so those were booked in...it was entirely up to me if I wanted to that weekly or fortnightly or what. It was very much what I wanted they provided – **Interviewee***

About a community eco-therapy service through a local Mind

*The therapy part of it I think is just magic...they're a lovely group, [the women] who run it, are smashing...it's very welcoming. Again, you do just what you want to do. There's no pressure at all but they are just so-, they involve you and include you...so yes, certainly I would continue that – **Interviewee***

About Active Monitoring (a National Mind service)

*I have to say that, the active monitoring that I have been through ...I just found it excellent. Really, really helpful...much better than stuff I've had before, and more personalised...I think that was the advantage really, it just seemed to get to the issues that were there quite quickly, without having to, ...get really deep on stuff. It was just very accessible – **Interviewee***

Poverty spotlight

Two interviewees discussed receiving information or support through the social prescribing service about **benefits and housing**. One interviewee received this information for themselves and one on behalf of a family member. While experiences differed (with one not accessing the housing information/service they were referred-to as they no longer needed it, and one utilising the support), both discussed how **helpful the service was** at providing this type of information/support. One interviewee discussed how their family member would not have received the benefits they now do **if it had not been for the help and support of the link worker**.

We spoke about lots of things. She's given me advice and information numbers to-, because technically I was homeless. I've got it all written down in parts here in my diary. If I just go back. We spoke about housing.

I never accessed them because I found somewhere to stay in the mean time. And she did ask when she kept ringing how I was getting on and I was honest with her and said I never actually got in touch with them because I found somewhere to stay and they said I'm welcome to stay for the foreseeable future.

Interviewee

When he came out of prison[a family member], he went to a job centre, this was about eighteen months ago, and said he wanted to reinstate his DLA at that time. And, they said, 'Oh, you can't, you've got to have been out six months and try again,' ...and [the link worker] said, 'No, you could've had it all along.' He could've just said, you know, 'I'm out of prison now, will you reinstate it?' So, she advised him to apply for PIP, so I applied on his behalf and he got it in January. He'd got enhanced payment. Now, that would've been such a help if we'd have known that, after the last month. But, that helped him a lot

I said to him, '[the link worker] said, "Why don't you?"' And he said, 'Well, they told me I couldn't,' and I said, 'No, but [the link worker] said that you are entitled to, and you are entitled to work, as well.' So then, I did it and he'd got it straight away...which was good. Something I wouldn't have thought of doing on my own

Interviewee

Link Worker skills & expertise

Interviewees were **complimentary of link workers** and their efforts to provide them with the support or advice they needed. Interviewees complimented link workers, suggesting they were **knowledgeable** in terms of the support available to them, that they had **strong community connections**, and a **good understanding of mental health problems**. They also discussed how **personable and friendly** the link workers were and how link workers were **able to provide emotional support and comfort** when they needed it. Interviewees felt that link workers actually **listened to them on a deeper level**, understanding their individual needs and using this to help them. One interviewee spoke about how their link worker was an advocate and really 'got things done'.

I'm never really emotional when I speak about things like this but she's been excellent. She's just given me emotional support, helping me through it, asking how I'm getting on. How do I feel. No one's every asked me how I feel. No one really cares. But she asked me how I felt...if I didn't have her helping me, supporting me every week, talking me through things, I don't know where I'd be...The thing is she cared. When I was at my lowest she cared and she helped – ***Interviewee***

I'm always quite cynical...So, I was a bit surprised that she-, she just persevered. She really did. And I felt that we got a good rapport, actually, by the end of it. And, actually, it got to the point where I would have liked to have met her...she was very non judgemental, actually...and gunning for me, which was really nice – ***Interviewee***

And, within hours, she'd rung me back and she said...'I'm going to rehouse him in a homeless unit.' And, I thought I've been, over three weeks, getting onto the council, getting nowhere. I had one call to [the link worker] and she had got in touch with all sorts of people - ***Interviewee***

She definitely had a counselling...approach, so she was knowledgeable about...life experiences...I could relate to her in terms of...different feelings and experiences and how that could affect you. So, she had that knowledge as well... knowledge of other services, but knowledge of...counselling skills...knowledge of like what it might be like to be feeling like that...the lady I spoke to seemed to know very well the people who she was referring me to, so she could say 'Oh, you could speak to so and so, in this service,' - ***Interviewee***

Service helpfulness

Free text responses

ST2 users who provided evaluation data were asked what the most helpful part of the service was. Most responses related to **being able to speak to someone/have someone listen to their problems**, supporting some of the interview insights explored on the previous slide. Ease of access to support was also commonly cited. Some examples are provided below.

"Having someone to talk to. You were all very helpful and I'm so happy"

"Being able to open up and speak to someone who listens and doesn't judge me"

"Speaking to the link workers has helped me think of different choices I want to make in my life and has helped me so much"

"It was marvellous. I got the help I needed straight away. Very efficient and easy"

"lovely to talk to someone on the phone I don't feel so alone"

"having the right information and support that I needed, and having someone to speak to"

"having someone empathic to talk openly; who stood by me at a real time of need"

"having access to immediate practical support and expert advice"

Consistent support

Interviewees spoke highly of the support received from link workers, with several commenting on the level of support provided and how their **link worker provided a continuity of support**, and would **check in on their progress** and situation, not leaving them in the dark or simply passing them over to referred services.

*having...a named person who you knew was going to be in touch with you...I was slightly anxious that, like, I wouldn't have touch with her for very long, but she explained with her that...I could text her again and say, 'This isn't working, can we try something else?' You know, she didn't just leave me after I started the active monitoring, she stayed in touch to see how that was going. I think that's really important – **Interviewee***

*It's hard for me to talk to her at first, to say what help I needed because she put a package in which I found out wasn't suitable for me and then of course when she phoned me back and she agreed it was too much for me and then she put me on another package and referred me to somebody else – **Interviewee***

*she was making sure that I was getting the right help from colleagues, from the active monitor, you know, and asking how that was going, making sure I'd been given strategies and tools to cope - **Interviewee***

Impact of the service

Interviewees discussed the impact of the service (including referred to services) and responses were positive. Interviewees discussed how **the service provided them with much needed reassurance**, and interviewees **valued having someone to talk to about their issues**. Interviewees spoke favourably of referred to services in terms of positively impacting their mental health, including a general positive change in mood. However, some felt as there was still work to be done, or that while there was an initial improvement with their mental health, the effects were wearing off, suggesting **there may be a need for longer term support** and highlighting the **importance of having an 'open door'** so that people can come back into the service should they need it. Service users spoke favourably about the tools and techniques they received through accessing the referred to services and how these could be re-used. Interviewees discussed **the adoption of new ways of coping and learning new skills** through the referred to services.

yes definitely. It's given me more confidence. I think my relationship issues are a lot less now, that's improved, and yes, I feel generally less anxious about life – ***Interviewee***

If I didn't have the service, I might not be here. The impact has been enormous for me. Having someone to speak to. Having people helping you...your organisation is saving lives. It's as simple as that. It's saving lives – ***Interviewee***

I think one of the biggest things is that...it's opened up my world to...mindfulness and well-being, and that again that is something that's been fairly new to me, doing a bit of Tai Chi – ***Interviewee [about referred to service]***

It's, sort of, reassured me that, you know, I am actually okay really, and also it's given me some tools. So, I've still got all their workbooks that they sent me, and I was thinking the other day when I was feeling a bit, kind of, overwhelmed by stuff, like, I could, should have another look at those things again – ***Interviewee [about referred to service]***

I still feel down. But I go to the workbooks...I've printed off all the workbooks...I've got them there to refer when I'm feeling down or, I keep looking at the one about grief, grievance, yes, grief, loss, like, loss of life really – ***Interviewee [about referred to service]***

It did start improving, but now it has gone a little bit down – ***Interviewee***

Impact of the service

Free text responses

Service users who provided evaluation data were asked whether they **achieved the goals** set out in their my goals plan. 98% of ST1 users stated that their goals had been met (slide 19). Service users were also asked to provide an explanation as to why. Responses fell into two broad categories around the help and support received from either the social prescribing service itself or the referred-to services. Responses varied due to the wide range of support and advice received for several different mental health and wellbeing issues, but **responses were overwhelmingly positive** and highlighted the specific ways in which both services (social prescribing and referred-to services) helped them with their issues. Some examples are provided below.

"a friendly ear to listen was just what I needed. I was pointed in the right direction very quickly and supported throughout. Though I still have a way to go I really appreciate what Social Prescribing offered"

"The support has been excellent. The contacts you gave me were just right and I feel much more confident now for the future"

"It helps to have an outsider's perspective and someone who understands about stress and anxiety. The whole process has been very reassuring and I feel more aware of my circumstances and how to deal with them"

"I felt that I am able to manage better now. I felt really anxious when I first was referred but after some helpful leaflets and advice I am now able to manage much better"

"I contacted Mind for help with a very difficult personal situation and the help I have received has been invaluable"

"I'm feeling more integrated as a person and connected with the community. I feel healthier within myself, physically, mentally and spiritually. Great support, advice and understanding"

"was put in touch with other groups and people to help me with my condition. I had no idea these even existed! Thank you so much"

"went to mindfulness it really helps me and have even changed my work schedule to go to the group suggested to improve my mental health and its worked!"

"I think that a lot of issues have come from isolation so the phone calls has helped with this a lot. I have had a chance to talk about how I feel to someone who is lovely. I appreciate it"

Service improvements

Overall, interviewees were **happy with the core social prescribing service** they received, with some commenting there was **no room for improvement**. While **most referred-to services were generally well received**, interviewees had some suggestions for improvement including **accessibility**, and some **not feeling the services were what they were looking for**. Findings highlight the **importance of ensuring regular check ins** with service users for a service model like social prescribing, to reassess whether services are appropriate. There could be further scope for the service to **manage expectations** or to **scope a wider range of services** to refer to that might meet more service user needs/preferences.

I've never accessed anything like this before, I never, ever thought that I'd need anything like this, and the service I had I think has been fantastic... it helped me immensely. I don't think I'd still be on this planet if it wasn't for the help I had through them. Can it be improved? For me, probably not – ***Interviewee***

maybe face to face when I was really low one night and I rang up and because of COVID at the time, I could've gone in if I wanted to but they wanted to do it by phone. I wanted to physically see and speak to someone– ***Interviewee***

There is nothing I could complain about. I mean, they saved his life. Definitely. His physical life...I mean, even if he'd have ended up back in prison, he'd have gone down for a long time. But, because there was somebody there to say, 'Look, I'm doing this, I'm ringing up or I'm speaking to people,' I can then say to him, 'Hang on, something's being done.' So, there's absolutely nothing that I'd complain about - ***Interviewee***

there were others, but I didn't end up taking them up...she referred me to that [relationship service] because they just wanted to check out...about relationships and stuff, but I didn't actually engage with them, and one of the reasons was that I didn't find the way that they... made appointments was that, it didn't feel that professional and it's obviously a sensitive issue, so yes, I didn't bother with it in the end – ***Interviewee [about referred-to service]***

only had some initial interaction with the counselling service. Was told that my 'availability is so specific' in terms of booking a counselling appointment...after being invited to an appointment off the back of last-minute cancellation. Not impressed overall that no one calls/texts to touch base with people initially just to see when they are available typically before inviting them to an appointment – ***Written feedback***

Service improvements

Free text responses

Service users who provided evaluation data were asked to **rate the service out of 10**. ST1 users rated the programme on average, 9.5/10 (slide 19). Service users were asked to provide some feedback on suggested improvements from the service. Most improvements related to having more time with the service, better accessibility/promotion of the service and having more face to face appointments; outlined below.

"Better promoted to make it more accessible"

"we need more time to make it a 10"

"needed more detailed explanation of the service"

"Face to face appointments"

"Sometimes I had to wait for services to accommodate me and that was frustrating"

"Could I have the service for longer please"

"may need face to face when available"

"It would be better face to face"

"active monitoring to be available in rural areas not just the coast"

Future use of the service

Interviewees were very complimentary about the social prescribing service and spoke highly of their experiences utilising it. Most interviewees said that **they would use the service again in the future**, for reasons including **the positive impact it has had on their mental health and wellbeing** and due to the fact that **they would feel comfortable approaching the link worker** again. Further, interviewees suggested that they would or already have recommended the service to their family and friends.

I'm continuing to use the service and I would definitely recommend it to anybody else and I will use it again in the future if I have to...it's managed to keep me safe and alive, I would recommend it to anybody. And I don't say that lightly...I say it because I mean it. I never thought I'd use stuff like this, and I have and it's helped me immensely...I've been telling people I know if you ever have trouble you want to get a hold of Mind because they've been fantastic with me. So, yes. Definitely recommend it – ***Interviewee***

I used to speak to her once a week but actually we agreed to stop that...I don't speak to her regularly but I have her phone number and, you know, if I have any problems, I am more than happy to contact her...I would get in touch with them, sort of, for a bit of moral support really – ***Interviewee***

Yes, I would...Really, just because they were understanding, and basically, I think they would help if my family or friends needed somebody to talk to – ***Interviewee***

Recommending the service

Free text responses

Service users who provided evaluation data were asked whether they would recommend the service to friends and/or family. 99% of ST1 (slide 19) and 96% of ST2 (slide 23) users said they would recommend the programme to friends or family. ST1 users were asked their reasons for this. Comments included **wanting their friends and family to access the helpful support** that they did to help with their issues, and compliments about using the service including the **skills of the link workers** and those providing referred-to services. Examples are provided below.

"Because I know they would be listened to, understood and helped to find the support they needed"

"I have received a lot of support from the link workers, and I would recommend their support highly to anyone who needed mental health support"

"I wouldn't have known what was there if you hadn't told me. It helped us and could help others too"

"It's helpful, caring, supportive and non-judgemental. I usually find it difficult to talk but you made it easy. That would help others too"

"Its really helpful if you are feeling low and suffer with your mental health to reach out. And the link workers are always ready to listen and give information and support"

"My personal experience makes me want to share the benefits of this service with others, knowing how supportive it is"

"Would highly recommend this service to my friends, family and anyone else I know. The support I've had from the link workers has been amazing and lockdown would have been a lot harder without the telephone support from them"

"The support is tailor-made for the individual. The advice is impartial and therefore very helpful"

Key findings from interviews

- The service was **appropriate for a range of people** with differing mental health needs (e.g., depression, anxiety) and accessible (e.g., accessed through several referral pathways).
- Users **praised the accessibility of the service** and most did not mind the adaptation to remote delivery.
- Service users valued the what matters conversations and felt as though **their individual needs/preferences were listened to.**
- The **attitude, skills and knowledge** of the link workers were highly rated.
- **Wellbeing appeared to be positively impacted** due to both the core social prescribing model and their interactions with the referred to services.
- **Most would recommend the programme** and would continue to use the service in the future.

Conclusions

Overall evaluation key findings

Reach of the service

- ✓ The social prescribing service was accessed by people from a wide range of age groups with a range of mental health and wellbeing problems and needs, and who accessed the service through various referral routes. This suggests the service is accessible and appropriate for a range of people with different needs.

Elements of the model that worked well

- ✓ The 'what matters' conversation was a highly valued and effective component of the social prescribing model, enabling link workers to refer service users onto services that were appropriate for their needs, ensuring service users really felt listened to.
- ✓ The use of link workers who were knowledgeable (both about mental health and local services), empathetic and approachable positively impacted delivery of the service, and service users' perceptions of the programme.

Impact on Mental Health and/or wellbeing

- ✓ The social prescribing service significantly improved service user (ST1) wellbeing over time, with wellbeing scores improving from entering the programme to follow-up for 85% of those providing data*.
- ✓ The social prescribing service was able to resolve/address 98% of service users (ST2) issues, at least to some extent.
- ✓ Service users valued the help received by the programme with 99% and 96% of ST1 and ST2 service users stating they would recommend the programme to friends and/or family.

**Matched pairs data*

Recommendations for the Sector

Findings show **there is a demand for a non-medicalised, social prescribing offering within Wales, with expertise to meet the needs of people with mental health problems.** Mind Cymru's programme reached people with a range of mental health and wellbeing needs (e.g., anxiety, depression, loneliness).

Findings suggest Mind Cymru's Social Prescribing model as an effective model to improve wellbeing for people with mental health problems. The following points highlight important components of the model that can be embedded within social prescribing services to ensure that they meet the needs of people with mental health problems.

Future social prescribing models should:

Offer a non-medicalised intervention with flexible referral routes

- ✓ Providing care at a community level that does not require a GP referral or formal diagnosis to access ensures that people can reach the support they need when they need it.
- ✓ Providing a service with multiple and flexible referral routes (including self-referral) means that service users can access support promptly, avoiding wait-lists for treatment.

Employ link workers with mental health expertise

- ✓ Ensuring link workers have an in-depth, working knowledge of mental health problems and a good knowledge of services and activities is essential to make sure that service user needs are met, and services referred to are appropriate for their needs.
- ✓ Link workers of generic (i.e., not mental health specific) social prescribing models might need training or upskilling in mental health awareness (e.g., Mental Health First Aid).
- ✓ Link workers need the time/capacity to be able to establish a good relationship and build trust with service users so that they are able to identify the support needed for their mental health problems.

Recommendations for the Sector

Future mental health social prescribing models should:

Ensure link workers have a good knowledge of community connections

- ✓ Ensuring link workers have an in-depth, working knowledge of mental health problems and community connections (to services for referral) is essential to make sure that service user needs are met, and services referred to are appropriate for their needs.
- ✓ People with mental health problems may have a complex set of needs – they may require referrals on to a number of different services to meet their needs, including services such as anxiety management, Mindfulness and counselling to help them to manage their feelings.
- ✓ Link workers will need to be flexible to find alternatives until the service user accesses the right services.
- ✓ The sector needs to ensure that Tier 0 and 1 services, along with other community activities and services, are actually available for those who need to access them.

Adopt a model that facilitates person centred care, achieving effective engagement

- ✓ Adopting a model that allows link workers to spend time supporting and checking in with services users following referral to other services is essential to ensure a successful outcome, re-assessing user needs as they progress through the programme of support.

Adopt a hybrid delivery model, as this works well

- ✓ While some service users would prefer face-to-face delivery, for others remote delivery (e.g., over the phone) suited them better. Services should offer a hybrid service that finds balance between the practicalities of service delivery and service user need.

Key learning and recommendations for Mind

This section outlines recommendations for Mind for future delivery of similar programmes and also makes recommendations for Mind in terms of reaching its strategic challenge audience in future projects.

We need to do better to reach ethnic minority communities in Wales

More needs to be done to ensure people from Black, Asian and minority ethnic communities are accessing Mind services in Wales. Mind could partner with organisations in Wales who work with Black, Asian and minority ethnic communities to understand how better to engage/reach more diverse communities.

- One of Mind's strategic ambitions is to become a truly anti-racist organisation, which includes offering engaging and effective support for people from Black, Asian and minority ethnic communities (see Mind's strategy here).
- Service use by people from Black, Asian and minority ethnic communities was low, with just 2% of ST1 users identifying as Asian or Mixed ethnicity, and just one ST2 user identifying as Asian; no service users identified as Black.
- The service was offered in four local Minds in different areas of Wales and the number of people reached from ethnic minority communities was not representative of the wider areas the local Minds operate in. For example, with CTM, VoC and YST ethnic minority service users making up 1% or less of their reach when their local populations of ethnic minority communities range from 1.3-4%. However in Brecon, 5% of service users were from ethnic minority communities, against their local area of 1.3%*.

(Black, Asian and Minority ethnic statistics by local authority areas in Wales, taken from Welsh Government, April, 2021 [reference 3 in reference list])

Key learning and recommendations for Mind

It could be beneficial to roll out similar services in lower income areas

In future, Mind should consider rolling out similar services in areas where we know people are more likely to be living in lower income households.

- One of Mind's strategic ambitions is to fight for people living in poverty and part of this work includes working with partners to tackle the complex relationship between mental health and poverty. We know that people with mental health problems are more like to end up living in poverty and that people living in poverty are more likely to experience mental health problems (see Mind's strategy here).
- The data we have from this evaluation* suggests the programme was accessed by people living in lower income households or who were in receipt of benefits and subsequently, Mind was able to refer service users to services to help with their financial needs.
- Findings revealed that those on lower incomes were entering into the service with lower wellbeing scores, and had lower wellbeing scores at follow-up than those on higher incomes**. This reiterates the importance of reaching those on lower incomes, supporting that generally their levels of wellbeing are lower, and they might be in greater need of service like social prescribing which can work in partnership with others (e.g., referring to other services).
- Recent scoping research conducted by 2CV for Mind [4] found that: 1) People in poverty do not know how to access formal support or what to expect, 2) People in poverty prefer support services that are approachable and accessible to them, and 3) that people in poverty welcome being referred (warmly) to partner organisations who can provide practical support that is relevant to them *(p. 36 & 64).* As social prescribing offers an informal (i.e., no referral/diagnosis necessary), accessible (e.g., several referral routes) service that links users into appropriate partner organisations, it may be an appropriate programme for those living in poverty.

** Sample sizes were small and findings should be considered with caution*

***There was no real difference in improvement in wellbeing scores over time between those on higher and lower incomes (see slide 24).*

Thanks for reading!

For any questions, feedback or further detail on the findings, please feel free to contact Mind's Evaluation and Performance team at: research@mind.org.uk

References

[1] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

[2] Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. (2009). Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)(appears in: Internal Construct Validity of the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS): A Rasch Analysis Using Data from the Scottish Health Education Population Survey). Copyright: Creative Commons License. Retrieved from: https://openscholarship.wustl.edu/bsltests/3986/

[3] Welsh Government. (April, 2021). Annual Population Survey, Office for National Statistics: Ethnicity by Area and Ethnic Group. Retrieved from: https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Ethnicity/Ethnicity-by-Area-EthnicGroup

[4] 2CV. (August, 2021). Mind: Fighting for the Mental Health of people living in poverty: Research findings report prepared by 2CV for Mind. Please contact research@mind.org.uk for further information on this internal report.

Introductory sections of this report were informed by an earlier summary report for this evaluation.

Appendix 1: Evaluation limitations

Evaluation limitations are outlined below:

- The amount and completeness of evaluation data collected varied between local Minds, meaning the richness of data and confidence in findings at a local Mind level vary. Evaluation support was provided throughout the process to help link workers feel more confident in collecting evaluation data and generally, link workers responded well to this support and it is unclear why completion rates varied as much as they did. Evaluation data was collected over the phone with Link Workers during the first session and at least 6 weeks later. It could be that some service users did not want to provide evaluation data over the phone and that completion might have been higher if there was also an option to provide evaluation data online in their own time (e.g., through an online survey); something which could be explored in future evaluations.
- Base sizes for some comparison statistics (e.g., considering those on lower and higher incomes) were small, and result should be interpreted with caution. Similarly, base sizes for some comparison statistics were considerably smaller at follow up than they were at 'pre test' (i.e., entering the service) due to drop out and again, should be interpreted with this in mind.
- Some interviewees were not always clear where Mind's social prescribing service started and ended in relation to the services that they were referred on to, especially where these were Mind services (e.g., Active Monitoring). This meant that at times it was difficult to differentiate which Mind service interviewees were speaking about, although efforts were made to unpick this. Future evaluations exploring complex services such as the social prescribing service should be mindful of this in terms of interpreting data.